MOTHERS AND CHILDREN PROGRAM PROTOCOL

WOMEN’S PRISONS REGION, CORRECTIONS VICTORIA,
DEPARTMENT OF JUSTICE

and

CHILD PROTECTION, PLACEMENT AND FAMILY
SERVICES, DEPARTMENT OF HUMAN SERVICES

October 2010
Foreword and Endorsement

Corrections Victoria, Department of Justice and Child Protection, Department of Human Services have jointly developed this protocol recognising the need to assist communication, enhance coordination and identify the process for the exchange of information between the staff of the respective agencies.

The protocol will provide guidance for the staff of Child Protection and for Corrections Victoria staff employed within the Women’s Prisons Region, to ensure effective exchange of information and an appropriate and high-level service response to applications for children to reside in custody with their mothers through the Mothers and Children Program. Additionally, it articulates the statutory and non-statutory responsibilities of Child Protection when processing a request for information from the Women’s Prisons Region.

While the protocol aids effective communication between Child Protection and the Women’s Prisons Region, it does not replace the requirements for open and collaborative relationships between Corrections Victoria and Child Protection at the operational level. Corrections Victoria and Child Protection are committed to providing the highest level of service. Working together will ensure professional, sensitive and well targeted responses to those children and young people who are abused or neglected.

Child Protection and Corrections Victoria will continue to develop increased understanding and linkages that will contribute to the development and refinement of quality service enhancements.

Endorsement

In accordance with the principles underlying this protocol, we the undersigned, on behalf of our respective agencies, agree to this protocol to act as guidelines for our staff to ensure the cooperative framework necessary for the safety and protection of Victoria’s children.

Robert J Hastings, APM
Commissioner
Corrections Victoria
Department of Justice

Christina Asquini
Executive Director
Children, Youth and Families
Department of Human Services

Effective from October 2010
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Glossary

- **CYFA**: Child, Youth and Families Act 2005
- **DHS**: Department of Human Services
- **Charter**: Charter of Human Rights and Responsibilities Act 2006
- **Child FIRST**: Child Family Information Referral and Support Team
- **DOJ**: Department of Justice
- **HRI**: High Risk Infant program
- **SIDS**: Sudden Infant Death Syndrome
- **WPR**: Women’s Prisons Region
1. Introduction

1.1 Purpose of the Protocol

The purpose of the protocol between Corrections Victoria and Child Protection ("the Parties") is to identify the processes for the exchange of information:

- to facilitate decision making around applications for the Mothers and Children Program
- for the making of a formal report to Child Protection by the Women’s Prisons Region.

This protocol is relevant to the operation of the Mothers and Children Program within the Women’s Prisons Region and includes collaborative partnership in the areas of:

- applications made by mothers to have their child reside with them in prison
- review of information regarding “best interests of the child” during a child’s participation in the Mothers and Children Program
- case conferencing and planning for when a child leaves the Mothers and Children Program.

1.2 Mothers and Children Program

The Mothers and Children Program is a full time residential program for infants and pre-school children that operates within the Women’s Prisons Region.

The Mothers and Children Program aims to diminish the impact of the mother’s imprisonment on her dependent child, especially where infants and young children are involved. The decision to allow a child to reside with his or her mother in prison is based on a thorough assessment, with each application being determined on the individual merits of the case.

The Program is available to all women received into prison custody who can demonstrate that they are the ‘parent’ of the infant or pre-school aged child, to whom the application relates, and would have day-to-day care and control of the child, and with whom the child would ordinarily be resident, if the person were not in prison (s.31 (4) Corrections Act 1986).

Pregnant women are also eligible to apply for the Program, as are women on remand.

All applications received for the Mothers and Children Program are processed on a case-by-case basis. Applications for participation must be consistent with

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1 Eligibility to participate in the Program is extended to female prisoners are able to demonstrate that they are the ‘parent’ of infants and/or young children but who may not be the biological mother.
relevant legislation and policy. Assessment of each application will consider whether:

(a) the applicant was the ‘parent’ of an infant or pre-school aged child immediately prior to their imprisonment

(b) it is in the best interests of the child to live with his or her mother in the prison

(c) the management, good order or security of the prison will not be threatened by the child living in prison².

1.3 Context

Corrections Victoria acknowledges the importance of relationships in women’s lives and promotes healthy connections with children, family and friends, correctional practitioners and community based support networks that integrate effectively with broader rehabilitation objectives.

This protocol has been developed on the understanding that Corrections Victoria and Child Protection staff are motivated to work together in a professional and respectful manner to identify the best outcomes for shared client and client families and the best ways of achieving those outcomes. It is important that practices that strengthen and support collaborative working practices, and focus on service delivery integration, are promoted and supported by central program staff and regional management.

Nothing in this protocol removes from the Parties their respective responsibility and capacity to do what is legally required or authorised.

1.4 Benefits of professional collaboration for children

Strong partnerships and collaboration between professionals can improve outcomes for children and families by:

- minimising risk of harm to children and young people
- providing high quality services to children, young people and families
- improving access to services through agreed referral processes
- improving understanding of roles and responsibilities
- clearer processes for communication within and outside government departments
- minimising conflict
- minimising duplication of service provision

² Corrections Act 1986, s31 (1) Children
- integrating and coordinating service provision
- understanding professional expertise and limitations
- sharing responsibility for outcomes and children and young people’s safety
- maximising information for more informed decision making and service provision
- professional support and assistance.

1.5 Statutory responsibilities

The statutory responsibilities of Corrections Victoria are outlined in the Corrections Act 1986 and the Corrections Regulations 2009.

Child Protection has statutory responsibility pursuant to the provisions of the Children, Youth and Families Act 2005 (CYFA), in relation to Child Protection for all children and young people in Victoria under the age of 17 years (or under 18 years where a Protection Order is in force).

The CYFA outlines the principles, grounds and procedures for intervening into the life of a child and their family when there are serious concerns about the wellbeing of a child or an unborn child.

The Charter of Human Rights and Responsibilities Act 2006 (the Charter) is relevant to the operation of the Mothers and Children Program. In particular, Section 17, the right to protection of families and children, is relevant to the application process for participation in the Program.

1.6 Dispute Resolution

If there is a dispute between the Parties concerning this Protocol, the parties agree that they will take all necessary steps to resolve the dispute quickly and expeditiously by mutual agreement, using the following procedures:

- negotiation at the local contact officer level
- if not resolved at the local contact officer level, the matter is then to be referred to the Commissioner, Corrections Victoria and the Executive Director, Child, Youth and Family Services.

Despite the existence of a dispute, each party will (unless requested not to do so, in writing by the other Party) continue to perform its obligations under this Protocol.
2. Mothers and Children Program

2.1 Exchange of information

Provision of information to Women’s Prisons Region by Child Protection is to assist prison authorities in their decision-making regarding applications for the Mothers and Children Program.

2.2 Application for the Mothers and Children Program

A mother who wishes to care for her child in prison custody is required to make a written application to the General Manager, Women’s Prisons Region, or delegate, of the prison where she is held. Upon establishment of eligibility for the Program, the Mothers and Children Program Support Worker will interview the mother and prepare an assessment report outlining the details of the application. The mother is required to nominate at least one external care provider to care for the child in the community if accommodation outside the prison is required for the child at any time. The mother will provide consent for the Mothers and Children Program Support Worker to contact the external nominated caregiver to discuss the role and responsibilities of an external caregiver and to confirm acceptance of this position.

Where, in the course of the assessment, relevant information is obtained from persons other than the mother making the application, it will usually be appropriate for the Mothers and Children Program Support Worker to discuss that information with the mother, and to give the mother the opportunity to comment on the information.

If the information relates to the management, security and good order of the prison, this requirement to discuss the information with the prisoner would not apply. Similarly, this may also be the case in circumstances where it is not in the child’s best interests to disclose the information to the parent.

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3 Attachment 1 – Corrections Victoria Mothers and Children Program Application
4 Ibid
Figure 1    Process of Application for the Mothers and Children Program

Process of Application for the Mothers and Children Program

Eligible mother completes an application form

Completed application form provided to the Mothers and Children Program Support Worker

Interview between mother and the Mothers and Children Program Support Worker

Mothers and Children Program Support Worker collates information across mother, Child Protection and relevant agencies

Mothers and Children Program Steering Committee meet to consider application

Recommendation provided to General Manager, Women’s Prisons Region

General Manager, Women’s Prisons Region considers application

Recommendation provided to Deputy Commissioner, Prisons & Transitional Services

Decision to approve application made by Deputy Commissioner, Prisons & Transitional Services

Mother informed of application outcome by General Manager, Women’s Prisons Region
2.3  Seeking advice and information from Child Protection

2.3.1  Authorised information

As part of the assessment process, Corrections Victoria will request information from Child Protection. The information sought from Child Protection in relation to the eligible mother and child will be confined to obtaining details of any current and previous Child Protection involvement relevant to the application.

All women who make an application to have their child reside in prison with them through the Mothers and Children Program are required to undergo a check with Child Protection and are informed that this occurs.

Pregnant women are able to apply for the Mothers and Children Program. For all pregnant women making an application to the Mothers and Children Program for their infant to reside with them in prison, the Women's Prisons Region will request information regarding the child protection history as it relates to the application.

2.3.2  Women’s Prisons Region staff authorised to contact Child Protection regarding an application for the Mothers and Children Program

The information will be provided to the Mothers and Children Program Steering Committee to assist in decision-making regarding applications.

Persons authorised to request information and advice from Child Protection include:

- Mothers and Children Program Support Worker
- Programs Manager, Women’s Prisons Region, or their delegate
- General Manager, Women’s Prisons Region or their delegate
- Officer in Charge, Tarrengower Prison, or their delegate

2.3.3  Request for Child Protection information and advice

(i)  Request for Information

A written request for information relating to the mother and subject child should be made to the Senior Program Advisor, Child Protection and Family Services Branch, DHS when:

- seeking information in relation to an application for the Mothers and Children Program, and

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5 Attachment 1 – Corrections Victoria Mothers and Children Program Application
6 Corrections Victoria, Commissioner’s Requirement, Mothers and Children Program 2009, Section 4.1, Application Assessment
• seeking background Child Protection information to assist in making a decision regarding the best interests of a child and/or possible protective concerns for an unborn child.

Figure 2  Process for Exchange of Information

**Process for Exchange of Information**

**between Corrections Victoria and Child Protection**

Request for information made by Mothers and Children Program Support Worker to Senior Program Advisor, Child Protection

Senior Program Advisor, Child Protection performs background child protection check

- No information on applicant
- Past Child Protection involvement
- Current Child Protection involvement

- No further Child Protection involvement required
- Summary of Child Protection history and recommendation provided to Mothers and Children Program Support Worker
- Request for information referred to relevant Child Protection Region

- Application to proceed to Steering Committee
- Application to proceed to Steering Committee for consideration
- Application to proceed to Steering Committee for consideration

(ii) **Child Protection reports**

(a) for applications for the Mothers and Children Program where there has been *past* involvement, Child Protection will provide the Women’s Prisons Region with a summary of Child Protection history as it relates to the application, that includes details of previous involvement with Child Protection.

This report will be prepared within 14 working days.
(b) In cases where the child is a current client of Child Protection, the request will be referred by the Senior Program Advisor to the relevant Child Protection region for a response.

Women’s Prisons Region will ask Child Protection to provide a recommendation that either supports or does not support the application for the dependent child to reside in custody, taking into account and giving regard to any limitation under the Charter and the best interests of the child.

2.4 Parenting capacity and support

Where required, Child Protection may require the Women’s Prisons Region to provide detailed information about available program options within the Women’s Prisons Region that will support the mother’s capacity to care for her child.

Where a decision by Child Protection to agree to a child being placed in prison with its mother was contingent upon the mother’s participation in programs within the prison, Child Protection may request feedback from the Women’s Prisons Region confirming the mother’s participation and progress in these programs.

2.5 Urgent Applications

From time to time the Women’s Prisons Region may need to find an emergency placement for a child, for example where a newly-received prisoner arrives with a child, or where a Mothers and Children Program placement cannot be maintained.

2.5.1 If a mother arrives at prison with a child in her care, Corrections Victoria will undertake an assessment to determine if it is appropriate for the child to participate in the Mothers and Children Program. The assessment will occur within 48 hours of the mother and child being received at the prison. Assessments undertaken in these circumstances will include a request to Child Protection as outlined in 2.3. In such cases, wherever possible, an urgent response from Child Protection will be required.

2.5.2 If permission for a Mothers and Children Program placement is not yet approved or is withdrawn, and the child cannot be placed with the alternative care-givers proposed by the mother, the prison will contact foster care services directly, or other appropriate child care facilities on behalf of the mother.

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7 Attachment 3 – Parenting programs available to mothers and children resident within the Women’s Prisons Region
8 Corrections Victoria, Commissioner’s Requirement, Mothers and Children Program 2009, Section 5.8, Respite and Child Care
2.6 Protective concerns regarding unborn children

2.6.1 Child Protection is at times involved in planning for infants prior to their birth, where there is significant concern for their wellbeing after birth.

Child Protection can accept a child well-being report from the Women’s Prisons Region prior to the birth of the child if the Women’s Prisons Region believes that there will be significant concerns for the child’s wellbeing after birth.

If the Women’s Prisons Region obtains information from Child Protection in the context of the request for information process outlined in 2.3 that raises concerns for the child’s wellbeing after birth, it can make a well-being report to Child Protection.

As a general principle, an unborn child report should be made as early as possible when the pregnancy is confirmed in order to:

- allow sufficient time for a well-informed assessment and effective planning
- enable effective referrals to be made to DHS Child and Family Information Referral and Support Teams (Child FIRST) or other appropriate support services prior to the child’s birth
- minimise initial approaches for advice and assistance being made to the mother during the last stages of her pregnancy
- provide opportunities for the mother to engage with professionals and services, and contribute her own ideas and solutions to concerns to achieve better outcomes.

2.6.2 The DHS High Risk Infant (HRI) program plays an integral role with unborn children. The HRI program must be involved in all unborn child reports received by Child Protection. This role may include participation in case conferences, which must occur for each unborn child report where significant need and risk issues are identified.

Wherever possible, pre-birth case conferences will be used to advise the mother prior to the birth of her child and at the earliest opportunity, whether or not a protective intervention report to Child Protection will be made after the birth of the child. Wherever possible, the mother will be given an indication from Child Protection, at this time, whether or not her child is likely to be removed from her care following the birth.

2.6.3 This Protocol acknowledges that there may be some situations where it is not in the unborn child’s best interests for Child Protection to provide the mother with advice in relation to her unborn child, prior to the birth.
For example, there may be concerns about the mother’s mental health and the possibility that she may harm herself or her unborn child.

2.7 Interviews with mothers and children in prison

2.7.1 Child Protection workers must advise the General Manager, Women’s Prisons Region, in the first instance, when a direct investigation of any prisoner is to occur and plan a mutually agreeable time for the investigation to occur.

2.7.2 It is usual practice for parents or caregivers to be involved as early as possible in any required direct investigation of a report to Child Protection.

2.7.3 It is the responsibility of Child Protection to deliver court documents to the mother, in person, and wherever possible at least three days prior to the court proceedings. Corrections Victoria will, in some circumstances where it has been negotiated with Child Protection, facilitate the delivery of these documents where practical.

2.7.4 Child Protection is required to report to Victoria Police all notifications of sexual abuse, physical abuse and serious neglect involving a child or young person. Victoria Police is the body responsible for dealing with criminal matters that arise in child abuse and child neglect cases. Not all cases will lead to a criminal investigation. However, in some cases the protective investigation will require the cooperation of the Women’s Prisons Region, Child Protection and Victoria Police.

2.8 Children leaving the Mothers and Children Program

2.8.1 Where a child is participating in the Mothers and Children Program and is a current client of Child Protection, and where the mother and child or the child are to leave the prison, the Women’s Prisons Region will advise Child Protection at the earliest possible time of the release date, preferably no later than one month prior to release.

Wherever necessary a case conference to prepare an exit plan will be arranged between the Women’s Prisons Region, Child Protection and the mother.

2.8.2 In some situations, it may be appropriate for the Women’s Prisons Region or Child Protection to refer the mother and her child to DHS Child FIRST upon release from prison.

Following a referral, Child FIRST will discuss the needs of the child and family to assess risks to the child’s safety and development. Disclosure of information to Child FIRST relating to children’s needs, parental capacity and potential risks to the child is authorised without
parental consent. Ongoing sharing of information between professionals to support a referral or to coordinate service responses must be made with the consent of the parents\textsuperscript{11}.

2.9 Change in the mother’s circumstances

When a child who has been participating in the Mothers and Children Program is not able to remain in a custodial environment due to a change in the mother’s circumstances, the external alternative care giving arrangements will be activated in accordance with the Mothers and Children Program Policy\textsuperscript{12}.

If the child is not able to be placed with the nominated external caregiver, the General Manager, Women’s Prisons Region will contact foster care agencies to arrange for the care of the child or seek assistance from Child Protection\textsuperscript{13 14}.

All mothers participating in the Mothers and Children Program are required to nominate at least one external care provider to care for the child in the community if accommodation outside the prison is required for the child at any time.

The community based alternative carer may be accessed in circumstances such as:

- mother is required to leave the prison overnight or for a longer period
- mother is unwell or unable to continue to care for her child
- child is visiting friends, family or relatives or attending community based programs and services
- participation in the program is subject to ‘immediate review’ or termination
- child must be removed from the prison environment for their health or safety.

2.10 Emergency or respite placement

If emergency or respite care is required and the child cannot be placed with the alternative caregivers proposed by the mother, the prison will contact foster care services directly, or other appropriate childcare facilities on behalf of the mother\textsuperscript{15 16}.

\textsuperscript{11} Children, Youth and Families Act 2005, s 36, Concern about Wellbeing of Child
\textsuperscript{12} Corrections Victoria, Commissioner’s Requirement 2009, Mothers and Children Program, Section 5.8, Respite care and child care
\textsuperscript{13} Corrections Victoria, Commissioner’s Requirement 2009, Mothers and Children Program, Section 6.1, Change of circumstances
\textsuperscript{14} Attachment 8 – Foster Care Agencies
\textsuperscript{15} Corrections Victoria, Commissioner’s Requirement 2009, Mothers and Children Program, Section 5.8, Respite care and child care
\textsuperscript{16} Attachment 8 – Foster Care Agencies
The Women’s Prisons Region may also request a respite clause in Children’s Court Orders, which enables the child to have respite or be cared for, by the nominated care-givers in the community should the child need to be removed from the prison at any time.

3. **Legislative Framework**

3.1 **Background**

Corrections Victoria is a service agency within the Department of Justice, which is responsible for the direction of Victoria’s adult corrections system, incorporating prisons and Community Correctional Services. Corrections Victoria develops and implements policies, programs and services that ensure the safe and secure containment of prisoners, and that seek to rehabilitate prisoners and offenders by addressing the underlying causes of their offending behaviour.

The Department of Human Services is responsible for coordinating the provision of community services and housing across Victoria. Child Protection is part of the Children, Youth and Families Division within the Department of Human Services.

Most Victorian children and young people are adequately cared for and nurtured by their family. It is only when parents or caregivers are unable or unwilling to protect children against significant harm that the Child Protection network must take up this responsibility. The Victorian Child Protection is specifically targeted to those children and young people at risk of significant harm. The Child Protection system has three broad aims for children and young people with whom it is involved:

- protect the child from harm
- protect their rights and
- promote their stability and healthy development (taking into account their age and stage of development).

3.2 **Limiting Factors**

While Child Protection and the Women’s Prisons Region recognise the importance of information exchange, it is understood that limiting factors apply in relation to both the available information systems and principles of respective service role and philosophy.

3.3 **Legislation and Regulations**

3.3.1 *Children, Youth and Families Act 2005 (CYFA)*

The CYFA sets out a range of provisions to enable the sharing of information to assist in assessing risk and determining which services or advice are needed
to address the risk and development needs of children. The CYFA is designed to promote the exchange of information to ensure that professionals work together effectively where children are at risk. The CYFA enables professionals to share information about a child in circumstances that may be prohibited by legislation such as the *Information Privacy Act* 2000 or the *Health Records Act* 2001, in order to promote the best interests of a child.

The CYFA establishes classes of people who are authorised to share particular information with Child Protection in specific circumstances. These classes are:

- community services
- information holders
- service agencies

Exchange of information will occur regularly between agencies at different levels of formality. It is desirable for Child Protection and the Women’s Prisons Region to work flexibly and cooperatively in exchanging information, and therefore negotiations on this issue will occur taking into account the:

- best interests of the child
- confidentiality and privacy of clients, including prisoners
- security issues regarding the exchange of confidential documents.

### 3.3.2 Information Privacy Act 2000 and Health Records Act 2001

The *Information Privacy Act* 2000 and the *Health Records Act* 2001 govern the management and exchange of personal and health related information in Victoria. The Health Records Act deals with health information and the Information Privacy Act deals with all other personal information. Where there are no specific provisions in the CYFA, information sharing must be consistent with the principles outlined in Schedule 1 of both Acts.

### 3.3.3 Corrections Act 1986

Written consent is a condition of Corrections Victoria accepting an application from a woman for the Mothers and Children Program. Written consent is required for Child Protection to provide any relevant information to Corrections Victoria regarding the application. To ensure each mother’s right to confidentiality and privacy is met, Corrections Victoria will request the mother’s consent to Child Protection releasing information relevant to the program application. If a mother does not consent for Child Protection to

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17 Attachment 1 – CV Mothers and Children Program Application
release information to Corrections Victoria, the application to participate in the Mothers and Children Program will not be progressed.

Corrections Victoria is authorised to disclose relevant information to Child Protection under section 30 of the Corrections Act.

3.3.4  *Charter of Human Rights and Rights and Responsibilities Act 2006*

The Charter is relevant to the operation of the Mothers and Children Program. The right to protection of families and children cited in section 17 of the Charter is relevant to:

- process of consideration of applications by mothers to participate in the Program
- treatment of mothers and their children who are participating in the Program.

Section 17 of the Charter, titled Protection of Families and Children states:

(1) Families are the fundamental group unit of society and are entitled to be protected by society and the State

(2) Every child has the right, without discrimination, to such protection as is in his or her best interests and is needed by him or her by reason of being a child.

The assessment of applications for children in custody and program participation must include proper consideration of relevant human rights. All programs operating within the Women’s Prisons Region do so in accordance with ‘the Charter’. Under the Charter, prisoners’ human rights, and those of their children, are limited only to the extent that is reasonably and demonstrably justified.

In considering whether to restrict a mother’s right to family life, the assessment must consider whether:

(a) it is in the best interests of the child to live with his or her parent in the prison; (s17(2) of Charter)

(b) the management, good order and security of the prison will not be threatened by the child living in prison.

(c) the restriction is the least it can be

When determining whether a decision or action is in the best interests of the child, the need to protect the child from harm, to protect his or her rights and to promote their development (taking into account their age and stage of development) must always be considered.

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18 *Corrections Act 1986, s31(1) Children*
4. **Corrections Victoria – Department of Justice**

4.1 **Corrections Victoria Principles**

Corrections Victoria recognises the importance of supporting female prisoners in maintaining their relationships with their dependent children. Corrections Victoria acknowledges that separation from children is an ongoing source of anxiety and stress for women prisoners who carry ongoing concerns about their child’s well-being. For dependent children, the impact of their mother’s imprisonment can affect their development and lead to a prolonged period of instability, dislocation and emotional distress.

In view of this, Corrections Victoria operates a range of programs to support the family ties that are essential to the effective rehabilitation of prisoners and their successful reintegration into the community upon release.

4.2 **Mothers and Children Program Policy**

The Mothers and Children Program is governed by:

- Correctional Standards for the Management of Women Prisoners in Victorian Prisons
- Commissioner’s Requirement – Children and Family Ties/Relationships, Mothers and Children Program.

The purpose of the Commissioner’s Requirement is to direct formal implementation of the Mothers and Children Program in the Women’s Prisons Region.

4.3 **Program Governance**

Program governance for the Mothers and Children Program is provided by:

- Deputy Commissioner, Prisons and Transitional Services, Corrections Victoria
- The General Manager, Women’s Prisons Region
- The Mothers and Children Program Steering Committee

Provision for the operation of the Program is made in s.31 of the Corrections Act and regulations 43 – 47 of the Corrections Regulations.

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19 Corrections Victoria, Commissioner’s Requirement 2009, Mothers and Children Program
20 Attachment 2 – Mothers and Children Program Steering Committee
21 Protocol between Women’s Prisons Region, Corrections Victoria, Department of Justice and Child Protection, Family and Early Parenting Services, Department of Human Services 2010, Section 3 – Legislative Framework
The Local Operating Procedure, ‘Mothers and Children Program’ for the Women’s Prisons Region, guides the operation of the Mothers and Children Program at both locations.

### 4.4 Mothers and Children Program – Decision-making

The Deputy Commissioner of Prisons and Transitional Services, as the delegate of the Secretary, is responsible for decision-making in relation to an application submitted under the Mothers and Children Program. This is in accordance with the Mothers and Children Policy and the Corrections Act.

Central to the decision to allow a child to reside with their mother in prison and consistent with the legislation contained in the Corrections Act and the Charter of Human Rights and Responsibilities, is the best interests of the child, the protection of family for both mother and child and the management, good order or security of the prison. Access to the Program is restricted where the best interests of the child or the conditions for eligibility to participate in the Program are not met.

In addition, the Mothers and Children Program takes into consideration the individual merits of each application to determine whether there may be an impact on the management, good order or security of the prison.

With respect to s31(1) of the Corrections Act, the following matters will be considered by the Deputy Commissioner, Prisons and Transitional Services in relation to the best interests of the child and the management, good order or security of the prison:

- preservation of the relationship between the mother and child
- continuity and stability of care including the likely effect on the child of any changes in the child’s circumstances
- physical, emotional and spiritual wellbeing of the child
- provision of a safe and supportive environment appropriate to the age and development of the child
- maintenance of family and significant relationships
- views or submissions made by the child, mother’s or father’s family or any other relevant individual / carer who has a direct interest in the child’s welfare
- strengthening of families in culturally appropriate ways
- timely decision-making
- safety of the child
• nature and circumstances of the offence(s) including sentence or remand status and/or length of sentence

• impact of the decision on the women’s prison population

• willingness of the mother to participate in relevant programs while in prison, including family support programs and parenting services available in the correctional environment

• prison management matters, including the capacity of the prison to accommodate the child appropriately and/or to accommodate special needs of the Program participants where relevant

• behaviour of the mother in prison and whether that behaviour impacts on the safety of the child

• whether a decision to approve or not approve a child in custody application has the capacity to bolster or undermine the credibility or reputation of the prison system generally and/or the Mother and Children Program more specifically.

Consideration will be given to any recommendation received from Child Protection and the Deputy Commissioner, Prisons and Transitional Services will be advised of any previous or current involvement between the mother and Child Protection22.

Generally, the best interests of the child would determine that children of school age should not reside with their mother in prison, notwithstanding the benefits described at 4.1. Each application is assessed on individual merit and in some circumstances there may be overriding factors which would determine that children of school age may reside with the mother in prison for short periods of time.

The Deputy Commissioner, Prisons and Transitional Services, can withdraw authorisation for a child to reside in prison custody at any time. This may occur if the applicant is involved in the commission of a serious relevant prison offence, moved to a hospital, moved to a unit not considered suitable for accommodating a child, or if the child’s interests are considered best served in the community23.

Where it is deemed necessary to remove the child from the prison, the external alternative care giving arrangements will be activated24. If this placement
option is not available, the General Manager, Women’s Prisons Region will seek assistance from the Child Protection.

4.5 Programs in the Women’s Prisons Region

Parenting programs are available in the correctional environment to provide support for the mother to enhance the well-being, safety and development of her child. It is a requirement of the signed agreement between Corrections Victoria and a mother, that participation in parenting-related programs specified by the Mother and Children Program Support Worker is mandatory. These programs include First Aid, SIDS and water safety.

Other parenting programs related to women’s individual needs as a parent are available in the prison. These programs are provided by the Mothers and Children Program Support Worker employed by Corrections Victoria and three contracted external agencies, including:

- Tweddle Child and Family Services, who attend the Dame Phyllis Frost Centre on a fortnightly basis to provide education and support to women who have children aged up to 18 months of age residing with their mothers in custody.
- Melbourne Citymission provides support to women in both Dame Phyllis Frost Centre and Tarrengower Prison to manage issues relating to their children, particularly those women whose children reside in the community and their families.
- Maternal Child and Health Nurses regularly attend both Dame Phyllis Frost Centre and Tarrengower Prison to provide maternal and child health care services to women with infant children in custody.

4.6 Training and support for staff

The Women’s Prisons Region may request information or training for the Corrections Victoria staff from Child Protection relating (but not limited) to:

- Decision making in a child’s best interests
- Roles and responsibilities of prison staff and Child Protection in responding to child abuse and neglect, with a particular focus on infants.

Requests for information and training should be directed to the Senior Program Advisor, Child Protection.

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25 Corrections Victoria, Commissioner’s Requirement 2009, Mothers and Children Program, Section 5.8, Respite care and child care
26 Attachment 3 – Parenting programs for mothers and resident children within the Women’s Prisons Region
27 Corrections Victoria, Commissioner’s Requirement 2009, Mothers and Children Program, Section 4, – Application and Assessment
28 Attachment 3 – Parenting programs for mothers and resident children within the WPR
5. Child Protection - Department of Human Services

5.1 Best Interests of the Child Principles

The principles, which underpin this protocol, are the ‘Best Interests’ principles articulated in the CYFA.\textsuperscript{29} \textsuperscript{30}

\textit{In all considerations, the best interests of the child must always be paramount}

Consideration of the best interest of the child include:

a) The child’s safety – the need to protect the child from harm

b) The child’s development – the need to promote the child’s development, taking into account the child’s age and stage of development

c) The child’s rights – the need to protect the child’s rights. The child’s rights are not directly defined in the CYFA, but are informed by the United Nations Convention on the Rights of the Child and the Victorian Charter of Human Rights and Responsibilities Act and the Charter for Children in Out of Home Care

d) Stability of care – the desirability of continuity and stability in the child’s care

e) Cumulative harm – the impact of cumulative harm on a child must form part of the overall assessment

f) The child and child’s family must be enabled to access appropriate services in order to ameliorate the long term effects of abuse and/or neglect

g) Maintenance of family ties

h) The child and child’s family must be accorded a co-ordinated and sensitive service response that limits the people and professionals that directly intervene with the child.

In addition to the best interests principles and central to the decision to allow a child to reside with their mother in prison, is the management, good order and security of the prison.\textsuperscript{31}

5.2 Services provided by Child Protection

Services provided by Child Protection include:

\textsuperscript{29} Children, Youth and Families Act 2005, s10 – 14, Best Interests Principles
\textsuperscript{30} Attachment 4 – Best Interests of the Child
\textsuperscript{31} Corrections Act 1986, Section 31
Protocol between Women’s Prisons Region, Corrections Victoria, Department of Justice and Child Protection, Family and Early Parenting Services, Department of Human Services

- a) Receipt of reports from people who believe on reasonable grounds that a child is in need of protection because of abuse or neglect
- b) Provision of advice where people report such concerns
- c) Investigation of matters where it is believed that a child is at risk of significant harm
- d) Referral of children and families to services that assist in providing the ongoing safety and well being of the children
- e) Taking matters before the Children’s Court if the child’s safety cannot be ensured within the family
- f) Supervision of children on legal orders granted by the Children’s Court.

5.3 **Grounds for Child Protection Intervention**

For the purposes of the CYFA, a child is in need of protection if any of the following grounds exist:

- a) The child has been abandoned by his or her parents and after reasonable inquiries the parents cannot be found, and no other suitable person can be found who is willing and able to care for the child.

- b) The child’s parents are dead or incapacitated and there is no other suitable person willing and able to care for the child.

- c) The child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child’s parents have not protected, or are unlikely to protect, the child from harm of that type.

- d) The child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child’s parents have not protected, or are unlikely to protect, the child from harm of that type.

- e) The child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child’s emotional or intellectual development is, or is likely to be, significantly damaged and the child’s parents have not protected, or are unlikely to protect, the child from harm of that type.

- f) The child’s 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.
For the purposes of sub-sections 5.3 (c) to 5.3 (f), the harm may be constituted by a single act, omission or circumstance or accumulate through a series of continuing acts, omissions or circumstances.32

5.4 Mandatory Reporting

Corrections Victoria staff are not identified in the CYFA as mandatory reporters33. However, it is recognised that all persons, including prison staff, who have contact with children have a professional responsibility to report child abuse and neglect and, in this regard, to practice as if they were mandated by law.

5.5 Protection for Reporters

A report made in good faith does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made and does not make the person by whom it is made subject to any liability in respect of it34.

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32 Attachment 6 – Definitions of Child Abuse
33 Children, Youth and Families Act 2005, s182(1) Reporting
34 Children, Youth and Families Act 2005, s189 Reporters Protected
Attachment 1  Mothers and Children Program Application

Mothers and Children Program Application Form

This application must be completed in full, or your request will not be processed. If you are eligible for participation in the Mothers and Children Program, the information provided on this form is used to complete an application report, which is provided to the General Manager or delegate for comment and endorsement. Please make an appointment to see the Mothers and Child Program Support Worker if you need assistance with this form.

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>CRN</th>
<th>Date of Application</th>
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</table>

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Name of Current Care Provider</th>
<th>Date of Birth or Due Date</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Names of Other Children</th>
<th>Name of Current Care Provider</th>
<th>Date of Birth</th>
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</thead>
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</table>

Please provide your reasons for applying to have your child live in prison with you. These reasons should be in your own words and should reflect an understanding and consideration of your child’s needs.

<table>
<thead>
<tr>
<th>Reason 1</th>
<th>Reason 2</th>
<th>Reason 3</th>
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</table>
Consent to Release Information Child Protection

I give consent for Child Protection, Department of Human Services (DHS) Victoria or Child Protection Services in any state of Australia to be contacted to confirm any involvement with my children or myself. I give consent for the relevant Child Protection service to provide information about any current protective concerns, current Children's Court Orders or history of involvement. I understand that any information obtained will be recorded in the application report. In signing this form, I agree that I understand this consent form.

Signature of Applicant:_____________________________ Date:________________

Consent to Medical Assessment of Child

As a requirement of the application process for participation in the Mothers and Children Program, I agree to arrange for my child to undergo a medical assessment. I further consent for my child's medical history and information obtained through the medical assessment to be provided to the Mothers and Child Program Support Worker and to be used in the application report.

Signature of Applicant:_____________________________ Date:______________

Consent to Release of Information Medical Record

I give consent to relevant information about me, in relation to the following, being exchanged between Pacific Shores Medical Centre, Sunshine Hospital, Bendigo Base Hospital, Forensicare, Caraniche and Corrections Victoria:

- Expected date of delivery (if pregnant)
- Any Medical Conditions or Health Issues
- Current or past medication including participation in the Methadone Program
- Treatment
- Scheduled Appointments

Signature of Applicant:_____________________________ Date:______________
External Care Providers
As part of the Mothers and Child Program, one external care provider must be nominated.

As part of the application process, the Mothers and Children Program Support Worker will contact the nominated external care providers to ensure they understand and are able to assist in the role.

I authorise the Women’s Prisons Region representative to communicate with the alternate caregivers listed.

Signature of Applicant: ___________________________ Date: ____________

<table>
<thead>
<tr>
<th>Carer Details</th>
<th>1st External Carer</th>
<th>2nd External Carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Phone:</td>
<td></td>
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</tbody>
</table>

Internal Care Providers
As part of the Mothers and Children Program, one internal care provider must be nominated.

<table>
<thead>
<tr>
<th>Carer Details</th>
<th>1st Internal Carer</th>
<th>2nd Internal Carer</th>
<th>3rd Internal Carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and CRN</td>
<td></td>
<td></td>
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<tr>
<td>Unit</td>
<td></td>
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</tr>
</tbody>
</table>

Office Use Only

General Manager’s or delegate endorsement and comments
This application is / is not endorsed for report writing stage:

Signature: ___________________________ Date: ___________________________
Attachment 2    Mothers and Children Program Steering Committee

The Mothers and Children Program Steering Committee consists of the following members:

- General Manager, Women’s Prison Region (Chair)
- Operations Manager, Tarrengower Prison
- Operations Manager, Dame Phyllis Frost Centre
- Programs Manager, Women’s Prison Region
- Mothers and Children Program Support Worker, Women’s Prison Region
- Early Childhood Program Representative, Department of Education and Early Childhood Development
- Senior Program Advisor, Child Protection, Placement and Family Services, Department of Human Services
- Senior Policy Officer, Women’s Policy Unit, Corrections Victoria, Department of Justice

The Mothers and Children Program Steering Committee is responsible for:

- Consideration of all new Program applications, including urgent applications
- Seeking expert advice in matters concerning the best interests principles of the child where the Committee deems necessary
- Making recommendations for Program participation, including removal from the Program
- Conducting a monthly assessment of the progress of mothers and children participating in the Program
- Monitoring demand for the Program, including outstanding applications
- Resolving operational issues concerning to the Program as they arise
Attachment 3  Parenting Programs available to mothers and children resident in the Women’s Prisons Region

The Women’s Prisons Region has the capacity to provide parenting and information programs to mothers participating in the Mothers and Children Program. These sessions are conducted by the Mothers and Children Program Support Worker and are available for small group or individual sessions.

The conditions of approval of an application to participate in the Mothers and Children Program may be subject to agreement by the mother to participate in one or more of the following programs:

<table>
<thead>
<tr>
<th>Name of information program</th>
<th>Description of session</th>
<th>Length of program (frequency / duration)</th>
<th>Available resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the Mother and Child Program</td>
<td>Individual or group session to provide information about the Mother and Child Program</td>
<td>Single session</td>
<td>Information booklet provided</td>
</tr>
<tr>
<td>Carer Program</td>
<td>Introduction session to explain the role of the carer, carer obligations and carer rules</td>
<td>Single session</td>
<td></td>
</tr>
<tr>
<td>SIDS and Safe Sleeping</td>
<td>Safe sleeping information</td>
<td>Single session</td>
<td>Video, information brochures</td>
</tr>
<tr>
<td>Child Safety</td>
<td>Safety issues for all children</td>
<td>Single session</td>
<td>Video</td>
</tr>
<tr>
<td>Swimming Pool Safety</td>
<td>Compulsory session for mothers of children aged 3 months or older</td>
<td>Single session</td>
<td></td>
</tr>
<tr>
<td>Maternal Child Health Nurse</td>
<td>Ongoing individual sessions to ensure that the infant is meeting their developmental milestones and receiving immunisations</td>
<td>Ongoing sessions as per community schedule</td>
<td></td>
</tr>
<tr>
<td>Name of information program</td>
<td>Description of session</td>
<td>Length of program (frequency / duration)</td>
<td>Available resources</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td><strong>Tweddle Parental Sessions</strong></td>
<td>A range of parenting sessions delivered by Tweddle to provide practical help and information to all women</td>
<td>Fortnightly sessions</td>
<td>As provided by Tweddle</td>
</tr>
<tr>
<td><strong>Playgroup</strong></td>
<td>Play group sessions to support women with parenting skills</td>
<td>Weekly sessions</td>
<td></td>
</tr>
<tr>
<td><strong>Access to child care and kindergarten services</strong></td>
<td>Individualised session to assist the mother with the integration of children commencing formal childcare or kindergarten</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>Toy Library</strong></td>
<td>Central toy library held at Dame Phyllis Frost Centre, offering a variety of toys for up to preschool age children to support child development</td>
<td>Ongoing</td>
<td>Variety of toys for ages 0 – 5 years</td>
</tr>
<tr>
<td><strong>Book Library</strong></td>
<td>Central book library held at Dame Phyllis Frost Centre, offering a variety of books for up to preschool age children to support child development</td>
<td>Ongoing</td>
<td>Variety of books for ages 0 – 5 years</td>
</tr>
<tr>
<td><strong>DVD Library</strong></td>
<td>Central library of DVDs held at Dame Phyllis Frost Centre, offering a variety of DVDs to support learning and imagination</td>
<td>Ongoing</td>
<td>Variety of DVDs for ages 0 – 5 years</td>
</tr>
</tbody>
</table>
Attachment 4  

Best interests principles  

s10  Child Youth and Families Act 2005

Best interests principles

(1) For the purposes of this Act the best interests of the child must always be paramount.

(2) When determining whether a decision or action is in the best interests of the child, the need to protect the child from harm, to protect his or her rights and to promote his or her development (taking into account his or her age and stage of development) must always be considered.

(3) In addition to subsections (1) and (2), in determining what decision to make or action to take in the best interests of the child, consideration must be given to the following, where they are relevant to the decision or action—

(a) the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society and to ensure that intervention into that relationship is limited to that necessary to secure the safety and wellbeing of the child;

(b) the need to strengthen, preserve and promote positive relationships between the child and the child's parent, family members and persons significant to the child;

(c) the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community;

(d) the child's views and wishes, if they can be reasonably ascertained, and they should be given such weight as is appropriate in the circumstances;

(e) the effects of cumulative patterns of harm on a child's safety and development;

(f) the desirability of continuity and stability in the child's care;

(g) that a child is only to be removed from the care of his or her parent if there is an unacceptable risk of harm to the child;

(h) if the child is to be removed from the care of his or her parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered;

(i) the desirability, when a child is removed from the care of his or her parent, to plan the reunification of the child with his or her parent;

(j) the capacity of each parent or other adult relative or potential care giver to provide for the child's needs and any action taken by the parent to give effect to the goals set out in the case plan relating to the child;
(k) access arrangements between the child and the child's parents, siblings, family members and other persons significant to the child;

(l) the child's social, individual and cultural identity and religious faith (if any) and the child's age, maturity, sex and sexual identity;

(m) where a child with a particular cultural identity is placed in out of home care with a care giver who is not a member of that cultural community, the desirability of the child retaining a connection with their culture;

(n) the desirability of the child being supported to gain access to appropriate educational services, health services and accommodation and to participate in appropriate social opportunities;

(o) the desirability of allowing the education, training or employment of the child to continue without interruption or disturbance;

(p) the possible harmful effect of delay in making the decision or taking the action;

(q) the desirability of siblings being placed together when they are placed in out of home care;

(r) any other relevant consideration.
Protocol between Women’s Prisons Region, Corrections Victoria, Department of Justice and Child Protection, Family and Early Parenting Services, Department of Human Services

Attachment 5  Overview of Child Protection

Child Protection services are based on the legal framework set out in the CYFA. The main principle underpinning the CYFA is that the best interests of the child must always be the paramount consideration. In determining whether any decision or action is in the best interests of the child, the need to protect the child from harm, to protect the child’s rights, and to promote the child’s development must always be considered.

Child Protection intervention is child centred and family focussed, and is limited to that necessary to secure the safety and well-being of the child.

4.1  Risk and Needs Assessment

Risk and Needs Assessment, along with case planning, is a core process for Child Protection in relation to all Child Protection interventions. In summary, ‘Risk and Needs Assessment’ is the process through which a determination is made that a particular child, reported to Child Protection, is a child ‘in need of protection’ as articulated in s162 of the CYFA.

Child Protection uses a professional judgement model, the Best Interests Assessment and Case Practice Framework, as a tool to assist in the assessment of risk to a child.

Risk is defined in the framework as the relationship between the degree of harm and the probability of the believed harm occurring (or of protection being provided).

The Police investigation and history of intervention are critical pieces of information that inform the overall risk and needs assessment and decisions in relation to the child’s safety and wellbeing.

4.2  Case Planning Process

Child Protection case planning is defined in the CYFA as the ‘decision making process’, which ‘… in relation to the Secretary, means the process of decision-making by the Secretary concerning a child, beginning when the Secretary receives a report under section 28, 33(2), 183, 184 or 185 …’

Case Planning is underpinned by a set of principles articulated in ss10-14 of the CYFA, which in summary state that any decision or action must be made with the best interests of the child being the paramount consideration.

Risk and needs assessment informs the case planning process throughout the course of a Child Protection intervention.

Where a formal case plan is developed, this is referred to as a Best Interests Plan.

4.3  Stages in Protective Intervention

There are a number of stages in protective intervention, which require different courses of action. These stages are described as follows:
4.3.1 Intake
The function of Child Protection Intake is to receive reports and other statutory requests under the CYFA, and to make a determination, using the Best Interests Assessment and Case Practice Framework and case planning process, to determine what action is required to be taken.

In general, Child Protection Intake receives reports related to a concern that ‘… a child is in need of protection…’ i.e. reports under s183 and 184 (mandatory reporting) of the CYFA.

Child Protection may also receive a report under s28 CYFA relating to a significant concern for the well-being of a child.

When a report is received, Child Protection makes an initial assessment about the type of report, i.e., a wellbeing report under s28 CYFA or a protective intervention report under ss183 or 184 CYFA. For a report to be assessed as a protective intervention report, Child Protection must establish whether the child or young person’s described circumstances fall within the legal definition of a child in need of protection. This process requires a detailed examination of the information and a realistic appraisal of the potential consequences of intervention and non-intervention. Primary responsibility is to assess the risks to the child or young person and the level of urgency.

4.3.2 Investigation and Assessment
In relation to the investigation of abuse and neglect, the CYFA directs that:

‘A protective intervener must, as soon as practicable after receiving a protective intervention report, investigate… the subject matter of the report in a way that will be in the best interests of the child’ (s205(1) CYFA)

The decision about whether a direct visit is required is dependent on a risk assessment, i.e., does a child’s prescribed circumstances mean that a child is in need of protection as defined in s162 CYFA, and that Child Protection concerns cannot be adequately determined or addressed without direct Child Protection involvement.

The purpose of a direct visit is to assess the child’s safety, ascertain the validity of the allegations, assess the child’s needs and make a decision about the appropriate course of action to promote the child’s safety and wellbeing.

4.3.2.1 Temporary Assessment Order
Where, during the course of an investigation into a Child Protection report, Child Protection hold:

‘… a reasonable suspicion that a child is, or is likely to be, in need of protection; and, is of the opinion that further investigation and assessment of the (child’s situation) is warranted; and, is of the opinion that the investigation and assessment cannot properly proceed unless a temporary assessment order is made…’ (CYFA s228 and s229)

Child Protection may make an application for a Temporary Assessment Order.
A Temporary Assessment Order (TAO) will allow Child Protection to investigate reports more thoroughly where a child’s parents are unwilling to cooperate. s232 CYFA defines eight provisions a TAO may stipulate which includes:

- Authorising the Secretary to enter premises where the child is living
- Requiring the parent or any person with whom the child is living to permit the Secretary to enter the premises where the child is living
- Requiring the parent of the child or any person with whom the child is living to permit the Secretary to interview the child and to take the child to a place determined by the Secretary for that interview
- Authorising the medical examination of the child by a registered medical practitioner or registered psychologist (Note that s233 CYFA states that the registered general practitioner or psychologist must not examine a child if the child is of sufficient understanding to refuse consent to the examination despite a TAO being in place.)
- Directing the parent or any person with whom the child is living to permit the Secretary to take the child for that examination
- Authorising the provision of the results of the medical examination to be given to the Secretary
- Requiring the parent of the child or any person with whom the child is living to attend an interview with the Secretary and answer questions put to them (Note that s234 CYFA states that, despite a TAO, a person may refuse to answer a question in an interview authorised by the order on the grounds that to answer could incriminate the person or that the information is privileged on the grounds of professional legal privilege. The Secretary must advise the person authorised by the TAO before the interview begins of their rights under this section.)
- Giving any other directions or imposing any other conditions that the Court considers to be in the best interests of the child.

An application for a TAO can only be made to the Children’s Court and may be made by notice under s228 CYFA for a period not exceeding 21 days, or without notice under s229 CYFA for a period not exceeding 10 days.

An application for a TAO without notice can be made if the Secretary is satisfied that the giving of the notice is inappropriate, as would be the case when there is evidence that the family or child may abscond if notice were given or where there is information that, if the child is not immediately assessed, evidence could be lost.

The Children’s Court may make a TAO in conjunction with a warrant authorising police to enter and search (s237 CYFA).

Child Protection must provide a written report to the Children’s Court by the date specified on the TAO setting out the details of the action taken under the TAO, the results of the investigation, and assessment and any other information the Secretary considers ought to be provided to the Court or that the Court directs to be included.
4.3.2.2 Substantiation

At the completion of the Investigation process, the Child Protection practitioner, in consultation with their supervisor, must make a determination about whether or not the subject child is a child ‘… in need of protection…’ as defined in s162 CYFA.

The substantiation decision is a case planning decision made on the basis of an assessment process that gathers case information and facts, analyses this information and ultimately makes a judgement about the risk to the child. The substantiation decision links the reasons for report and investigation with the further decisions about how to ensure safety and well-being of the child, and to address the impact of abuse on the child.

In considering the substantiation decision, there are four basic outcomes:

**No significant concern**
This outcome is applicable to a case that is not substantiated and where it is assessed:

- the child has not experienced significant harm as defined in the CYPA; and
- the child is not in need of protection.

**Significant concern for wellbeing**
This outcome is also applicable to a case that is not substantiated, but where it is assessed that:

- the child is not in need of protection, as defined in the CYFA; and
- there are significant concerns for the well-being of the child

This type of outcome would result in a referral to Child FIRST.

**No further risk of significant harm**
This outcome is applicable to a substantiated case where it is assessed that:

- harm has been experienced by the child that meets the threshold of harm as defined in the CYFA; and
- there is a parent now willing, and now with the capacity to protect the child.

**Significant risk of harm – child in need of protection**
This outcome is also applicable to a substantiated case, but where it is assessed that:

- harm has been experienced by the child that meets the threshold of harm as defined in the CYFA; and
- there is an unacceptable risk of harm, and the child does not have a parent (or other suitable person) able and willing to protect them; or
• no actual harm has occurred but there is an unacceptable likelihood of harm and the child does not have a parent (or other suitable person) able and willing to protect them.

This type of outcome would result in Child Protection issuing a Protection Application in order to ensure the safety and wellbeing of the child.

4.3.3 Court Action

If, during Child Protection intervention, it is assessed that there is an unacceptable level of risk to a child, Child Protection may issue a Protection Application in order to ensure the child’s safety. A Protection Application, may be issued by:
• notice, or
• immediately taking the child into safe custody; or
• immediately taking the child into safe custody, with a warrant.

4.3.4 Protection Order

The CYFA stipulates a number of restrictions on the making of a Protection Order, including:
• s276(1)(b) - The court…is satisfied that all reasonable steps have been taken by the Secretary to provide the services necessary in the best interests of the child.
• s276(2)(b) - The court is satisfied…that…all reasonable steps have been taken by the Secretary to provide the services necessary to enable the child to remain in the custody of his or her parent.

It is only when, despite all of the above, that the child continues to be at ‘significant risk of harm’ that a protection order through the Children’s Court is warranted. Such intervention is an option of last resort. If the Children’s Court is satisfied that the child is in need of protection, it may make one of the following orders:
• Interim Protection Order
• Undertaking
• Supervision Order
• Custody to Third Party Order
• Supervised Custody to Third Party Order
• Custody to Secretary Order
• Guardianship to Secretary Order
• Long Term Guardianship to Secretary Order.

On all orders, except Guardianship, parents retain guardianship responsibility.

The type of order made will be related to the severity of the Child Protection concerns and whether there is a need for ongoing statutory intervention to protect the child.

In addition to Protection Orders, the Children’s Court may also issue on application:
• Temporary Assessment Order s231(CYFA)
• Permanent Care Order s321 (CYFA)
• Intervention Order, under the Crimes (Family Violence) Act 1987
4.3.5 **Best Interests (Case) Plan**

A Best Interests plan is a record of decisions made about risk, health and welfare issues relevant to Child Protection’s involvement with a child. In essence, a Best Interests plan makes a statement about the overall plan for the child, lists the goals that need to be reached in order to achieve the overall plan, as well as the tasks, timelines and people responsible for undertaking them. A Best Interests plan must be based upon a comprehensive assessment.

The Best Interests plan is initially developed where a case is substantiated. At this point in the Child Protection process, the focus of the Best Interests plan would generally be on short-term work to reduce the identified risk of harm to a child.

The Best Interests plan would be reviewed and updated on a regular basis throughout the life of a case.

The responsibility for preparing a Best Interests plan rests with Child Protection. There will be occasions where investigating police officers will be invited to attend Best Interests planning meetings, because of their ongoing involvement in a family’s situation.

4.3.5.1 **Best Interests Plan - Statutory Case Plan**

Section 167 of the CYFA, states that a Case Plan must be prepared for every child on a Supervision Order, a Supervised Custody Order, a Custody to the Secretary Order, a Guardianship Order, a Long-Term Guardianship Order, or a Therapeutic Treatment (Placement) Order.

In practice, the Best Interests plan that was developed pre court will be reviewed and updated to meet the legislative requirement of s167 CYFA. The Best Interests plan must be made within six weeks of the Court making the order, and a copy must be given to the child and their parent within 14 days of its preparation.

4.3.5.2 **Best Interests Plan - Stability Plan / Cultural Plan**

A Stability Plan, and Cultural Plan are types of statutory case plan:

- A Stability Plan focuses on planning for stable long-term out of home care for a child. A Stability Plan must be prepared within the specified time frame detailed in s170 (3) CYFA, for any child in out of home care as a result of a Protection Order or an Interim Accommodation Order
- A Cultural Plan focuses on the best interests of an Aboriginal child placed in Out of Home Care under a Guardianship to Secretary Order or a Long Term Guardianship to Secretary Order, as detailed in s176 CYFA.

In practice the Best Interests plan will be reviewed and updated as required to meet the legislative requirement of s170 and/or s176 CYFA.
4.3.6  **Case Closure**

Child Protection case closure occurs when:

- An initial investigation risk of harm is not substantiated
- A Best Interests Plan has been developed and put in place and ongoing Child Protection involvement is not required
- A Protection Order expires or is discharged, and no alternative order is made
- The young person turns seventeen of age (or eighteen years where a Protection Order exists)
- Child Protection intervention is no longer applicable, for example, where a family moves interstate.

During the case closure phase, Child Protection works to actively link the child and/or the child’s family to appropriate support services as required.

4.4  **Service Delivery Information**

Child Protection provides services to children and their families who are at risk of significant harm.

4.4.1  **Regional Child Protection Program**

Child Protection service delivery is organised through a regional structure. There are three regions which cover the metropolitan area and a further five regions for the rest of Victoria.

Each Region has an Intake Team situated at a designated office to accept reports and act upon them accordingly.

**Hours of Operation**

Normal hours of operation are 8.45 am to 5.06 pm, Monday to Friday, at all Department of Human Services Regional offices listed in this document.

4.4.2  **After-Hours Child Protection Emergency Service**

The Department of Human Services After-Hours Child Protection Emergency Service operates outside of the core hours given above. After Hours Child Protection Emergency Service is a crisis service that responds to urgent matters that cannot wait until the next working day. It is not an extension of the daytime activities of Child Protection for children provided in normal office hours.

**Hours of Operation**

A telephone crisis line is available 24 hours a day (131 278), however, where possible, calls are referred to the Regional office during business hours.

The After Hours Child Protection Emergency Service operates between 5.00 pm and 8.45 am weekdays, 24 hours a day on weekends and all public holidays.

Police will notify the After Hours Child Protection Emergency Services outside normal office hours where a child is considered to be at significant and immediate protective
risk of harm. After Hours Child Protection Emergency Services and the Police will discuss the presenting issues and plan a response that may include direct intervention from the After Hours Child Protection Emergency Services, coordination of a response from other welfare agencies or consultation over the telephone.

Where it is determined by After Hours Child Protection Emergency Services that the child is considered at significant and immediate protective risk, Child Protection will attend as soon as practicable and assume responsibility for the child protection aspects of the situation. If the After Hours Child Protection Emergency Services decides that an urgent response is not required, the After Hours Child Protection Emergency Services is responsible for forwarding information to the appropriate Regional office on the next working day.

4.4.3 Determining the Need for an After-Hours Outreach Response

The decision to provide an outreach response is made after considering a number of factors. In most cases, no single factor is decisive. The presence of any of the factors below will increase the likelihood of an after-hours response being required:

- harm or self-harm sustained or threatened is severe
- risk of recurrence is high
- child is currently ready to disclose abuse and a delay in responding may jeopardise this
- disclosure of abuse has precipitated or escalated a family crisis and the risk to the child is increased
- disclosure of abuse has resulted in the family placing pressure on the child to retract the disclosure
- child and/or the family are likely to abscond as a result of the disclosure
- child’s age, developmental status or emotional state reduces their ability to protect themselves
- parents or caregivers are unwilling or unable to protect the child from significant harm and no other protective adult can be mobilised to support the child or young person
- alleged perpetrator has access to the child.

DHS Contact Numbers — Child Protection

<table>
<thead>
<tr>
<th>Metropolitan Regions</th>
<th>Rural Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eastern Intake Unit</strong></td>
<td><strong>Gippsland Intake Unit</strong></td>
</tr>
<tr>
<td>1300 360 391</td>
<td>1800 020 202</td>
</tr>
<tr>
<td><strong>Southern Intake Unit</strong></td>
<td><strong>Grampians Intake Unit</strong></td>
</tr>
<tr>
<td>1300 655 795</td>
<td>1800 000 551</td>
</tr>
<tr>
<td><strong>Northern and Western Intake Unit</strong></td>
<td><strong>Hume Intake Unit</strong></td>
</tr>
<tr>
<td>1300 369 536</td>
<td>1800 650 227</td>
</tr>
<tr>
<td><strong>Loddon Mallee</strong></td>
<td><strong>Intake Unit</strong></td>
</tr>
<tr>
<td>1800 675 598</td>
<td>1800 675 598</td>
</tr>
<tr>
<td><strong>Barwon South Western</strong></td>
<td><strong>Intake Unit</strong></td>
</tr>
<tr>
<td>1800 075 599</td>
<td>1800 075 599</td>
</tr>
</tbody>
</table>
Child Protection Emergency After Hours Service – 13 12 78

Attachment 6  Definitions of Child Abuse

Child abuse is any action, or lack of action, that significantly harms the child's physical, psychological or emotional health and development. Although the abuse types are described separately below, in reality many of the following forms of harm occur concurrently. By definition child abuse is not an accident, but neither is it always the intention of the person to inflict harm or injury.

Child abuse ‘… may be constituted by a single act, omission or circumstance, or accumulated through a series of continuing acts, omissions, or circumstances…’ (CYFA 2005 s162.(2))

The following definitions are not all-inclusive and are meant as a guide to inform practice.

3.1  Physical Abuse

Physical abuse consists of any non-accidental form of injury or serious physical harm inflicted on a child by any person. Physical abuse does not mean reasonable discipline though it may result from excessive or inappropriate discipline. Physical abuse can include beating, shaking, burning and assault with weapons. Physical injury and significant harm to a child may also result from neglect by a parent or caregiver. The failure of a parent or caregiver to adequately ensure the safety of a child may expose the child to extremely dangerous or life threatening situations, which result in physical injury and significant harm to the child. Exposure to extremely dangerous situations can exist where domestic violence is present. Physical abuse also includes Fabricated Illness Syndrome (previously known as Munchausen's Syndrome by Proxy).

3.2  Sexual Abuse

A child is sexually abused when any person uses their authority or power over the child to engage in sexual activity. Child sexual abuse involves a wide range of sexual activity and may include fondling genitals, masturbation, oral sex, vaginal or anal penetration by finger, penis or any other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution. Failure to protect a child from sexual abuse may occur from a parent’s lack of sufficient capacity to protect the child from such abuse.

3.3  Emotional Abuse

Emotional abuse occurs when a child is repeatedly rejected, isolated or frightened by threats or the witnessing of family violence. It also includes hostility, derogatory name calling and put-downs, or persistent coldness from a person, to the extent where the behaviour of the child is disturbed or their emotional development is at serious risk of being impaired.
3.4 Neglect
Neglect includes a failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent where the health or development of the child is significantly impaired or placed at serious risk. A child is neglected if they are left uncared for over long periods of time or abandoned.

3.4.1 Serious Neglect
Under protocols between Child Protection and Victoria Police, Child Protection is required to inform the police where a child has been sexually or physically abused or is suffering serious neglect. Serious neglect includes situations where a parent has consistently failed to meet the child’s basic needs for food, shelter, hygiene or adequate supervision to the extent that the consequences for the child are severe.

3.4.2 Medical Neglect
Neglect of medical care refers to a situation where a parent's refusal of, or failure to seek, treatment or agree to a certain medical procedure leads to an unacceptable deprivation of the child's basic rights to life or health.

3.5 Family Violence
Where there are strong indicators that incidents of family violence are placing children at significant risk or danger, Child Protection must be informed. Family violence is also criminal in nature and liable to prosecution. These forms of violence include assault, aggravated assault, trespass, rape and other offences against the person, including offences involving the use of firearms.

3.6 Risk-Taking Behaviour
While risk-taking behaviour in adolescence is a normal aspect of healthy development, some behaviours demand attention from Child Protection when they carry potentially severe or life-threatening consequences. Examples include severe alcohol or drug use (opiates, amphetamines or benzodiazepines, any intravenous drug use), unsafe sexual activity including prostitution, solvent abuse and chroming, and violent or dangerous peer group activity (e.g., train surfing).

3.7 Indicators of Abuse
General indicators of abuse or neglect include:
- A child or young person tells you of their abuse or neglect
- Someone else tells you of the abuse or neglect of a child or young person
- You are aware of a history of previous abuse or neglect to the child, young person or a sibling
- Unexplained and marked changes in a child or young person’s behaviour or mood
• With respect to physical abuse, injuries relate to an infant or child under two years of age, there is an inconsistency between the presentation of the injury and the explanation provided or there is a pattern and/or an unexplained frequency to injuries
• Parents’ or caregivers misuse of alcohol or drugs is affecting their ability to care for the child or young person
• Ongoing or sporadic violence between the parents.
• Parents or caregivers are experiencing significant problems in managing their child
• Deficiency in functional parenting skills required to provide for their child’s safety, to meet their child’s basic care needs and provide a caring, nurturing and stable relationship.

3.8 Indicators of Harm

Physical harm — possible indicators

<table>
<thead>
<tr>
<th>Physical indicators</th>
<th>Behavioural indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations or which look like the object used to make the injury, for example, finger or hand prints, buckles, iron, teeth.</td>
<td>• The child states that an injury has been inflicted by someone else (parent or other), or offers an inconsistent or unlikely explanation, or ‘can’t remember’ the cause of injury.</td>
</tr>
<tr>
<td>• Burns which show the shape of the object used to make them, such as an iron, grill, cigarette, or burns from boiling water, oil or flames.</td>
<td>• Unusual fear of physical contact with adults (for example, flinches if unexpectedly touched).</td>
</tr>
<tr>
<td>• Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child’s age and development stage.</td>
<td>• Wearing clothes unsuitable for weather conditions, (such as long-sleeved tops) to hide injuries.</td>
</tr>
<tr>
<td>• Cuts and grazes to the mouth, lips, gums, eye area, ears, external genitalia.</td>
<td>• Wariness or fear of a parent/caregiver, reluctance to go home.</td>
</tr>
<tr>
<td>• Human bite marks.</td>
<td>• No or little emotion when hurt.</td>
</tr>
<tr>
<td>• Bald patches where hair has been pulled out.</td>
<td>• Little or no fear when threatened.</td>
</tr>
<tr>
<td>• Multiple injuries, old and new.</td>
<td>• Habitual absences from school without explanations (the parent may be keeping child away until signs of injury have disappeared).</td>
</tr>
<tr>
<td>• Poisoning.</td>
<td>• Overly compliant, shy, withdrawn, passive and uncommunicative.</td>
</tr>
<tr>
<td>• Internal injuries.</td>
<td>• Fearfulness when other children cry or shout.</td>
</tr>
<tr>
<td>• Unusually nervous or hyperactive, aggressive, disruptive and...</td>
<td></td>
</tr>
<tr>
<td>Physical indicators</td>
<td>Behavioural indicators</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Injury to the genital or rectal area, such as bruising or bleeding.</td>
<td>• The child tells of abuse.</td>
</tr>
<tr>
<td>• Vaginal or anal bleeding or discharge.</td>
<td>• Persistent and age-inappropriate sexual activity, including excessive masturbation,</td>
</tr>
<tr>
<td>• Discomfort in urinating or defecating.</td>
<td>masturbation with objects, rubbing genitals against adults, playing games which act</td>
</tr>
<tr>
<td>• Presence of foreign bodies in vagina and/or rectum.</td>
<td>out a sexually abusive event.</td>
</tr>
<tr>
<td>• Inflammation and infection of genital area.</td>
<td>• A fear of home, a specific place, a particular adult.</td>
</tr>
<tr>
<td>• Sexually transmitted diseases.</td>
<td>• Excessive fear of men or of women.</td>
</tr>
<tr>
<td>• Pregnancy, especially in very young adolescents.</td>
<td>• Poor or deteriorating relationships with adults and peers.</td>
</tr>
<tr>
<td>• Bruising and other injury to breasts, buttocks and thighs.</td>
<td>• Poor self-care/personal hygiene.</td>
</tr>
<tr>
<td>• Anxiety related illnesses, such as anorexia or bulimia.</td>
<td>• Arriving early at school and leaving late.</td>
</tr>
<tr>
<td>• Frequent urinary tract infections.</td>
<td>• Complaining of headaches, stomach pains or nausea without a physiological basis.</td>
</tr>
<tr>
<td>• Destructive to self and/or others.</td>
<td>• Frequent rocking, sucking and biting.</td>
</tr>
<tr>
<td>• Excessively friendly with strangers.</td>
<td>• Sleeping difficulties.</td>
</tr>
<tr>
<td>• Regressive behaviour, such as bed-wetting or soiling.</td>
<td>• Reluctance to participate in physical or recreational activities.</td>
</tr>
<tr>
<td>• Poor sleeping patterns, fear of dark, nightmares.</td>
<td>• Regressive behaviour, such as bed-</td>
</tr>
<tr>
<td>• Sadness and frequent crying.</td>
<td>wetting or soiling.</td>
</tr>
<tr>
<td>• Drug or alcohol misuse.</td>
<td>• Sexual harm — possible indicators</td>
</tr>
<tr>
<td>• Poor memory and concentration.</td>
<td>• In older children and young people, sexual abuse is more likely to be identified</td>
</tr>
<tr>
<td>• Suicide attempts.</td>
<td>through the child or young person disclosing to someone that they have been abused,</td>
</tr>
<tr>
<td></td>
<td>rather than by observing physical indicators.</td>
</tr>
<tr>
<td></td>
<td>In babies and young children, the physical indicators are observed mostly through a</td>
</tr>
<tr>
<td></td>
<td>physical examination.</td>
</tr>
</tbody>
</table>
Emotional harm — possible indicators

Psychological or emotional abuse may occur with or without other forms of abuse. If a young person grows up in a climate of rejection and criticism, they can incorporate a negative self-image that impedes development and prevents them from reaching their full potential. They may develop personality or behavioural disorders, or become an adult filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are few physical indicators, although emotional abuse may cause delays in emotional, mental or even physical development.

<table>
<thead>
<tr>
<th>Physical indicators</th>
<th>Behavioural indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Speech disorders.</td>
<td>• Overly compliant, passive and undemanding behaviour.</td>
</tr>
<tr>
<td>• Delays in physical development.</td>
<td>• Extremely demanding, aggressive, attention-seeking behaviour.</td>
</tr>
<tr>
<td>• Failure to thrive (without an organic cause).</td>
<td>• Anti-social, destructive behaviour.</td>
</tr>
<tr>
<td></td>
<td>• Low tolerance of frustration.</td>
</tr>
<tr>
<td></td>
<td>• Poor self-image.</td>
</tr>
<tr>
<td></td>
<td>• Unexplained mood swings.</td>
</tr>
<tr>
<td></td>
<td>• Age-inappropriate behaviours, for example, overly adult conduct (parenting other children) or overly infantile conduct (thumb sucking, rocking, wetting or soiling).</td>
</tr>
<tr>
<td></td>
<td>• Mental or emotional development</td>
</tr>
</tbody>
</table>
Neglect — possible indicators

Neglect includes all instances where a person has failed to take adequate precautions to ensure the child’s safety and provide food, clothing and shelter for the child. Many cases of neglect require a welfare and family support response, rather than a protective response. However, in cases where neglect has resulted in physical injury, emotional harm or a health impairment, it should be considered as abuse.

<table>
<thead>
<tr>
<th>Physical indicators</th>
<th>Behavioural indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consistently dirty and unwashed.</td>
<td>• Begging or stealing food.</td>
</tr>
<tr>
<td>• Consistently inappropriately dressed for weather conditions.</td>
<td>• Gorging when food is available.</td>
</tr>
<tr>
<td>• Consistently without adequate supervision and at risk of injury or harm.</td>
<td>• Inability to eat when extremely hungry.</td>
</tr>
<tr>
<td>• Consistently hungry, tired and listless, falling asleep in class.</td>
<td>• Alienated from peers, withdrawn, listless, pale, thin.</td>
</tr>
<tr>
<td>• Unattended health problems and lack of routine medical care.</td>
<td>• Aggressive behaviour.</td>
</tr>
<tr>
<td>• Inadequate shelter, and unsafe or unsanitary conditions.</td>
<td>• Delinquent acts: vandalism, drug and alcohol abuse.</td>
</tr>
<tr>
<td>• Abandonment by parents.</td>
<td>• Little positive interaction with parent/caregiver.</td>
</tr>
<tr>
<td>• Failure to thrive.</td>
<td>• Appearing miserable or irritable.</td>
</tr>
<tr>
<td></td>
<td>• Poor socialising habits.</td>
</tr>
<tr>
<td></td>
<td>• Poor evidence of bonding, little stranger anxiety.</td>
</tr>
<tr>
<td></td>
<td>• Indiscriminate with affection.</td>
</tr>
<tr>
<td></td>
<td>• Poor or irregular school attendance.</td>
</tr>
<tr>
<td></td>
<td>• Staying at school long hours.</td>
</tr>
<tr>
<td></td>
<td>• Self-destructive.</td>
</tr>
<tr>
<td></td>
<td>• Dropping out of school.</td>
</tr>
<tr>
<td></td>
<td>• Taking on adult role of caring for parent.</td>
</tr>
</tbody>
</table>
Attachment 7  Child FIRST functions and service locations

Child FIRST functions include:

- Provision of information and advice.
- Initial needs identification and assessment of underlying risk to the child or young person in consultation with Child Protection and other professionals.
- Identification of the Aboriginal and Torres Strait Islander or CALD status.
- Identification of differentiated service responses for families related to the assessment of needs and underlying risks.
- Active engagement with the child, young person and their families.
- Determination of the priority for a response and allocation of families to family services, in consultation with family services and community-based Child Protection workers (where required).
- Timely responses through provision of or oversight of ‘active holding responses’ involving short-term work with children and families before allocation to a family service agency.

If Child FIRST determines that a child is in need of protection, then they must report the matter to Child Protection. Child FIRST and family service practitioners can consult with a community-based Child Protection worker in considering a referral and throughout ongoing service delivery. Community based Child Protection workers are out-posted to each Child FIRST catchment location to provide specialist advice on issues relating to children’s risk and safety.

<table>
<thead>
<tr>
<th>DHS Region</th>
<th>Local Government Area</th>
<th>Child FIRST or Family Service referral number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barwon South Western</td>
<td>Greater Geelong, Queenscliff, Surf Coast</td>
<td>1300 551 948</td>
</tr>
<tr>
<td></td>
<td>Colac-Otway, Corangamite</td>
<td>5232 5500</td>
</tr>
<tr>
<td></td>
<td>Warrnambool, Moyne, Glenelg, Southern Grampians</td>
<td>1300 361 680</td>
</tr>
<tr>
<td>Eastern Metropolitan</td>
<td>Yarra Ranges, Knox, Maroondah</td>
<td>1300 369 146</td>
</tr>
<tr>
<td></td>
<td>Monash, Whitehorse, Manningham, Boroondara</td>
<td>9843 6000*</td>
</tr>
<tr>
<td>Gippsland</td>
<td>East Gippsland</td>
<td>5152 0052 5150 0715</td>
</tr>
<tr>
<td></td>
<td>Aboriginal children and families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wellington</td>
<td>5144 7777</td>
</tr>
<tr>
<td></td>
<td>Latrobe, Baw Baw</td>
<td>5136 9050</td>
</tr>
<tr>
<td>Region</td>
<td>Area</td>
<td>Contact Number</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>South Gippsland, Bass Coast</strong></td>
<td></td>
<td>5662 5150</td>
</tr>
<tr>
<td><strong>Grampians</strong></td>
<td>Northern Grampians, West Wimmera, Hindmarch, Yarriambiack, Horsham</td>
<td>1800 195 114</td>
</tr>
<tr>
<td></td>
<td>Ararat, Pyrenees, Hepburn, Ballarat, Golden Plains, Moorabool</td>
<td>1300 783 341</td>
</tr>
<tr>
<td><strong>Hume</strong></td>
<td>Wodonga, Towong, Indigo, Alpine, Benalla, Mansfield, Wangaratta</td>
<td>1800 705 211</td>
</tr>
<tr>
<td></td>
<td>Greater Shepparton, Strathbogie, Moira</td>
<td>1300 854 944</td>
</tr>
<tr>
<td></td>
<td>Mitchell, Murrindindi</td>
<td>1800 663 107</td>
</tr>
<tr>
<td><strong>Loddon Mallee</strong></td>
<td>Mildura</td>
<td>1300 665 218</td>
</tr>
<tr>
<td></td>
<td>Swan Hill</td>
<td>1300 669 289</td>
</tr>
<tr>
<td></td>
<td>Central Goldfields</td>
<td>5460 4144</td>
</tr>
<tr>
<td></td>
<td>Greater Bendigo</td>
<td>5440 1147</td>
</tr>
<tr>
<td></td>
<td>Buloke, Gannawarra, Loddon, Mount Alexander, Macedon Ranges</td>
<td>5434 5555*</td>
</tr>
<tr>
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## Foster Care Agencies

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