

Protecting the safety and wellbeing of children and young people

A joint protocol of the Department of Human
Services Child Protection, Department of
Education and Early Childhood Development,
Licensed Children's Services and Victorian Schools



Contents

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Ministerial foreword

Every Child has the right to a full and productive life. It is up to all of us to ensure our children grow up in environments that build confidence, friendship, security and happiness, irrespective of a person's family circumstances or background.

The joint protocol, involving the Department of Human Services Child Protection, Department of Education and Early Childhood Development, licensed children's services and Victorian schools, ensures we have a unified and consistent approach that defines roles and responsibilities to protect the safety and wellbeing of all Victorian children and young people.

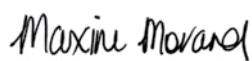
Keeping children safe from harm requires a vigilant and informed community that is confident in making judgements and is assertive in taking actions. It is essential that all practitioners working with children and young people are able to understand the role each plays in protecting children.

Child protection policy must be based on the principle of partnership and shared responsibility. As such this protocol provides a common framework for respectful communication which will enable professionals, including school, licensed children's services and child protection staff to ensure timely and effective intervention for children and young people who may be at risk of abuse or neglect.

The challenge of protecting children is everyone's responsibility: parents, schools, communities, governments and businesses. Everyone has a role to play. We commend this joint protocol to you.



Hon Bronwyn Pike MP
Minister for Education
Minister for Skills and Workforce
Participation



Hon Maxine Morand MP
Minister for Children and Early
Childhood Development



Hon Lisa Neville MP
Minister for Community Services



Endorsement

We, the undersigned, on behalf of our respective departments and organisations endorse this protocol. The protocol provides a co-operative framework that will enable staff to achieve better health, safety and wellbeing outcomes for all Victorian children.



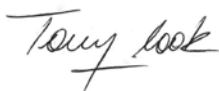
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Glossary of terms

General terms

Child FIRST (Family Information Referral and Support Team)	A family services community-based intake and referral service. Child FIRST ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection. http://www.cyf.vic.gov.au/family-services/child-first
children's services advisers (CSA)	Authorised officers under the <i>Children's Services Act 1996</i> , who are members of the Department of Education and Early Childhood Development regional children's services branch staff.
Child Protection	The statutory child protection service provided by the Department of Human Services, which is able to intervene to protect children and young people at risk of significant harm. http://www.cyf.vic.gov.au/child-protection-family-services/home
Department of Education and Early Childhood Development	Department of Education and Early Childhood Development is responsible for the learning, development, health and wellbeing of all young Victorians, from birth to adulthood. http://www.education.vic.gov.au/default.htm
family day carer	A person approved by the family day care service to provide care or education to children, primarily in the person's residence or at a family day care venue.
licensed children's service	A service providing care or education for four or more children under the age of 13 years in the absence of their parents, carers or guardians that is licensed under the <i>Children's Services Act 1996</i> .
staff members	Staff employed in licensed children's services, government schools and regional offices, Catholic schools and independent schools.
Victorian schools	All schools in Victoria; that is, government schools, Catholic schools and independent schools.

Legislative frameworks

<i>Charter of Human Rights and Responsibilities Act 2006</i>	The law that protects the human rights of all people in Victoria. The charter contains 20 rights reflecting four basic principles: freedom, respect, equality and dignity. http://www.justice.vic.gov.au/wps/wcm/connect/justlib/DOJ+Internet/Home/Your+Rights/Human+Rights/
<i>Children's Services Act 1996</i>	The law that provides for the licensing and regulation of all Victorian children's services to a set of required minimum standards. http://www.austlii.edu.au/au/legis/vic/consol_act/csa1996196/
<i>Children's Services Regulations 2009 (Regulations)</i>	A regulatory framework to ensure that all licensed children's services meet minimum service standards and requirements. http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/CSRegulations2009-53sr001.pdf
<i>Children, Youth and Families Act 2005 (CYFA)</i>	The legislative basis of the Victorian Government's 'Every Child Every Chance' reforms. http://www.austlii.edu.au/au/legis/vic/consol_act/cyafa2005252/
<i>Education and Training Reform Act 2006 (ETRA)</i>	The legislative foundation and framework for Victoria's education system. http://www.austlii.edu.au/au/legis/vic/consol_act/eatra2006273/
<i>Education and Training Reform Regulations 2007 (ETRR)</i>	The regulations under the above Act. http://www.austlii.edu.au/au/legis/vic/num_reg/eatrr2007n61o2007463/



1 Purpose

The purpose of this protocol is to define the respective roles and responsibilities of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, licensed children's services and Victorian schools in working together to protect children and young people from abuse and neglect. It provides information for licensed children's services and Victorian schools to take appropriate action when it is believed that a child has suffered harm, or is likely to suffer harm, through abuse or neglect.

The protocol is underpinned by the following legislation:

- *Children, Youth and Families Act 2005 (CYFA)*
- *Education and Training Reform Act 2006 (ETRA)*
- *Education and Training Reform Regulations 2007 (ETRR)*
- *Children's Services Act 1996 (Act)*
- *Children's Services Regulations 2009 (Regulations)*
- *Charter of Human Rights and Responsibilities Act 2006 (Act)*





2 Guiding principles

2.1 Protecting children is everyone's business

Under the *National Framework for Protecting Australia's Children* (2009), protecting children is everyone's responsibility: parents, communities, governments and business all have a role to play. The National Framework represents an unprecedented level of collaboration between Australian State and Territory governments and non-government organisations to protect children. The National Framework provides the foundation for improving the safety and wellbeing of vulnerable children¹.

Child Protection policy is based on the principle of partnership and shared responsibility across a broad range of human service professionals, including schools and licensed children's services. Most children are best protected and cared for within their own family; however, when parents, carers or guardians are unwilling or unable to protect their children from significant harm, the protection of the child becomes the responsibility of the wider community and, at times, requires statutory Child Protection intervention.

Licensed children's services and Victorian schools play an important role in the prevention of child abuse and neglect through their access to information about family functioning and the needs of children. When a school or licensed children's service staff member forms a belief that a child has been harmed or is at risk of being harmed, they must take action that is timely, respectful and co-ordinated.

2.2 Best interests principles

The 'every child every chance' reforms are underpinned by principles that promote the right of every child to live a full and productive life in an environment that builds confidence, friendships, security and happiness irrespective of their family circumstances or background. The *Children, Youth and Families Act 2005* is a key building block to support the reform strategy to promote children's safety, wellbeing and development.

The CYFA has a unifying set of 'best interests principles' that require family services, Child Protection and placement services to protect children from harm, protect their rights and promote their development in gender, age and culturally appropriate ways.

For the purposes of this protocol, acting in the best interests of the child includes:

- reporting to Child Protection all allegations or disclosures of physical abuse, sexual abuse, emotional abuse and neglect
- reporting to Child Protection when a belief is formed that a child has been harmed or is at risk of being harmed
- making the child's ongoing safety and wellbeing the primary focus of decision-making
- sharing appropriate information, expertise and resources with other service providers supporting the child
- protecting and promoting the cultural and spiritual identity of a child and maintaining their connection to their family or community of origin
- enabling the child and the child's family to access appropriate services in order to reduce the long-term effects of abuse or neglect.

¹ http://www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs/child_protection_framework.pdf

2.3 Collaborative practice

Collaborative work between Child Protection, licensed children's services and Victorian schools can improve outcomes for children, young people and their families. Effective collaboration on the creation of a working relationship based on principles of trust, respect and shared decision-making contributes to ensuring the safety and wellbeing of all children and young people by protecting them from significant harm.

2.4 Duty of care

Staff or volunteers working for Child Protection, licensed children's services and Victorian schools have a duty of care to support and protect the children and young people with whom they are professionally involved. When staff members form a reasonable belief that a child or young person has been harmed or is at risk of harm, they are ethically bound to take action to protect the safety and wellbeing of that child or young person. For some staff members this obligation is legally mandated (Refer to Section 4.1).

Duty of care is breached if a person:

- does something that a reasonable person in that person's position would not do in a particular situation,
- fails to do something that a reasonable person in that person's position would do in the circumstances,
- acts or fails to act in a way that causes harm to someone to whom the person owes a duty of care.

2.5 Culturally appropriate responses

2.5.1 Aboriginal children

The CYFA specifies decision-making principles for Aboriginal children and young people. Child Protection must consult with an Aboriginal organisation such as the Victorian Aboriginal Child Care Agency (VACCA) when a report regarding an Aboriginal child is received. This is in recognition of the principle of Aboriginal self-management and self-determination.

<http://www.vacca.org/home/home>

2.5.2 Children from culturally and linguistically diverse (CALD) backgrounds

Culturally respectful approaches and considerations are to be adopted when working with children, young people and families from CALD backgrounds. Cultural differences in child-rearing practices are to be acknowledged and sensitively considered within the relevant cultural context, but should not compromise the child's safety and wellbeing.

2.5.3 Children with refugee backgrounds

Children and families with refugee backgrounds commonly share experiences of trauma, dislocation and loss. Pre-migration experiences coupled with settlement challenges can significantly affect family wellbeing and parenting capacity. While these issues require sensitive consideration, they should not compromise the child's safety and wellbeing.

2.5.4 Children with disabilities

The protocol between Child Protection and Disability Services endeavours to promote a best practice approach to children with a disability and their families. While these issues require sensitive consideration, they should not compromise the child's safety and wellbeing.

3 Roles of Child Protection, Child FIRST, licensed children's services, Victorian schools and Victoria Police

3.1 Child Protection

The Department of Human Services has a statutory responsibility under the CYFA to provide Child Protection services for all children and young people in Victoria under the age of 17 years or, when a protection order is in place, children under the age of 18 years.

Child Protection provides services to children, young people and their families in order to protect children and young people from significant harm within their families. A broad range of services are provided or funded by the Department of Human Services, on the principle that children and young people are best cared for and protected by their families. When a child or young person is assessed as being 'at risk' within the family, Child Protection will – in the first instance and in accordance with the law – take every reasonable step to enable the child to remain in the care of their family by strengthening the family's capacity to protect them.

When, even with support, a child is not safe within the family, Child Protection will intervene to remove the child and bring the matter before the Children's Court. Until the parents are able to resume their custodial responsibilities, adequate care and protection will be provided as determined by the Children's Court. If the resumption of care by the parents is not possible, Child Protection will work towards an alternative permanent family care arrangement, or an independent living arrangement, depending on the age and circumstances of the child or young person. A brief overview of the possible stages of intervention following the receipt of a report is described in Appendix 1.

3.2 Community-based child and family services – Child FIRST

Child FIRST (Child and Family Information, Referral and Support Team) sites have been established in sub-regional catchments across Victoria to provide a community-based referral point into family services. A referral to Child FIRST may be the best way of connecting vulnerable children, young people and their families to the services they need to protect and promote their healthy development. (Refer to Appendix 5 for contact information).

Child FIRST is staffed by family services practitioners with experience in assessing the needs of vulnerable children, young people and their families. Child FIRST services work closely with Child Protection through community-based Child Protection practitioners who facilitate referrals between the two services, provide secondary consultation on complex cases and support family services in engaging vulnerable families with complex needs.

A statewide agreement between Child FIRST and Child Protection has been developed, detailing clear processes and procedures for referral and consultation.

The role of Child FIRST is to:

- provide a point of entry to an integrated local network of family services
- receive reports about vulnerable children and young people when there are significant concerns about their wellbeing
- identify initial needs and assess underlying risks to children and young people in consultation with Child Protection and other services

- identify the Aboriginal and Torres Strait Islander status of children and families
- identify different service responses for families related to the assessment of needs and underlying risks
- determine the priority of a response and allocation of families to family support services.
<http://www.cyf.vic.gov.au/family-services/child-first>

3.3 Licensed children's services

The role of licensed children's services is to provide care and education for children under the age of 13 years in the absence of their parents, carers or guardians in accordance with the *Children's Services Act 1996* and to minimum standards as set out in the *Children's Services Regulations 2009*.

Licensed children's services have an important role to play in protecting children who may be at risk of harm due to abuse or neglect. Staff in daily contact with children and their families are well placed to observe when a child appears to be at risk of harm. Licensed children's services staff have a duty of care to act immediately to protect and preserve the safety and wellbeing of the children in their care.

<http://www.education.vic.gov.au/ecsmangement/licensedchildservices/default.htm>

3.4 Victorian schools

It is the role of Victorian schools under the *Education and Training Reform Regulations 2007* to provide school education in Victoria that adheres to the minimum standards detailed in the regulations.

Schools have an important role to play in supporting children and their families and in protecting students who may be at risk of harm due to abuse or neglect. Education staff in close daily contact with students are well placed to observe when a child or young person appears to be at risk of harm.

Under the CYFA, primary and secondary school teachers and principals are prescribed as mandatory reporters. They must make a report to Child Protection if they believe, on reasonable grounds, that a child or a young person is in need of protection. (Refer to Section 4.1).

The role of schools concerning the general welfare of students is outlined in a range of school policies and procedures. This protocol is intended to complement other policies and procedures that already exist in government and non-government schools.

For more information on Student Engagement Guidelines go to:

<http://www.education.vic.gov.au/healthwellbeing/wellbeing/engagement/default.htm>

For more information on the Victorian Government Schools Reference Guide:

<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>

For more information on the Victorian Catholic Education Office website:

<http://web.ceomelb.catholic.edu.au/index.php?sectionid=37>

For more information on Independent Schools Victoria website:

<http://www.independentschools.vic.edu.au/>

3.5 Victoria Police

Child Protection and Victoria Police both have statutory responsibilities under the CYFA in relation to the protection of children. Both Child Protection practitioners and police officers are protective interveners under the CYFA. Child Protection is the lead agency responsible for the care and protection of children, while the police are responsible for criminal investigations into alleged child abuse.

The protocol between Child Protection and Victoria Police stipulates that all reports received by Child Protection pertaining to alleged physical abuse, sexual abuse or serious neglect must be reported to police. These allegations may also constitute reports of criminal offences and, as such, the Child Protection practitioner must discuss the report with the police so that a co-ordinated response to the protective and criminal concerns can be planned.

When child abuse or neglect occurs outside the family, Child Protection intervention is required only when the parents are unable or unwilling to protect the child from further harm.





4 Information for staff working with vulnerable children and young people

Most children and young people are adequately cared for and nurtured by their families. It is only when parents, carers or guardians are unable or unwilling to protect their children from significant harm that Child Protection may intervene.

A key objective of the CYFA is to create an integrated child protection and family service system that supports vulnerable children, young people and their families. There is now the option of referring a matter to Child FIRST.

There are many factors within family life that may adversely affect children's safety, stability and development. For detailed information on definitions of abuse and indicators of harm, refer to Appendix 2.

The following table provides basic guidance on how to decide whether to make a report to Child Protection or Child FIRST.

Protective concerns

You are concerned about a child because you have:

- received a disclosure from a child about abuse or neglect
- observed indicators of abuse or neglect
- been made aware of possible harm via your involvement in the community external to your professional role.

At all times remember to:

- record your observations
- follow appropriate protocols
- consult notes and records
- consult with appropriate colleagues if necessary
- consult with other support agencies if necessary

STEP 1 Responding to concerns	STEP 2 Forming a belief on reasonable grounds	STEP 3 Making a referral to Child FIRST	STEP 4 Make a report to Child Protection
<ol style="list-style-type: none"> 1. If your concerns relate to a child in need of immediate protection; or you have formed a belief that a child is at significant risk of harm (Refer to Appendix 2). Go to Step 4 2. If you have significant concerns that a child and their family need a referral to Child FIRST for family services. Go to Step 3 3. In all other situations Go to Step 2. 	<ol style="list-style-type: none"> 1. Consider the level of immediate danger to the child. Ask yourself: <ol style="list-style-type: none"> a) Have I formed a belief that the child has suffered or is at risk of suffering significant harm? YES / NO and b) Am I in doubt about the child's safety and the parent's ability to protect the child? YES / NO 2. If you answered yes to a) or b) Go to Step 4 3. If you have significant concerns that a child and their family need a referral to Child FIRST for family services. Go to Step 3 	Child Wellbeing Referral <ol style="list-style-type: none"> 1. Contact your local Child FIRST provider. <ul style="list-style-type: none"> • See contact list (Appendix 5) for local Child FIRST phone numbers. 2. Have notes ready with your observations and child and family details. 	Mandatory/Protective Report <ol style="list-style-type: none"> 1. Contact your local Child Protection Intake provider immediately. <ul style="list-style-type: none"> • See contact list (Appendix 5) for local Child Protection phone numbers. • For After Hours Child Protection Emergency Services, call 131 278. 2. Have notes ready with your observations and child and family details. <p>* <i>Non-mandated staff members who believe on reasonable grounds that a child is in need of protection are able to report their concerns to Child Protection</i></p>

4.1 Mandatory reporting

A broad range of professional groups are identified in the CYFA as mandatory reporters. Mandated staff members must make a report to Child Protection as soon as practicable after forming a belief on reasonable grounds that a child or young person is in need of protection from significant harm as a result of physical injury or sexual abuse, and the child's parents are unable or unwilling to protect the child.

The following professionals are prescribed as mandatory reporters under section 182 of the CYFA:

- primary and secondary school teachers and principals
- registered medical practitioners (including psychiatrists)
- nurses (including school nurses)
- police.

There may be times when two or more mandated staff members, for example a teacher and a principal, have formed a belief about the same child or young person on the same occasion. In this situation it is sufficient for only one of the mandated staff members to make a report. The other staff member is obliged to ensure that the report has been made and that all of the grounds for their own belief were included in the report made by the other staff member.

4.2 Non-mandated staff members

Section 183 of the CYFA states that any person who believes on reasonable grounds that a child is in need of protection may report their concerns to Child Protection. This means that any person, including non-mandated licensed children's services or school staff, is able to make a report to Child Protection when they believe that a child or young person is at risk of harm and in need of protection, and the child's parents are unable or unwilling to protect the child.

4.3 Forming a belief on reasonable grounds

A person may form a belief on reasonable grounds that a child is in need of protection after becoming aware that a child or young person's health, safety or wellbeing is at risk and the child's parents are unwilling or unable to protect the child.

There may be reasonable grounds for forming such a belief if:

- a child or young person states that they have been physically or sexually abused
- a child or young person states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child or young person states that the child or young person has been physically or sexually abused
- a child shows signs of being physically or sexually abused (Refer to Appendix 2)
- the staff member is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child or young person's safety, stability or development

- the staff member observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's actions or behaviour may place them at risk of significant harm and the child's parents are unwilling or unable to protect the child.

4.4 Reporting a belief

Staff members, whether or not mandated, need to report their belief when the belief is formed in the course of undertaking their professional duties. A report must be made as soon as practicable after forming the belief and on each occasion on which they become aware of any further reasonable grounds for the belief.

If one staff member has a different view from another staff member about making a report and the staff member continues to hold the belief that a child is in need of protection, that person is obliged to make a report to Child Protection. (Refer to section 4.1).

4.5 Protecting the identity of the reporter

Confidentiality is provided for reporters under the CYFA. The CYFA prevents disclosure of the name or any information likely to lead to the identification of a person who has made a report in accordance with legislation, except in specific circumstances.

The identity of a reporter must remain confidential unless:

- the reporter chooses to inform the child, young person or family of the report
- the reporter consents in writing to their identity being disclosed
- a court or tribunal decides that it is necessary for the identity of the reporter to be disclosed to ensure the safety and wellbeing of the child
- a court or tribunal decides that, in the interests of justice, the reporter is required to attend court to provide evidence.

Information provided during a protective investigation may be used in a court report if the risks to the child or young person require the case to proceed to court. In these circumstances, the source of the information may be required to provide evidence to the court.

If Child Protection decides that the report is about a significant concern for the wellbeing of a child, they may refer the report to a community-based child and family service and disclose the identity of the reporter to that service. However, the CYFA provides that neither Child Protection nor the community-based child and family service may disclose the reporter's identity to any other person without the reporter's consent.

4.6 Professional protection for reporters

If a report is made in good faith:

- it does not constitute unprofessional conduct or a breach of professional ethics on the part of the reporter
- the reporter cannot be held legally liable in respect of the report.

This means that a person who makes a report in accordance with the legislation will not be held liable for the eventual outcome of any investigation of the report.

4.7 Failure to report

A failure by mandated professionals and staff members to report a reasonable belief that a child is in need of protection from significant harm as a result of physical or sexual abuse may result in the person being prosecuted and a court imposing a fine under the CYFA (section 184(1)).

4.8 Making a report to Child Protection

The CYFA allows for two types of reports to be made in relation to significant concerns for the safety or wellbeing of a child – a report to Child Protection or a referral to Child FIRST.

A report to Child Protection should be considered if, after taking into account all of the available information, the staff member forms a view that the child or young person is in need of protection because:

- the harm or risk of harm has a serious impact on the child's immediate safety, stability or development
- the harm or risk of harm is persistent and entrenched and is likely to have a serious impact on the child's safety, stability or development
- the child's parents cannot or will not protect the child or young person from harm.

Where during the course of carrying out their normal duties, a licensed children's service or Victorian school staff member forms the belief on reasonable grounds that a child is in need of protection, the staff member must make a report to Child Protection regarding this belief and the reasonable grounds for it as soon as practicable. (Refer to Section 4.3)

Staff members of licensed children's services and schools may form a professional judgement or belief, in the course of undertaking their professional duties based on:

- warning signs or indicators of harm that have been observed or inferred from information about the child
- legal requirements, such as mandatory reporting
- knowledge of child and adolescent development
- consultation with colleagues and other professionals
- professional obligations and duty-of-care responsibilities
- established protocols
- internal policies and procedures in an individual licensed children's service or school.

Upon receipt of a report, Child Protection may seek further information, usually from professionals who may also be involved with the child or family, to determine whether further action is required. In most circumstances, Child Protection will inform the reporter of the outcome of the report. When the report is classified by Child Protection as a Wellbeing Report, Child Protection will, in turn, make a referral to Child FIRST.

4.9 Making a referral to Child FIRST

A referral to Child FIRST should be considered if, after taking into account the available information, the staff member forms a view that the concerns have a low-to-moderate impact on the child and the immediate safety of the child is not compromised.

A referral to Child FIRST can connect children, young people and their families to the services they need, when the following factors may affect a child's safety, stability or development:

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

Upon receiving a referral from a staff or community member, the Child FIRST team will conduct further assessment of the family and may consult an experienced community-based Child Protection practitioner. This assessment may lead to the involvement of a local family services organisation. In most circumstances, Child FIRST will inform the referrer of the outcome of the referral.

If a Child FIRST team or a registered family services organisation forms a view that a child or young person is in need of protection, they must report the matter to Child Protection. The staff member of a licensed children's service or school does not need to make a second report to Child Protection.

If you are unsure about whom to report or refer to, contact either Child Protection or Child FIRST for further advice.



5 Responsibilities of licensed children's services

Children need stable, sensitive, loving, stimulating relationships and environments in order to reach their full potential. Culture, family, home and community play an important role in a child's development, as they affect a child's experiences and opportunities.

All children are vulnerable and it is the role of staff members and family day carers in licensed children's services to protect, nurture, recognise and support the needs of children in their care. The younger the child, the more vulnerable they are to the impacts of family violence, abuse and neglect.

Licensed children's services staff members and family day carers have a duty of care to protect and preserve the safety, health and wellbeing of children in their care and must always act in their best interests. If a staff member or family day carer has any concerns regarding the health, safety or wellbeing of a child it is important to take immediate action.

5.1 When to report to Child Protection or Child FIRST

If a staff member or family day carer forms a belief on reasonable grounds that a child is in need of protection they should make a report to Child Protection. If a staff member or family day carer has general concerns for the wellbeing of the child, but has assessed that the child is not at immediate risk of harm, a referral to Child FIRST should be made. (Refer to Appendix 5).

The responsibility for investigating an allegation of child abuse rests solely with Child Protection and/or Victoria Police. Staff members or family day carers must not investigate an allegation or a concern. They should only enquire sufficiently to form a belief that may then require further action. Furthermore:

- The licensee, or their representative, in a children's service should have internal policies and procedures in place to guide staff members and family day carers through the process of forming a reasonable belief and making a decision to report.
- Disclosures of sexual or physical abuse or probable non-accidental injuries must always be taken seriously. Staff members of licensed children's services and family day carers should respond to such disclosures quickly by making a report to Child Protection. Observations of concerning indicators (Refer to Appendix 2), probable non-accidental injuries or disclosures of sexual or physical abuse should be documented on the child's accident, injury, trauma and illness record.
- If a licensed children's service indicates to a children's services adviser or authorised officer that a child is in need of protection, that person will encourage the licensed children's service to make a report to Child Protection. To ensure that a report is made, the children's services adviser or authorised officer will also make a report to Child Protection.
- If the staff member or family day carer is unsure whether the circumstances require a report to Child Protection they should refer to the policies of the licensed children's service and call **either** Child Protection **or** Child FIRST to discuss the most appropriate course of action.
- In order to make an informed assessment of concerns, Child Protection or Child FIRST may need to discuss the matter directly with the person in charge of the licensed children's service.

5.2 When to report to the Secretary of the Department of Education and Early Childhood Development

Licensed children's services are required to report serious incidents to the Secretary of the Department of Education and Early Childhood Development under the *Children's Services Act 1996*, section 29C and the *Children's Services Regulations 2009*, regulation 90. These reports are required to be made within 24 hours.

Serious incidents include:

- the death of a child while being cared for or educated by the licensed children's service
- any incident involving an accident or injury or trauma to a child at the service that requires the attention of a registered medical practitioner or admission to a hospital
- when a child appears to be missing or otherwise cannot be accounted for or where a child appears to have been taken or removed from the service contrary to the *Children's Services Regulations 2009* (regulation 72 or 73(2)).
- an allegation of abuse by a proprietor, staff member, family day carer or visitor at a licensed children's service would be considered a serious incident and must be reported within 24 hours as above. In addition, staff members are also required to report to Victoria Police. (Refer to Section 5.4)

The *Children's Services Regulations 2009* (regulation 105) require the proprietor of a licensed children's service to notify the Secretary of the Department of Education and Early Childhood Development within 48 hours of complaints alleging that:

- the health, safety or wellbeing of any child being cared for or educated by the children's service may have been compromised
- there may have been a contravention of the Act or Regulations.

5.3 Reporting requirements for licensed children's services

Licensed children's services that hold a funding and service agreement with the Department of Education and Early Childhood Development are also required to notify regional children's services advisers – authorised officer of category one (as listed in the service agreement) of incidents through the Department of Education and Early Childhood Development Incident Reporting process. Incident reporting is fully described in the service agreement information kit for agencies.

5.4 When to report to Victoria Police

If there is an allegation of abuse by a proprietor, staff member or visitor at a licensed children's service, the matter must be immediately reported directly to Victoria Police for investigation by telephoning the emergency number 000. (Refer to Section 3.5).

5.5 Interviews at licensed children's services

Child Protection may conduct interviews of children at licensed children's services without parental knowledge or consent. Interviewing a child at a licensed children's service will only occur in exceptional circumstances and if it is in the child's best interests to proceed in this manner.

Child Protection will notify the licensed children's service of any intention to interview a child attending a licensed children's service. This may occur regardless of whether the licensed children's service is the source of the report to Child Protection.

When Child Protection practitioners arrive at the licensed children's service, the service should ask to see their identification before allowing Child Protection staff to have access to the child.

5.6 Support person for the child or young person

Children and young people should be advised of their right to have a supportive adult present during interviews. If a child is too young to understand the significance of the interview, a staff member should make arrangements for a supportive adult to attend with the child.

A staff member or family day carer may be identified as a support person for the child during the interview. Prior to the commencement of the interview the Child Protection practitioner should always authorise the staff member of the licensed children's service to receive information regarding Child Protection's investigation. This could be conducted verbally or in writing using the relevant Child Protection proforma.

Independent persons must refrain from providing their opinions or accounts of events during interviews. Owners, proprietors or licensees or their delegate may, if necessary, act as an independent person when the child or young person is to be interviewed, unless they believe it will create a conflict of interest to do so.

5.7 Advising parents, carers or guardians

Licensed children's services staff or family day carers do not require the permission of parents, carers or guardians to make a report to or undertake an interview with Child Protection, nor are they required to tell parents, carers or guardians that they have done so.

It is the responsibility of Child Protection to advise parents, carers or guardians of any interview at the earliest possible opportunity. This should occur either before, or by the time the child arrives home.

5.8 Confidentiality

Licensed children's services staff members or family day carers must respect confidentiality when dealing with a case of suspected child abuse and neglect, and may only discuss case details and the identity of the child and their family only with those directly involved in the management of the child's situation.

If a child who is involved with Child Protection or Child FIRST has moved to another licensed children's service, information regarding the child can and should be shared with Child Protection or Child FIRST. Otherwise, services should be guided by the usual privacy procedures and should share information only at the request of and with the consent of the child's parents, carers or guardians. (Refer to Section 7).

5.9 Ensuring that a child attends a Child Protection Interview

Licensed children's services staff members do not have the power to prevent parents, carers or guardians from removing their children from these services and should not attempt to prevent the parents, carers or guardians from collecting the children. If a parent, carer or guardian removes a child before a planned interview has taken place, the licensed children's service should contact Child Protection or Victoria Police immediately.

5.10 Providing ongoing support to vulnerable children

It is the responsibility of Child Protection to co-ordinate case plans for vulnerable children, which may include involvement from licensed children's services (Refer to Appendix 1). The Child Protection case-planning process is based on strong engagement with the family and places the child's needs at the centre.

The most vulnerable families often need assistance from more than one agency, and information needs to be shared for these agencies to work effectively together. It is important for licensed children's services and Child Protection to communicate and share information when providing ongoing support to vulnerable children in their care. (Refer to Section 7).

The roles and responsibilities for staff members of licensed children's services in supporting children who are involved with Child Protection may include acting as a support person for students, attending Child Protection case plan meetings, observing and monitoring children's behaviour, and liaising with professionals.

It is essential to have accurate information about the values and child-rearing practices of the cultural group to which a child belongs in order to understand a child's development in their cultural context. Consideration must also be given to strengthening family relationships and giving the widest possible assistance to the family and, particularly in relation to an Aboriginal child, promoting and protecting the child's cultural and spiritual identity and connectedness to their community.

6 Responsibilities of Victorian schools

Any person who is registered as a teacher under the *Education and Training Reform Act 2006*, or any person who has been granted permission to teach under that Act, including principals, is mandated to make a report to Child Protection. In the course of undertaking their professional duties, mandated staff members are required to report their belief, when the belief is formed on reasonable grounds, that a child is in need of protection from significant harm as a result of sexual abuse or physical injury. (Refer to Section 4.1).

School policies and procedures stipulate how teaching staff fulfil their duty of care towards children and young people in their school.

Teachers are encouraged to discuss any concerns about the safety and wellbeing of students with the school principal or member of the school leadership team. If a principal or member of the school leadership team does not wish to make a mandatory report, this does not discharge the teacher's obligation to do so if they have formed a reasonable belief that abuse may have occurred. If the teacher's concerns continue, even after consultation with the principal, that teacher is still legally obliged to make a mandatory report of their concerns.

Information about the identity of a person making a report to Child Protection must be kept confidential unless the reporter consents to the disclosure of their identity. If the staff member wishes to remain anonymous, this information should be conveyed at the time that the reporter makes the mandatory report. (Refer to Sections 4.5 and 4.6)

6.1 The role of school staff

School staff have a duty of care to protect and preserve the safety, health and wellbeing of children and young people in their care and staff must always act in the best interests of those children and young people. If a staff member has any concerns regarding the health, safety or wellbeing of a child or young person it is important to take immediate action.

Note: The role of investigating an allegation of child abuse rests solely with Child Protection and/or Victoria Police.

The roles and responsibilities of school staff in supporting children and young people who are involved with Child Protection may include acting as a support person for students, attending Child Protection case plan meetings, observing and monitoring students' behaviour, and liaising with professionals.

6.2 Confidentiality

School staff must respect confidentiality when dealing with a case of suspected child abuse and neglect, and may discuss case details and the identity of the child or the young person and their family only with those involved in managing the situation.

When a child or young person has moved to another school, professional judgement should be exercised as to what information needs to be passed on. This will be guided by usual procedures for passing on information about a child's general wellbeing or special needs, and the role of the school in any ongoing care plans.

6.3 Interviews at Victorian schools

Child Protection may conduct interviews of children and young people in Victorian schools without parental knowledge or consent. However, a child will be interviewed at a Victorian school only in exceptional circumstances and if it is in the child's best interests to proceed in this manner. Child Protection will notify the school of any intention to interview a child or young person. This may occur regardless of whether the school is the source of the report to Child Protection.

When Child Protection practitioners arrive at the school, the school principal or their nominee should ask to see their identification before allowing Child Protection to have access to the child or young person.

6.4 Support persons

Children and young people should be advised of their right to have a supportive adult present during interviews. If a child is too young to understand the significance of the interview, a staff member should make arrangements for a supportive adult to attend with the child.

A staff member may be identified as a support person for the child or young person during the interview. Prior to the commencement of the interview, the Child Protection practitioner should always authorise the school staff member to receive information regarding Child Protection's investigation. This may occur verbally or in writing using the relevant Child Protection proforma.

Independent persons must refrain from providing their opinions or accounts of events during interviews. A principal or their delegate may act as an independent person when the child or young person is to be interviewed, unless they believe that doing so will create a conflict of interest.

6.5 Advising parents, carers or guardians

School staff **do not require** the permission of parents, carers or guardians to make a report to Child Protection, nor are they required to tell parents, carers or guardians that they have done so.

It is the responsibility of Child Protection to advise the parents, carers or guardians of the interview at the earliest possible opportunity. This should occur either before, or by the time the child arrives home.

6.6 Ensuring that a Child Protection interview takes place

Victorian schools do not have the power to prevent parents, carers or guardians from removing their children from school and should not attempt to prevent the parents, carers or guardians from collecting the child. If a parent/carer or guardian removes a child before a planned interview has taken place, the principal and/or their nominee should contact Child Protection or Victoria Police immediately.

6.7 When to report to Victoria Police

If there is an allegation of abuse by a staff member or visitor at a school, the matter must be immediately reported directly to Victoria Police for investigation by telephoning the emergency number 000. (Refer to Section 3.5).

6.8 Misconduct allegations – employees of Victorian schools

If Child Protection receive information alleging that a teacher or other education staff member has abused a child or young person, this information will be referred to Victoria Police.

If the information refers to allegations involving education staff in a Victorian government school, the Department of Education and Early Childhood Development Conduct and Ethics Branch must be contacted.

If the information refers to allegations made against employees in a Catholic school contact should be made in the first instance with the Assistant Director, Religious Education and Pastoral Care, Catholic Education Office Melbourne (CEOM). This action and all other procedures to be followed in this case are outlined in <http://web.ceomelb.catholic.edu.au/index.php?sectionid=445>

If the information refers to allegations made against employees in an independent school, contact should be made in the first instance with the principal of the school. If this is not appropriate, then contact should be made with the chairperson of the school's governing body. Independent Schools Victoria is able to provide advice regarding the appropriate person to contact.



7 Information-sharing obligations under this protocol

7.1 Information sharing and consent

The CYFA provides for information sharing by classifying some individuals and groups of professionals as information holders. Information holders include:

- people registered as teachers under the *Victorian Institute of Teaching Act 2001* (VITA) or granted permission to teach under the Act
- principals of Victorian schools
- staff members of a licensed children's service
- people in charge of a licensed children's service.

Information holders can share information with Child Protection and Child FIRST in the circumstances outlined in the CYFA. They can do so without the consent of the child to whom the information relates or the consent of that child's parents, carer or guardian.

Whenever possible, authorised information holders should seek consent from a child or their parents, carers or guardians before sharing their information, provided that by doing so, they do not place the child or another person at risk. Other than in very urgent situations, information holders should consult with their principal or manager before disclosing information about a child or their family without their consent.

Once a family service (or other service agency) begins to provide services to the family, information can be shared by schools and licensed children's services only with the consent of the child's parents, carers or guardians and, if old enough, the child. This is because service provision in these circumstances is by voluntary agreement between the family and the service provider. Family services may consult with Child Protection at any time.

All other personal information can only be shared in accordance with the Information Privacy Principles in the *Information Privacy Act 2000*.

7.2 Information-sharing authorisations under CYFA

Under the CYFA information-sharing provisions, staff of schools and licensed children's services who make a report to Child Protection or a referral to Child FIRST may:

- share information in confidence with Child Protection about a child and their family and without the consent of the child or their parents, carers or guardians if necessary, if a reasonable belief is formed that the child is in need of protection
- share information in confidence with Child FIRST about a child and their family and without the consent of the child or their parents, carers or guardians if necessary, if they have a significant concern for a child's wellbeing
- be consulted by either Child FIRST or Child Protection when Child FIRST or Child Protection are deciding how to respond to a referral or report they have received
- share information with Child Protection when a child has been assessed as being in need of protection and Child Protection are working with the child and family. Information holders can also disclose, and be required to disclose, information to Child Protection if a child is the subject of a Children's Court Protection Order.

If Child Protection believes, on reasonable grounds, that an information holder has information relevant to the protection or development of a child, Child Protection may ask the information holder to provide that information to Child Protection to assist in investigating a report. If an information holder is asked to provide such information, they may do so in accordance with section 192 of the CYFA.

Child Protection can provide information to licensed children's services or schools at the request of staff with the consent of the family. However, not all information on the Child Protection file is accessible to families, and the services involved can access only the information on the file that is also accessible to the family.

7.3 Information-sharing authorisation

Information requested by Child Protection or Child FIRST can be disclosed by a registered teacher, a person authorised to teach under the VITA, a principal of a Victorian school, or the person in charge of a licensed children's service. If the licensed children's service manager or principal is off-site, this responsibility falls to the person in charge at the time.

The person in charge of a service is authorised to share relevant information with Child FIRST or Child Protection to help them assess a referral or report they have received. The person in charge is also authorised to share relevant information with Child Protection to help them:

- undertake an investigation
- work with, and co-ordinate services for, a child and their family, when a child has been found to be in need of protection.

7.4 Protection when sharing information

Authorised information holders are protected when sharing information in good faith with Child FIRST or Child Protection under the provisions of the CYFA (sections 37 (a) and (b) and sections 193(a) and (b)). Staff members of licensed children's services and schools are protected from liability and adverse professional consequences as a result of disclosing information to Child Protection, under section 37 or section 193 of the CYFA. The identity of a reporter or referrer will be protected unless the reporter or referrer consents to the disclosure of their identity or disclosure is required by law.

The disclosure of information to Child Protection in good faith does not constitute unprofessional conduct or a breach of professional ethics. Nor does it constitute a contravention of the:

- *Health Services Act 1988*, section 141
- *Mental Health Act 1986*, section 120A
- *CYFA 2005*, section 212
- *Information Privacy Act 2000*.

7.5 Information that can be shared under CYFA authorisation

Relevant information will include specific information about the child and/or other members of the child's family, or people living with the child, whose behaviour has an impact on the child. Child FIRST and Child Protection practitioners may ask questions about the following:

- name and age of the child and their address
- name of parents, carers or guardians and addresses
- name of sibling/s, age/s and addresses
- language spoken in family
- background or cultural status (for example refugee)
- whether the family is aware of the report to Child Protection or referral to Child FIRST
- any services being received by the child and family
- the staff member's relationship to the child
- the reason for the report and nature of concerns for the child
- the time and dates of incidents of abuse.

Complete guides on information sharing are:

- An information-sharing guide for school principals and registered teachers in Victoria, <http://www.cyf.vic.gov.au/every-child-every-chance/library/publications/information-sharing-guidelines>
- An information-sharing guide for authorised information holders and professionals employed by Service Agencies in Victoria according to the *Children, Youth and Families Act 2005*, http://www.cyf.vic.gov.au/_data/assets/pdf_file/0007/41569/ig_other_sectors_professionals.pdf





8 Resolving differences

The 'best interests principles' in the CYFA (sections 10–14) provide a decision-making framework for service sectors and the Children's Court, and state that 'the best interests of the child must always be paramount'. This principle guides every aspect of collaboration in the Child Protection process and must be given priority if a dispute about roles and responsibilities arises.

Differences of opinion may occur between licensed children's services, schools and Child Protection. Such differences have the potential to affect the outcomes for the families involved and need to be addressed promptly in a professional and effective manner.

Differences of opinion should be resolved in a manner that ensures:

- the child or young person's safety and wellbeing is paramount
- they are resolved at the most immediate level possible; however, line management should be involved if initial attempts to resolve differences are not successful
- they are addressed as soon as possible after they arise.

The following model could be used as a basis for resolving differences by practitioners, when they disagree about the type of action to be taken for a child or young person.

- Identify the problem by allowing both parties to state their case (that is, state their position and the rationale behind this position).
- Attempt to work through the dispute to develop a number of strategies to address the disagreement.
- Discuss and negotiate with the other party to achieve a most suitable resolution.
- When a resolution cannot be found, the situation should be 'managed up' within the regional management structure.

A log of differences should be maintained and any recurring areas of concern should be addressed collaboratively at the regional management level or referred to central programs for cross-divisional policy discussion.



Appendix 1:

Core functions of Child Protection

Child Protection services are based on the legal framework set out in the CYFA, which stipulates that 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-focused, and is limited to only that action necessary to secure the safety and wellbeing of the child.

On receipt of a report, Child Protection will conduct an assessment in order to classify the report as either a Protective Intervention Report or a Wellbeing Report. When a report is classified as a Protective Intervention Report, Child Protection will conduct an investigation into the reported protective concerns. When a report is classified as a Wellbeing Report, Child Protection will provide advice or refer the matter to Child FIRST for further action.

The following table summarises the possible outcomes of a direct investigation into a report of a child in need of protection.

OUTCOME OF INVESTIGATION	RISK ASSIGNMENT	RESPONSE
Alleged harm or risk of harm is not substantiated	No significant concerns	Close
	Significant concern for wellbeing	Refer to Child FIRST
Alleged harm or risk of harm is substantiated	Risk of significant harm – child in need of protection	Issue Protection Application
	No further risk of harm	Refer (as necessary) and close
	Risk assignment deferred – further protective intervention/assessment	Develop Best Interests Plan
Period of further intervention and assessment required	Risk of significant harm – child in need of protection	Issue Protection Application
	No further risk of significant harm	Refer and close ²

² www.cyf.vic.gov.au/data/.../ecec_substantiation_and_risk.pdf.

The core functions of Child Protection can be summarised as:

- **Intake** – this is the phase through which new work flows to Child Protection (including new reports and new allegations regarding previously reported children). The intake phase is the first of the five phases of the statutory Child Protection process. As with all Child Protection work, the best interests and decision-making principles of the CYFA form the basis for practice in the intake phase.
- **Investigation and assessment phase** – the purpose of this phase is for Child Protection to undertake an assessment of the child and their circumstances to determine the extent and nature of the reported concerns, the outcome of which will inform any further Child Protection intervention.
- **Protective intervention phase** – this phase follows a Child Protection investigation when the concerns have been substantiated and further intervention is required. During this phase, Child Protection work with the family, if the family is willing to co-operate and it is assessed that there is a reasonable prospect of resolving protective concerns in a reasonable period of time.
- **Case closure** – this is the last phase of Child Protection involvement and occurs for a variety of reasons, such as concerns not being substantiated or the protective concerns having been addressed and the family being better serviced by a community service organisation.
- **Case conferences** – these can occur at any phase during Child Protection involvement and can assist in determining, as well as informing, Child Protection intervention. Conferences are convened by Child Protection, who will request attendance by all those involved with the child, including professionals, staff members and family.
- **Court action** – if Child Protection determines that there is an unacceptable level of risk to a child, and the parents are either unable or unwilling to protect the child, Child Protection may issue a Protection Application and initiate court proceedings. A Protection Application may be issued at any time during an investigation. The timing of an application will be determined by the nature of the concerns and any imminent safety considerations for the child.

For more detailed information on Child Protection processes and procedures go to:

<http://www.dhs.vic.gov.au/office-for-children/cpmanual/index.htm>

For additional information about the Children's Services go to the Office for Children at:

<http://www.education.vic.gov.au/ecsmangement/>

Appendix 2:

Definitions of child abuse and indicators of harm

The following definitions are provided to assist licensed children's services and school staff to decide if abuse is occurring and to assist them in deciding whether the impact warrants a report to Child Protection, a referral to Child FIRST services or whether another action is required.

Physical abuse

Physical abuse consists of any non-accidental form of injury or serious physical harm inflicted on a child or young person 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 implements.

Physical injury and significant harm to a child or young person may also result from the failure of a parent, carer or guardian to adequately ensure the safety of a child, exposing the child to extremely dangerous or life-threatening situations. Physical abuse also includes fabricated illness syndrome (previously known as Munchausen's syndrome by proxy) and female genital mutilation (FGM). FGM comprises all procedures that involve partial or total removal of the female external genitalia and/or injury to the female organs for cultural or any non-therapeutic reasons.

Possible indicators

PHYSICAL	BEHAVIOURAL
<ul style="list-style-type: none"> • 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 those that look like the object used to make the injury, for example fingerprints or handprints, buckles, iron or teeth • Burns that show the shape of the object used to make them, such as an iron, grill, cigarette; or burns from boiling water, oil or flames • 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 • Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia • Human bite marks • Bald patches where hair has been pulled out • Multiple injuries, old and new • Poisoning • Internal injuries 	<ul style="list-style-type: none"> • Disclosure of an injury inflicted by someone else (parent, carer or guardian), or an inconsistent or unlikely explanation or inability to remember the cause of injury • Unusual fear of physical contact with adults (for example, flinches if unexpectedly touched) • Wearing clothes unsuitable for weather conditions (such as long-sleeved tops) to hide injuries • Wariness or fear of a parent, carer or guardian; reluctant to go home • No reaction or little emotion displayed when hurt • Little or no fear when threatened • Habitual absences from school and licensed children's services without explanations (the parent, carer or guardian may be keeping the child or young person away until signs of injury have disappeared) • Overly compliant, shy, withdrawn, passive and uncommunicative • Fearfulness when other children cry or shout • Unusually nervous or hyperactive, aggressive, disruptive and destructive to self and/or others • Excessively friendly with strangers • Regressive behaviour, such as bed-wetting or soiling • Poor sleeping patterns, fear of dark, nightmares • Sadness and frequent crying • Drug or alcohol misuse • Poor memory and concentration • Suicide attempts

Sexual abuse

A child is sexually abused when any person uses their authority or power over the child or young person 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.

Possible indicators

PHYSICAL	BEHAVIOURAL
<ul style="list-style-type: none">• Injury to the genital or rectal area, such as bruising or bleeding• Vaginal or anal bleeding or discharge• Discomfort in urinating or defecating• Presence of foreign bodies in vagina and/or rectum• Inflammation and infection of genital area• Sexually transmitted diseases• Pregnancy, especially in very young adolescents• Bruising and other injury to breasts, buttocks and thighs• Anxiety-related illnesses, such as anorexia or bulimia• Frequent urinary tract infections	<ul style="list-style-type: none">• Disclosure of sexual abuse• Persistent and age-inappropriate sexual activity, including excessive masturbation, masturbation with objects, rubbing genitals against adults, playing games that act out a sexually abusive event• Drawings or descriptions in stories that are sexually explicit and not age-appropriate• Fear of home, specific place or particular adult; excessive fear of men or of women• Poor or deteriorating relationships with adults and peers• Poor self-care or personal hygiene• Arriving early at school and leaving late• Complaining of headaches, stomach pains or nausea without physiological basis• Frequent rocking, sucking or biting• Sleeping difficulties• Reluctance to participate in physical or recreational activities• Regressive behaviour, such as bed-wetting or speech loss• Sudden accumulation of money or gifts• Truancy or running away from home• Delinquent or aggressive behaviour• Depression• Self-injurious behaviour, including drug or alcohol abuse, prostitution, self-mutilation, attempted suicide• Sudden decline in academic performance, poor memory and concentration• Wearing of provocative clothing, or layers of clothes to hide injuries• Promiscuity

Emotional abuse

Emotional abuse occurs when a child or young person is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, or persistent coldness from a person, to the extent that the behaviour of the child or young person is disturbed or their emotional development is at serious risk of being impaired.

Psychological or emotional abuse may occur with or without other forms of abuse. The child or young person may develop personality or behavioural disorders, or become 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.

Possible indicators

PHYSICAL	BEHAVIOURAL
<ul style="list-style-type: none">• Speech disorders• Delays in physical development• Failure to thrive (without an organic cause)	<ul style="list-style-type: none">• Overly compliant, passive and undemanding behaviour• Extremely demanding, aggressive, attention-seeking behaviour• Antisocial, destructive behaviour• Low tolerance or frustration• Poor self-image• Unexplained mood swings• Behaviours that are not age-appropriate, for example overly adult (parenting of other children), or overly infantile (thumb-sucking, rocking, wetting or soiling)• Mental or emotional delays• Fear of failure, overly high standards, and excessive neatness• Depression, suicidal thoughts or actions• Running away• Violent drawings or writing• Contact with other children forbidden

Neglect

Neglect includes a failure to provide the child or young person with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent that 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. Two types of neglect are discussed below.

Serious neglect

Serious neglect includes situations where a parent consistently fails 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. For example:

- the child's home environment is filthy or hazardous in the extreme and poses a threat to the child's immediate safety or development and is characterised by the presence of animal or human faeces or urine, decomposing food, syringes or other dangerous paraphernalia

- the child is provided with consistently insufficient or inadequate food or nourishment for healthy development
- the child has a serious medical condition for which the parent has consistently failed to obtain treatment or dispense prescribed medication
- the parent consistently leaves the child unattended, or exposed to or in the care of strangers who may harm the child.

Medical neglect

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

Possible indicators

PHYSICAL	BEHAVIOURAL
<ul style="list-style-type: none"> • Consistently dirty and unwashed • Consistently inappropriately dressed for weather conditions • Consistently without adequate supervision and at risk of injury or harm • Consistently hungry, tired and listless, falling asleep • Unattended health problems and lack of routine medical care • Inadequate shelter and unsafe or unsanitary conditions • Abandonment by parents • Failure to thrive 	<ul style="list-style-type: none"> • Begging or stealing food • Gorging when food is available • Inability to eat when extremely hungry • Alienated from peers • Withdrawn, listless, pale, and thin • Aggressive behaviour • Delinquent acts, for example vandalism, drug and alcohol abuse • Little positive interaction with parent, carer or guardian • Appearing miserable or irritable • Poor socialising habits • Excessively friendly with strangers • Indiscriminant with affection • Poor, irregular or non-attendance at school or kindergarten or child care • Staying at school long hours • Self-destructive • Dropping out of school • Taking on an adult role of caring for parent

Family violence

Family violence is defined as violence (either actual or threatened) that occurs within a family, including physical, verbal, emotional, psychological, sexual, financial and social abuse. When 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 a criminal offence and can be liable to prosecution.

Possible indicators

PHYSICAL	BEHAVIOURAL
<ul style="list-style-type: none">• Speech disorders• Delays in physical development• Failure to thrive (without an organic cause)• 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 those that look like the object used to make the injury, for example, fingerprints or handprints, buckles, iron or teeth• 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• Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia• Multiple injuries, old and new• Internal injuries	<ul style="list-style-type: none">• Overly compliant, shy, withdrawn, passive and uncommunicative• Extremely demanding, aggressive, attention-seeking behaviour• Antisocial, destructive behaviour• Low tolerance or frustration• Showing wariness or distrust of adults• Demonstrated fear of parents, carers or guardians and of going home• Becoming very passive and compliant• Depression• Anxiety• Criminal activity

Other reports to Child Protection

Risk-taking behaviour

While risk-taking behaviour in adolescence is a normal aspect of healthy development, some behaviour may require attention from Child Protection when it carries potentially severe or life-threatening consequences. Examples include severe alcohol or drug use; unsafe sexual activity, including prostitution; solvent abuse and chroming; and violent or dangerous peer group activity (for example train-surfing).

There are community services that work with young people and their families when children are engaged in risk-taking behaviours. Parents, carers or guardians can contact their local government to find these services or may wish to contact the police if the risk-taking activity is illegal and extreme in nature or poses a high risk to the child or young person.

Female Genital Mutilation (FGM)

There are an increasing number of migrants and refugees settling in Victoria for whom female genital mutilation (FGM) is a cultural practice. It is important to remember that while FGM is not perceived by these communities as harming or abusing a child or young person, this practice is illegal in Australia and can have very significant physical and psychological repercussions for a child. See the definitions of physical abuse section for more information.

Unborn child

The CYFA (sections 29–30) allows Child Protection to receive and respond to reports about unborn children. These reports provide an important opportunity for earlier intervention and prevention. Prenatal reports may be particularly helpful to unborn children in family violence situations, or when there are mental health concerns or drug or alcohol misuse during pregnancy.

It is also appropriate to consider prenatal reporting when a parent has previously demonstrated an inability to parent safely. Child Protection will take the lead in engaging the mother and planning and facilitating supports when the risks to the child following birth are more serious.

Child or young person exhibiting sexually abusive behaviours

There are instances when children aged 10 years and under 15 years, may exhibit sexually abusive behaviours towards adults, other children, either older or younger, or school staff. In these cases, the school's response to these behaviours includes ensuring or facilitating appropriate support services such as therapeutic treatment, usually involving suitably trained local specialist counselling services.

A child or young person exhibits sexually abusive behaviours when they use their power, authority or status, with or without force, to involve a child or young person in sexual activity or to exploit them for the purpose of sexual gratification. Sexually abusive behaviours can also occur when one party involved in the activity is incapable or unable to give informed consent, such as a person with a cognitive or physical disability.

The Department of Human Services funds regional Sexually Abusive Behaviour Treatment Services (SABTS) to provide treatment for 12 to 24 months to children between 10 years of age and under 15 years of age. These services can be accessed in a number of ways and do not necessarily require a referral from Child Protection.

Children, young people and their families are able to access treatment programs in a voluntary capacity. If the young person and family are willing and wanting to attend a treatment service, the young person does not have to be made subject of a therapeutic treatment order (TTO) under the CYFA.

Treatment services can be accessed by:

- direct referral by the family or young person
- referral from the police to the SABT if the police have concluded their investigation and no criminal charges are to be laid
- referral from Child Protection to the SABT
- referral from Child Protection to the SABT after a TTO or a therapeutic treatment (placement) order (TTPO) has been made.

Below is a list of the regional Sexually Abusive Behaviour Treatment Services (SABTS) providers.

METROPOLITAN REGION	SABT Provider	Phone
North & West Metropolitan – Northern sub-region	Children's Protection Society	(03) 9474 4800
North & West Metropolitan – Western sub-region	Gatehouse Centre	(03) 9345 6391
Southern Metropolitan & Mornington Peninsula	South Eastern CASA	(03) 9594 2289
Eastern Metropolitan	Australian Childhood Foundation	(03) 9874 3922

RURAL REGIONS	SABT Provider	Phone
Hume – Wangaratta & district	Upper Murray CASA	(03) 5722 2203
Hume – Shepparton & district	Berry Street Victoria	(03) 5822 8100
Loddon Mallee – Mildura & district	Mallee Sexual Assault Unit	(03) 5025 5400
Loddon Mallee – Bendigo & district	Loddon Campaspe CASA	(03) 5441 0430
Gippsland & East Gippsland	Gippsland CASA	(03) 5134 3922
Grampians, Horsham & district	Wimmera CASA	(03) 5381 9272
Grampians, Ballarat & district	Ballarat CASA	(03) 5320 3933
Barwon South West – Warrnambool & district	South Western CASA	(03) 5564 4144
Barwon South West – Geelong & district	Barwon CASA	(03) 5222 4802

In some cases the parents, carers or guardians of the child or young person may not permit or enable the child to access or engage in these support services. In such cases, a report to Child Protection can be made, which may result in the child or young person being made the subject of a TTO and a TTPO if the family division of the Children's Court is satisfied that the child has exhibited sexually abusive behaviours and the order is necessary to ensure the child's access to, or attendance at, an appropriate therapeutic treatment program.

The goal of therapeutic treatment for children and young people who exhibit sexually abusive behaviours is to ensure that early intervention services are provided to prevent ongoing and more serious sexual offences in adulthood.

The Department of Education and Early Childhood Development has developed guidelines for Victorian Government Schools when responding to allegations of student sexual assault and inappropriate behaviour.

To access the resource *Responding to Allegations of Student Sexual Assault – Procedures for Victorian Government Schools* go to: [http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Responding_to_Allegations_of_Student_Sexual_Assault - Procedures for Victorian Government Schools2.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Responding_to_Allegations_of_Student_Sexual_Assault_-_Procedures_for_Victorian_Government_Schools2.pdf)

Appendix 3:

Children's Court Orders

A Protection Application can occur in either of two ways.

By notice – the application is lodged at the Children's Court and the Court advises Child Protection of the date for the court hearing. The Child Protection practitioner then serves the notice to appear to the parents and on the child, if the child is of or above 12 years of age.

By taking the child into safe custody – Child Protection practitioners will remove the child from the parent's care and attend the Children's Court (office hours) or a Bail Justice (after hours) to apply for an Interim Accommodation Order when it is determined that it is inappropriate to serve a notice. This is likely to involve consideration of the magnitude of risk or parental attitude to voluntary compliance.

Types of Children's Court orders

COURT ORDERS	WHAT THE COURT ORDER PROVIDES
Temporary Assessment Order (TAO)	This order is sought when there is a 'reasonable suspicion' that a child is, or is likely to be, in need of protection and the ability to investigate or further assess a report cannot proceed without the order. The court may order a TAO as well as a warrant to authorise police to enter and search premises. It may have conditions attached, such as directing parents to allow Child Protection access to a child.
Interim Accommodation Order	This order authorises placement of a child on an interim basis: <ul style="list-style-type: none">• with a parent• with a suitable person• in an out-of-home care service• in a secure welfare service• in a declared hospital or a declared parent/baby unit. The order lasts for 21 days and can be extended. Each extension is for a further 21 days.
Undertaking	An undertaking enables the court to require the child or parent to do or refrain from doing things specified in the undertaking. The undertaking is usually made for up to six months. The parties to the court proceeding must consent to giving the undertaking, which is made in writing. An undertaking may involve a protection application being proven. The Department of Human Services ceases to be involved once the undertaking is given to the court.
Interim Protection Order	This order tests whether arrangements that have been put in place are sufficient to protect a child from harm. The terms of the order can relate to the child's living and supervision arrangements. The order can last for up to three months and can only be made once a protection application is proven. The order must specify whether the child is to live with a particular person or as directed by the Department of Human Services. It may also place other conditions on a child, parent or carer. This order cannot be extended.

COURT ORDERS	WHAT THE COURT ORDER PROVIDES
Supervision Order	<p>This order authorises the ongoing supervision of a child by Child Protection. Parents retain custody and guardianship of the child. It can provide for the child to be placed in the day-to-day care of one or both of the child's parents.</p> <p>The order can only be made if the protection application is proven. It can be made for 12 months and, in special circumstances, for up to 24 months. The court can impose conditions on the child or the parents that it considers are in the child's best interests. The order can be extended. Each extension is for up to 24 months.</p>
Custody to Third Party Order	<p>This order provides for a person other than the Secretary of the Department of Human Services or a parent, carer or guardian to have custody of the child for a specified period, up to a maximum of 12 months. There is no monitoring of the order by Department of Human Services.</p> <p>The court may impose conditions that it considers to be in the best interests of the child, including a condition concerning access by a parent or another person with the child. This order cannot be extended.</p>
Supervised Custody Order	<p>This order provides for a person or people other than the Secretary of the Department of Human Services or a parent to have custody of the child for a specified period up to a maximum of 12 months. Child Protection supervises the order.</p> <p>This order is aimed at facilitating the child being reunified with their parents. When it is in a child's best interests, the Secretary can direct a child to return to the care of their parents during the order without returning to court.</p> <p>The court may impose conditions that it considers are in the child's best interests. The order can be extended. Each extension is up to 24 months.</p>
Custody to Secretary Order	<p>This order grants sole custody of the child to the Secretary of the Department of Human Services but does not affect guardianship, which remains with the child's parents. The Secretary has responsibility for making decisions about the day-to-day care of the child (in out-of-home care), but major decisions about the child's health, education and travel are made by the child's parents.</p> <p>The court may impose conditions that it considers are in the child's best interests. The order runs for up to two years and can be extended. If the order has been in place for less than 12 months, the first extension can only be for a further 12 months. Once an order has been in place for more than 12 months, each extension can be for a period up to 24 months.</p>

COURT ORDERS	WHAT THE COURT ORDER PROVIDES
Guardianship to Secretary Order	<p>This order grants custody and guardianship of a child to the Secretary of the Department of Human Services. This means that the Secretary is responsible for making all major decisions about a child's life. There is no power for the court to impose conditions on this type of order.</p> <p>The order runs for up to two years and can be extended. If the order has been in place for less than 12 months, the first extension can only be for a further 12 months. Once an order has been in place for more than 12 months, each extension can be for a period up to 24 months.</p>
Long-term Guardianship to Secretary Order	<p>This order has the same effect as a Guardianship to Secretary Order but lasts until the child reaches 18 years. It can only be made when a child is over 12 years of age and consents to the order being made. The child must be in a stable placement. The Secretary of the Department of Human Services must also consent to the order being made.</p> <p>If the placement breaks down, or if the young person withdraws their consent to the arrangement, the matter returns to the Children's Court. The Department of Human Services, as part of the Best Interests planning process, reviews long-term guardianship orders annually.</p>
Permanent Care Order	<p>This order places custody and guardianship of the child with another person. The court may make a permanent care order in respect of a child if the child's parent has not had care of the child for periods that total at least six months, or that total at least six months out of the last 12 months. The order must include conditions relating to ongoing contact between the child and their birth parent(s) but cannot include any other conditions.</p>
Therapeutic Treatment Order (TTO)	<p>This order requires the child who is the subject of the order to attend an appropriate treatment program to address their sexually abusive behaviours. It may also have conditions requiring the child's parents, carers or guardians to take any necessary steps to enable the child to attend the treatment. Orders are available for a child aged 10 or over, but under 15 years.</p> <p>Therapeutic Treatment Orders can be made for a maximum of one year, with the capacity for a single extension of up to a further 12 months.</p>
Therapeutic Treatment (Placement) Order (TTPO)	<p>A TTPO can be made when a TTO has been made and the court is satisfied that it is necessary for the treatment of the child. The TTPO grants sole custody of the child with Child Protection and can include conditions that the court considers in the child's best interests.</p>

Appendix 4:

Summary of information sharing guidelines

ACTION	IS THIS REQUIRED BY LAW? <i>(when not required by law, it is good practice to do so voluntarily to ensure the safety of the child)</i>	IS THIS AUTHORISED BY THE <i>Children, Youth and Families Act 2005</i> ?	IS MY IDENTITY PROTECTED BY THE <i>Children, Youth and Families Act 2005</i> ?	AM I PROTECTED FROM NEGATIVE LEGAL AND PROFESSIONAL CONSEQUENCES BY THE <i>Children, Youth and Families Act 2005</i> ?
Making a referral to Child FIRST	No	Yes	Yes	Yes
Making a report to Child Protection	No	Yes	Yes	Yes
Making a mandatory report to Child Protection	Yes	Yes	Yes	Yes
Sharing information when you are consulted by Child FIRST or Child Protection	No	Yes	No, but it will be held in confidence upon request	Yes
Sharing information with family services (that are not Child FIRST services) when this service is providing support to a family	No	No	No	No
Sharing information with Child Protection during an investigation	No	Yes	Yes	Yes
Sharing information with Child Protection to support ongoing case planning after an investigation	No	Yes	No, but it will be held in confidence upon request	Yes
Sharing information with Child Protection when a child is subject to a Children's Court protection order and when you are directed by an officer authorised by the Secretary of the Department of Human Services	Yes	Yes	No, but it will be held in confidence upon request	Yes

Note: You are encouraged to allow your identity to be disclosed (when making a referral or report, or assisting an investigation) even when it is protected by law. Your identity will be treated in confidence, if that is your wish, except where disclosure is required by law (for example if directed by a court).

Appendix 5:

Department of Human Services contacts

Department of Human Services Child Protection

If you are making a report to Child Protection please use the Intake Unit contact numbers.
For all other enquiries, please contact the appropriate regional office.

METROPOLITAN REGIONS			
Intake Unit		Regional Office	
Eastern			
Intake Unit	1300 360 391	Box Hill	(03) 9843 6000
Northern and Western			
Intake Unit	1300 664 977	Preston	1300 664 977
		Footscray	1300 360 462
Southern			
Intake Unit	1300 655 795	Dandenong	(03) 9213 2111
RURAL REGIONS			
Intake Unit		Regional Office	
Barwon South Western			
Intake Unit	1800 075 599	Geelong	(03) 5226 4540
Gippsland			
Intake Unit	1800 020 202	Traralgon	(03) 5177 2500
Grampians			
Intake Unit	1800 000 551	Ballarat	(03) 5333 6530
Hume			
Intake Unit	1800 650 227	Wangaratta	(03) 5722 0555
		Wodonga	(02) 6055 7777
Loddon Mallee			
Intake Unit	1800 675 598	Bendigo	(03) 5434 5555
AFTER HOURS CHILD PROTECTION EMERGENCY SERVICES (AHCPEs)			
Statewide number for all emergency Child Protection matters outside normal business hours (24 hours, 7 days a week): 131 278			

CHILD FIRST

If you are making a report to Child FIRST please use the contact numbers below.
For all other enquiries, please contact the appropriate regional office.

Child FIRST region	Local Catchment Area	Child FIRST contact
Eastern	Yarra Ranges, Knox, Maroondah	1300 369 146
	Monash, Whitehorse, Manningham, Boroondara	1300 762 125
Northern and Western	Nillumbik, Whittlesea, Banyule, Yarra and Darebin	9450 0955
	Brimbank, Melton	1300 138 180
	Hume, Moreland	1300 786 433
	Hobson's Bay, Maribyrnong, Melbourne, Moonee Valley and Wyndham	1300 786 433
Southern	Casey, Cardinia, Greater Dandenong	9705 3939
	Aboriginal children and families (Casey, Cardinia and Great Dandenong)	9794 5973
	Frankston, Mornington Peninsula	1300 721 383
	Kingston, Bayside, Glen Eira, Stonnington, Port Phillip	1300 367 441

CHILD FIRST (continued)

Child FIRST region	Local Catchment Area	Child FIRST contact
Barwon South Western	Greater Geelong, Queenscliff, Surf Coast	1300 551 948
	Colac – Otway, Corangamite	5232 5500
	Warrnambool, Moyne, Glenelg, Southern Grampians	1300 889 713
Gippsland	East Gippsland	5152 0052
	Wellington	5144 7777
	La Trobe, Baw Baw	1800 339 100
	South Gippsland, Bass Coast	5662 5150
Grampians	Northern Grampians, West Wimmera, Hindmarsh, Yarrambat, Horsham	1800 195 114
	Ararat, Pyrenees, Hepburn, Ballarat, Golden Plains, Moorabool	1300 783 341
Hume	Wodonga, Towong, Indigo	1800 705 211
	Alpine, Benalla, Mansfield, Wangaratta	1800 705 211
	Greater Shepparton, Strathbogie, Moira	1300 854 944
	Mitchell, Murrindindi	1800 663 107
Loddon Mallee	Greater Bendigo, Campaspe, Central Goldfields, Loddon, Macedon Ranges, Mount Alexander	1800 260 338
	Buloke, Goonawarra, Swan Hill, Mildura	1800 625 533 1800 MALLEE

Appendix 6:

Important contact details

Government Schools Regional Offices

METROPOLITAN REGIONS	
Eastern	9265 2400
Northern	9488 9488
Western	9291 6500
Southern	9794 3555
RURAL REGIONS	
Barwon South Western	5225 1000
Gippsland	5127 0400
Grampians	5337 8444
Hume	5761 2100
Loddon Mallee	5440 3111

Office for Children and Licensed Children's Services

METROPOLITAN REGIONS	
Eastern	9265 2400
Northern	9412 5333
Western	9275 7000
Southern	9096 9555
RURAL REGIONS	
Barwon South Western	5225 1000
Gippsland	5127 0400
Grampians	5337 8444
Hume	5761 2100
Loddon Mallee	5440 3111

Catholic Education offices

Catholic Education Office, Melbourne	9267 0228
Catholic Education Office, Ballarat Diocese	5337 7135
Catholic Education Office, Sale Diocese	5622 6600
Catholic Education Office, Sandhurst Diocese	5443 2377

Independent Schools Victoria	9825 7200
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Other

Victorian Aboriginal Education Association, Inc.	9481 0800
Victoria Police Sexual Offences and Child Abuse Unit	9247 6666
Centre Against Sexual Assault	1800 806 292
Gatehouse Centre, Royal Children's Hospital (for specialist counselling and medical assistance)	9345 6391
Child Safety Commissioner	8601 5884
Victorian Aboriginal Child Care Agency	8388 1855

the first of these is the fact that the majority of the population is now living in urban areas. This has led to a concentration of people in a few large cities, which has in turn led to a number of problems. One of the most serious is the lack of adequate housing. In many of these cities, the housing is overcrowded and of poor quality. This is a major cause of health problems, particularly in the case of children. Another problem is the lack of adequate sanitation. In many of these cities, there is no proper sewage system, and the waste is often dumped in the streets. This leads to a high level of pollution, which is also a major cause of health problems. The third problem is the lack of adequate education. In many of these cities, the schools are overcrowded and the quality of the education is poor. This leads to a high level of illiteracy, which is also a major cause of health problems. The fourth problem is the lack of adequate employment opportunities. In many of these cities, there is a high level of unemployment, which leads to a high level of poverty. This is also a major cause of health problems. The fifth problem is the lack of adequate social services. In many of these cities, there is a high level of crime and a high level of social inequality. This leads to a high level of stress, which is also a major cause of health problems. The sixth problem is the lack of adequate health services. In many of these cities, there is a high level of disease and a high level of mortality. This is also a major cause of health problems. The seventh problem is the lack of adequate environmental protection. In many of these cities, there is a high level of pollution and a high level of environmental degradation. This leads to a high level of health problems, particularly in the case of children. The eighth problem is the lack of adequate cultural and recreational facilities. In many of these cities, there is a high level of social inequality and a high level of crime. This leads to a high level of stress, which is also a major cause of health problems. The ninth problem is the lack of adequate transportation. In many of these cities, there is a high level of traffic congestion and a high level of air pollution. This leads to a high level of health problems, particularly in the case of children. The tenth problem is the lack of adequate housing. In many of these cities, the housing is overcrowded and of poor quality. This is a major cause of health problems, particularly in the case of children.

