Memorandum of Understanding

Department of Human Services –
Child Protection

The Royal Children's Hospital

March 2014

Memorandum of Understanding

PARTIES

The Royal Children's Hospital ABN 35 655 720 546 (**RCH**)

Department of Human Services ABN 93785850801 (**Child Protection**)

RECITALS

(a) The purpose of this Memorandum of Understanding (**MoU**) is to support and promote a collaborative and coordinated approach to the delivery of services for vulnerable children and their families.

(b) The MoU sets out the role and statutory responsibilities of Child Protection, the role and responsibilities of the RCH and their shared responsibilities to children for whom both parties to the MoU have a service responsibility.

(c) This document is intended to reflect the legal obligations of the parties but the parties acknowledge that their respective legal obligations override this document if there is any inconsistency.

OPERATIVE PROVISIONS

1 DEFINITIONS

In this MOU:

(a) Department of Human Services, Child Protection program or Child Protection practitioners will be referred to as **Child Protection**; and

(b) The Royal Children Hospital or hospital practitioners will be referred to as **the RCH**.

2 PRINCIPLES UNDERLYING THE MEMORANDUM OF UNDERSTANDING

The parties agree that the principles underlying this MoU are:

- The best interests of the child are the paramount consideration;
- Children have the right to be protected from abuse and neglect and their safety, wellbeing, and rights must be protected whenever intervention occurs;
- Child Protection intervenes to address issues of harm to children from physical abuse, sexual abuse, emotional abuse and neglect; and
- In situations where Child Protection and RCH are both providing services to a child or their family, consultation between both organisations should occur at key decision points and specifically regarding discharge planning.

3 OBJECTIVES OF THE MEMORANDUM OF UNDERSTANDING

This MoU reflects the understanding between Child Protection and RCH in relation to their joint work with children at risk and is intended to assist in:

- maintaining effective working relationships;
- promoting clear lines of communication which will help with providing a co-ordinated approach to joint cases and information exchange;

- supporting mutual understanding and respect by Child Protection and RCH staff for each other's roles and responsibilities;
- identifying the key points of contact between Child Protection and RCH; and
- establishing clear procedures/guidelines to support effective communication and planning at the key points of contact.

4 LEGAL FRAMEWORK

This MoU is also underpinned by:

- *Children Youth and Families Act 2005*
- *Charter of Human Rights and Responsibilities Act 2006*
- *Health Records Act 2001*
- *Information Privacy Act 2000*

Child Protection has statutory authorities and obligations pursuant to the *Children, Youth and Families Act 2005* (**CYFA**).

Child Protection has a statutory role in the care and protection of children subject to a report or an order from the Children's Court with a focus on the child or young person's safety, stability and development.

5 ROLES AND RESPONSIBILITIES

5.1 Child Protection

Child Protection has a statutory responsibility under the CYFA to provide Child Protection services for identified at risk children 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 also accepts reports on unborn children who may be at risk upon birth.

The underpinning principle of the CYFA is that the best interests of the child must always be the paramount consideration in all decision made by Child Protection. 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 be considered.

Child Protection intervention occurs when it is assessed that the child has suffered or is likely to suffer significant harm and that the parent is unable or unwilling to protect the child from that harm. The harm may be a single incident or cumulative in nature. Child Protection intervention is limited to that necessary to provide for the protection of the child from significant harm including cumulative harm.

Where a child 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 the family by strengthening the family's capacity to protect that child from harm. In some cases, this may lead to the removal of the offender.

Where, even with support, a child is not safe within the family, Child Protection will exercise its legal mandate and bring the matter before the Children's Court for determination. In some cases this may include immediate action to take the child into safe custody through the making of a protection application.

Determination by the Children's Court can relate to whether Child Protection has a role in the family, the placement of a child in an alternate living arrangements and/or issuing a protection order to provide for a continuing legal role for child protection with the child and their family.

Where a child has been placed out of the care of the parents, Child Protection will plan to support the child to return to the family if it is assessed that it is safe to do so. Where it has been determined that it

is no longer in the best interests of the child to pursue return to parental custody, Child Protection will work toward an alternative stable care arrangement.

(a) Child Protection service delivery arrangements

The Child Protection service is delivered within consistent area based structures. Reports are accepted by the Intake Team with coverage for the Local Government Area within which the child ordinarily resides. Intake Teams operate on business days between the hours of 08.45am hrs to 5.00 hrs (refer to http://www.dhs.vic.gov.au/__data/assets/pdf_file/0003/582591/flowchart-mandatory-reporting-27-5-10.pdf).

(b) After-Hours Child Protection Emergency Service

The statewide After-Hours Child Protection Emergency Service (AHCPES) operates outside of the business hours given above, on weekends and public holidays. AHCPES is a crisis service that responds to urgent matters that are not able to be safely delayed until the following working day. It is not an extension of the daytime activities that Child Protection provides for children in normal office hours.

Hospital staff will report to the AHCPES outside normal business hours when a child is considered to be at significant and immediate risk of harm or when this is a significant crisis involving the child's protection. AHCPES and the police will discuss the presenting issues and plan a response that may include direct intervention from AHCPES, coordination of a response from other welfare agencies or telephone consultation.

The operational hours of the AHCPES are:

Between 5.00pm and 08.45am on weekdays

24 hours on weekends and public holidays.

Phone: 131287

Note: A priority access telephone line has been established for hospital emergency departments and police only.

(c) Placement and Support

Placement and Support is a component of the child protection system and oversees the delivery of out of home care and support services for Child Protection clients by Community Services Organisations. Out of home care includes foster care and residential care services.

5.2 Child and Family Information, Referral and Support Teams (Child FIRST)

Funded by the Department of Human Services, Child FIRST sites are established in sub-regional catchments across Victoria to provide a single referral and coordination point for family services.

The role of Child FIRST is to:

- Provide a point of entry to an integrated local network of family services;
- Receive referrals about vulnerable children when there are significant concerns about their wellbeing;
- Identify initial needs and assess underlying risks to children in consultation with Child Protection and other services;
- Identify different service responses for families related to the assessment of needs and underlying risks; and

- Determine the priority of a response and allocation of families to family support services.

6 ROYAL CHILDREN'S HOSPITAL (RCH)

The RCH provides a coordinated medical, surgical and allied health service to children and young people. These services are provided primarily to Victorian children and young people, however, patients from other Australian states and other countries can also receive services as appropriate.

The RCH has a commitment to the well-being and safety of all children and young people who are either inpatients or outpatients at the Hospital. Whilst the wellbeing and safety of the children and young people is of paramount importance, assisting the parents and other family members to address issues which may impact on their patients' health and wellbeing is an integral component of patient management. The RCH recognises the need to consider a child and young person's development and psychosocial needs during any assessment process. The RCH accepts that, in some cases, forensic evidence may need to be collected and its staff may be required to assist with the preparation of court reports and/or appear in court.

Services provided by RCH where child abuse has occurred or is suspected include:

- Paediatric forensic evaluation of suspected cases of physical abuse, sexual abuse and neglect;
- Emergency medical care and intensive care of suspected cases of physical abuse and neglect;
- Medical and surgical care of children injured as a result of child abuse and neglect;
- Inpatient and Outpatient paediatric medical care for children who experience abuse or neglect; and
- Paediatric/forensic staff are also available for consultations with other RCH medical staff, child protection workers and the Police in relation to medical concerns for suspected child abuse.

Admission and continued placement at the hospital is a clinical decision made by the RCH.

The following RCH Departments have defined roles to care for abused and vulnerable children.

6.1 Victorian Forensic Paediatric Medical Service (VFPMS)

The VFPMS is a statewide medical service providing specialist forensic evaluation and healthcare for abused and vulnerable children. The service is governed by the RCH. Clinics operate during business hours (9am to 5 pm weekdays) at RCH and Monash Medical Centre (MMC) and after hours services (24/7) are provided at both hospitals. The VFPMS also has state-wide responsibilities to provide advice and assistance in relation to medical evaluation when child abuse is suspected and planning of health interventions.

6.2 RCH Social Work Department

The Social Work Department provides a comprehensive and responsive service to the entire hospital (inpatient and outpatient). Social workers provide psychosocial assessment, case consultation, liaison with child protection workers and direct services to children and families, including those who are at risk of, or have sustained, physical abuse and neglect.

6.3 Gatehouse at RCH

Gatehouse staff provide specialist counselling services for sexual assault to children/ young people and their families in the north west region of Melbourne which forms the Gatehouse catchment area. Counselling is offered to victims of childhood sexual abuse and to their parents or caregivers. Counselling is also provided to children aged 10 to 14 years who have sexually abusive behaviours.

7 MANDATORY REPORTING S 182(1) CYFA

A range of professional groups are listed in the CYFA s 182 (1) as mandatory reporters, however at this time, the only legislated professionals required to report are:

- registered medical practitioners (including psychiatrists)
- nurses (including school nurses)
- police members
- registered school teachers and principals

Mandatory reporters must make a report to Child Protection as soon as practicable after forming a belief on reasonable grounds that a child or young person has suffered or is likely to suffer significant harm as a result of physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

8 REPORTS FROM ROYAL CHILDREN'S HOSPITAL TO CHILD PROTECTION AND REFERRALS TO CHILD FIRST

When cases of suspected child abuse or neglect are identified in any unit within RCH, early consultation with the Victorian Forensic Paediatric Medical Service should occur in accordance with the RCH Vulnerable Children Policy. For physical abuse or neglect, the Unit Social Worker should also be consulted. For sexual abuse Gatehouse should also be consulted.

Child Protection must report all concerns regarding suspected physical and sexual abuse and serious neglect to Victoria Police in accordance with the *Protecting Children Protocol between the Department of Human Services – Child Protection and Victoria Police 2012.*

If the RCH has a significant concern about the protection of a child, a report will be made to Child Protection in accordance with the Act. If the RCH has a significant concern about a child's wellbeing, a referral to Child FIRST should occur.

It is generally good practice for parents/carers of a child or young person to be informed of the RCH's obligation to make a report to Child Protection or referral to Child FIRST prior to the report being made, unless to do so may create further risk to the child or compromise Child Protection's response to the report. Parental knowledge or consent is not required for a report to Child Protection.

In deciding to make a report to Child Protection, RCH staff should consider a range of issues including:

- Mandatory reporting obligations;
- The medical opinion;
- Psychosocial assessment; and
- Potential risks for other children in the family (in addition to the child at the Hospital).

Outside of the legal requirements of mandatory reporting (physical injury or child sexual abuse), RCH staff (including staff who are not mandated reporters) will report to Child Protection if in the course of their professional duties, staff form the belief on reasonable grounds that a child has been harmed from abuse and neglect or is likely that a child is at risk of harm from abuse or neglect and parents or caregivers have not protected or are unable or unlikely to protect the child or young person from such harm.

8.1 How to make a report

A report to Child Protection can be made by contacting the Intake Team covering the child's usual place of residence during business hours. Reports regarding the concerns about the immediate safety of

children can be made to the After Hours Child Protection Emergency Service (AHCPES) outside of business hours, 7 days per week.

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

8.2 Reports by RCH regarding children from Interstate

A report regarding an interstate child/young person who is a patient of RCH should be made to the Preston Divisional Office on 1300 360 462 (business hours) or to AHCPS on 13 12 78 (after hours).

8.3 Protection for the Reporter

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

9 MULTIDISCIPLINARY CASE CONFERENCES

9.1 Suspected Child Abuse and Neglect (SCAN) Meetings

SCAN meetings are multi-disciplinary professionals-only meetings attended by health professionals, Child Protection practitioners and police. The purpose of SCAN meetings is to share information, plan investigations and plan the multiagency response. SCAN meetings will be instigated by the Royal Children's Hospital. Both parties agree to attend SCAN meetings.

The meeting will be chaired by the consultant paediatrician and coordinated by the RCH. Attendance at meetings will ordinarily include a Child Protection senior practice leader or team manager, Police and RCH medical and Social Work staff. The meeting should occur no later than the next business day following a report by the RCH to Child Protection or Police (or on the next possible business day).

Formal minutes of the meeting will be documented by the RCH and provided to attendees of the meeting within 24 hours

(See **Attachment 1** for the SCAN Agenda and Minutes templates).

AHCPES attendance at SCAN meetings will occur in exceptional circumstances.

9.2 Discharge Planning Meetings

In circumstances where Child Protection is involved with a child in relation to current concerns about child abuse or neglect and the child is admitted to hospital with:

- any medical condition or surgical condition and significant concerns exist about caregivers' capacity to meet the child's needs or undetermined illness when child abuse (including factitious or induced illness) is a possible cause; or
- an injury, condition, or illness where the cause is undetermined, suspicious or vague.

A discharge planning meeting will be held prior to discharge unless a SCAN meeting or other multi-agency case conference involving RCH and Child Protection has already occurred.

The RCH will convene and chair the discharge planning meeting. A Child Protection senior practice leader of team manager will attend. The treating medical team and social work staff should attend. Other professionals and police may be invited.

The purpose of the discharge planning meeting is to:

- determine, if possible, the diagnosis or explanation of the child's condition; and

- determine a discharge plan and establish case management responsibilities. The discharge plan will address the child's medical and protection needs and will be founded on a working together approach.

Where a child is not returning to parental care, Child Protection will use all reasonable efforts to obtain alternative accommodation for the child by the estimated discharge date as advised by the RCH. It is Child Protection's responsibility to ensure that such a care arrangement is in place for the child in time for discharge . Child Protection understands and accepts that the RCH cannot accommodate children who do not have a medical need to be in hospital.

The RCH will formally document the outcomes of the discharge planning meeting and provide to meeting attendees within 24 hours of the meeting occurring (see **Attachment 2** for Discharge Planning Meeting Agenda and Minutes templates).

10 INFORMATION SHARING

The timely purposeful and coordinated exchange of information between services is critical to the immediate and ongoing protection and well-being of children.

Child Protection and RCH acknowledge that the child's best interests and their professional responsibilities will guide information exchange and ongoing communication, with due reference to the family's privacy rights and relevant legal obligations in this regard.

In situations where there is uncertainty regarding the release or exchange of information, parties will obtain legal advice.

10.1 RCH release of Information to Child Protection

Preferred practice is for Child Protection to obtain parental consent for release of medical information about a child. However, the CYFA provides for information exchange for the purposes of assessment of a report and the release of information by the RCH to Child Protection in accordance with the CYFA does not constitute a breach of privacy, confidentiality or professional ethics if made in good faith. Information given to Child Protection without parental consent will be given only in accordance with the CYFA.

Child Protection staff may require medical information, written or oral from RCH staff to:

- assist in the risk assessment/investigation
- present as evidence to legal proceedings
- assist with decision-making and care planning.

Where the report to Child Protection is made by an RCH staff member, RCH will liaise with Child Protection to ensure that it has all the information it requires to consider the report.

In relation to requests for information from the medical record, Child Protection must provide a written request under the CYFA which outlines the specific information required. Where possible, the request should enclose a copy of parental consent. If Child Protection has been unable to obtain parental consent, the written request should also include details of:

- the stage of the investigation and section of the CYFA under which Child Protection considers the RCH is permitted to disclose the information; and
- the name and role of the person requesting the information and the delegation or power under which he or she is authorised the request the information.

Where relevant, Child Protection will provide a copy of any existing court orders which relate to the custody or guardianship of the child. Requests should be directed to the Social Work Department (ph. 9345 6111).

Child Protection will generally limit a request for information to the specific information which will assist with its investigation rather than request copies of entire medical records.

(a) Provision of RCH written reports to Child Protection

If Child Protection requests an interim medical report, wherever possible they must advise the treating doctor of this prior to the commencement of a paediatric evaluation.

If the child is seen at the VFPMS, then a detailed medical report will be provided to Child Protection and/or Victoria Police.

(b) Provision of copies of photographs

Requests for copies of forensic/medical photographs should be made to VFPMS using the request form on the VFPMS website. Such requests should be made in writing. The VFPMS verification and authorisation procedure must be followed prior to the copying and release of copies of photographs to police or Child Protection.

(c) Child Protection requests for RCH staff and records for court proceedings

If an RCH staff member is required to give evidence, Child Protection will issue a subpoena. Subpoenas for RCH staff to give evidence must be issued to the relevant RCH staff member and served upon him or her in the time provided by, and otherwise in accordance with, the relevant court rules.

Child Protection will make every attempt to provide reasonable notice for RCH staff who must attend court to provide evidence. Child Protection workers should inform RCH staff who are required to appear as soon as a decision is made that a subpoena will be issued. Child Protection will provide the estimated day and time that an RCH staff member will be required to attend court, will keep the staff member informed as to the progress of the case and any changes in the timetable and will collaborate with RCH staff to minimise, as much as is possible, negative effects on other professional duties.

(d) Child Protection telephone or face-to-face secondary consultations with VFPMS Staff

At times, Child Protection may request a consultation with a VFPMS doctor. The doctor can be contacted on 1300 66 11 42. Consultation may be required in relation to situations of suspected physical, sexual abuse or neglect.

Child Protection may request a case file review by VFPMS.

Other general medical questions relating to the specific medical needs of a child/young person are best directed to the patient's treating doctor. These consultations may occur via the telephone or in person.

10.2 Child Protection release of Information to RCH

The CYFA places restrictions on the sharing of information gathered by Child Protection in relation to children who are the subject of a report. For children who are shared clients of RCH and Child Protection, Child Protection will inform RCH of the outcomes of relevant case conferences, investigations, case planning meetings and legal proceedings, in accordance with the provisions of the CYFA and where it is assessed as being in the best interests of the child that the RCH be provided with that information.

When a child who is the subject of a current Children's Court order is admitted to the RCH, Child Protection will provide RCH with a copy of the Children's Court Orders. Child Protection will also ensure that any conditions or relevant information contained in those orders are brought to the attention of the relevant RCH staff member.

Accordingly, the RCH will advise child protection if staff become aware that a child who has been admitted to the hospital is the subject of child protection involvement.

10.3 Child Protection release of information regarding potential danger

When Child Protection become aware of a named person's potential to be a danger to staff or patients then this information will be shared with senior managers (Head of Department or more senior) at RCH in order to plan risk management.

11 CONSENT FOR MEDICAL PROCEDURES

Valid consent must be obtained prior to medical assessment or treatment. In most circumstances this is obtained from a child's legal guardian.

11.1 Consent for children in the custody of DHS but not on a guardianship order

Whenever a child requires a medical examination, treatment, surgery or admission to hospital, parents will in most instances be informed, consulted and involved as appropriate and required by law. For children subject to Interim Accommodation Orders (IAO), Interim Protection Orders (IPO), Custody to the Secretary Orders (CSO) or in safe custody, the usual practice by Child Protection will involve seeking parental consent for examination and treatment regardless of whether the legislation requires consent or not.

Under Section 597(1) of the CYFA, the Secretary may at any time order a person:

- in the care or custody of the Secretary as the result of an IAO, Custody, Guardianship or long term Guardianship Order to the Secretary orders or a therapeutic treatment (placement) order;
- placed with a suitable person, in an out-of-home care service, declared hospital or declared parent and baby unit as a result of an IAO; or
- in safe custody,

be examined to determine his or her medical, physical, intellectual or mental condition.

Under Section 597(3) of the CYFA the Minister, the Secretary or any person duly authorised by the Secretary (other than an officer or employee) has the authority to consent to medical treatment, surgery or the admission to hospital of a child subject to CSO, Guardianship and long term Guardianship to the Secretary Orders if a registered medical practitioner advises it is necessary.

Under Section 597(4) of the CYFA the Minister, Secretary or any person duly authorised by the Secretary (other than an employee) has the authority to consent to medical treatment, surgery, or the admission to hospital of a child taken into safe custody and registered medical practitioner has advised that the medical treatment, operation or admission to hospital is necessary to avoid a serious threat to the health of the child and the child's parent refuses consent or cannot be found within a timeframe that is reasonable in the circumstances.

A court order may make provision for a child to undergo medical treatment, surgery or admission to hospital for children subject to an IAO.

11.2 Supervised Contact with a parent of a DHS client at RCH

RCH is not a supervised environment and the supervision of contact between inpatients and their families is not the role of RCH staff. Child Protection will make appropriate arrangements for the supervision of contact with parents of children at the hospital where this is a requirement of a Children's Court Order. RCH staff will contact Child Protection immediately in circumstances where a parent is seeking unauthorised access with the child.

11.3 Child who is an inpatient and subject to an Interim Accommodation Order (IAO)

The Unit Social Worker must be consulted with regard to any proposed IAO to the RCH which Child Protection intends to seek prior to the making an application to the court for such order. Child Protection will obtain from the RCH a statement of placement availability as required under section 263(1)(f) of the CYFA signed by an authorised representative of the RCH in the form set out in

Attachment 3 prior to making an application to the court for the IAO. Child Protection agrees not to seek an IAO to the RCH which extends beyond the expected discharge date as set out in that form.

12 DISPUTE RESOLUTION

It is essential that differences are addressed promptly. Differences may relate to roles, professional and organisation philosophies or priorities, systems issues, status and perceived power, and communication difficulties. These factors have the potential to damage collaborative working relationships and negatively impact on the child.

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

A model for resolving difference is:

- Clear identification by both parties of the problem or issue;
- Acknowledgement of relevant goals and interests;
- General or practical options to address the problem;
- Seeking agreement when a preferred option is not agreed; and/or
- Agreement on an outcome and its implementation.

12.1 Complaints procedure

Where the issue of concern cannot be resolved between the individual parties, the procedures for the handling of complaints are as follows:

Level 1

In the first instance, the concern should be dealt with at the Child Protection divisional level between the Child Protection Practitioner and the RCH staff involved. This may involve a senior Child Protection practitioner and relevant supervisors and managers of both organisations.

The aim of the contact will be resolution of the case-specific problems.

If the problem cannot be resolved at this level, it should be referred to level 2.

Level 2

The complaint should be addressed and resolved by the Child Protection Operations Manager and the appropriate Executive Director at the RCH. If the problem cannot be resolved at this level, it should be referred to level 3.

Level 3

The complaint should be addressed and resolved by the Divisional Director Child Protection and the Chief Executive Officer, RCH.

12.2 Policy and practice implications

Any issues arising that impact on policy or have state-wide significance shall be directed to the Manager, Operations and Practice, Child Protection, Statutory and Forensic Services Design Branch and the CEO, RCH. Joint discussions will be held between the parties to address policy differences and deficits.

EXECUTED as a Memorandum of Understanding

Date: 1/4 **2014**

Executed for and on behalf of **The Royal Children's Hospital** by its authorised authorised officer in the presence of:

Signature

CHRISTINE KILPATRICK

Signature of Witness

Name

COLIN ROBERTSON

1/4/14

Name of Witness

Date

Executed for and on behalf of **Child Protection** by its duly authorised representative in the presence of:

Signature

Katelanis

ARTHUR ROGERS

Signature of Witness

Name

Rebecca Katelanis

4-4-14

Name of Witness

Date

Attachment 1

SCAN Meeting Agenda

Date: .....

Client Name: .....RCH UR:.....

Attendees (circulate list for attendees - separate page below) / **Apologies**

Information and opinions from each of the key agencies

- RCH Medical Teams information and current opinion
    - General Medical Unit
    - Other involved medical /surgical units
    - VFPMS
- Police information and current opinion
- Child Protection information and current opinion

Further action planned by each of the three key agencies

- RCH Medical Teams
    - General Medical Unit
    - Other involved medical /surgical units
    - VFPMS
- Police
- Child Protection information and current opinion

Discussion

Further Actions

This might include planning further investigations, the child's discharge time, with whom the child is to be discharged to, whom a medical report is to be sent, any further meetings.

SCAN MEETING ATTENDEES

Client Name: ..... RCH UR: ..... Date: .....

	Name	Role	Organisation	Contact phone/email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

SCAN Meeting Minutes

Date: .....

Client Name: .....RCH UR:.....

General Medical Unit Registrar to complete and circulate to all attendees within 7 days.
Attach list of attendees & apologies

Information and opinions from each of the key agencies

RCH Medical Teams information and current opinion
(General Medical Unit / Other Involved medical /surgical units / VFPMS)

Police information and current opinion

Child Protection information and current opinion

Further action planned by each of the three key agencies:

RCH Medical Teams
(General Medical Unit / Other involved medical /surgical units / VFPMS)

Police

Child Protection

Discussion (include any points of disagreement)

Other Actions

Minutes completed by: ..... Date:

Attachment 2

Discharge Planning Meeting and Case Conference Agenda

Child's Name: _____ DOB: _____ Date: _____

Attendees:

Apologies:

Chair:

(circulate attendance list)

Information and opinions/assessments from each of the key agencies-

- RCH Medical Teams information and current opinion
- RCH Social work assessment and current opinion
- DHS Child Protection information and current assessment
- Other community agencies' information and current opinion

Further action planned by each of the key agencies-

- RCH Medical Teams
- RCH Social Work
- DHS Child Protection
- Other community agencies

Discussion-

Actions-

- The child's discharge date
- To whom the child is to be discharged
- Recommended treatment
- Additional investigations
- Planned monitoring of child's safety and wellbeing, adherence to recommended treatment
- Which agencies will remain involved post discharge and their tasks
- Referrals to other agencies and expected time frame for response
- Further meetings

Agreed discharge date-

Discharge Planning Meeting and Case Conference Minutes

Child's Name: _____ DOB: _____ Date: _____

Attendees:

Apologies:

Chair:

Information and opinions from each of the key agencies-

- RCH Medical Teams information and current opinion

- RCH Social work assessment and current opinion

- DHS Child Protection information and current opinion/assessment

Nature of child protection involvement and current concerns for the child
Status of child protection involvement (intake, investigation, protective intervention, protective order)
Caregiver/parental information and care arrangements - who will the child be discharged to
Other service involvement
History of involvement with child protection - including previous reports and assessments by other professionals
Any other information that may impact on the circumstances of the child's discharge

- Other community agencies' information and current opinion

Attachment 3

Statement of Placement Availability

Court Ref.—

Name of Child — ..... RCH UR - .....

*Male/*Female

Date of Birth — .....

Address — .....

I, ... *being the/*on behalf of the chief executive officer of The Royal Children's Hospital state that there is a bed available for ..... at The Royal Children's Hospital until ...../...../..... or such earlier time as *she/*he is able to be discharged on medical grounds.

Date— ...../...../.....

(*Signature*) .....

Name— .....

* Delete if not applicable