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| Good Practice Bulletin |
| Spotlight on high risk infants Office of Professional Practice, Issue 1, December 2016 |

# Chief Practitioner’s welcome

# https://pbs.twimg.com/media/CT_R-HeUwAArKqK.jpg Tracy Beaton

I would like to introduce the ***Good practice bulletin***.

There is much we can learn from each other and this quarterly bulletin has been designed to contribute to the continued development of a learning culture within child protection. This first edition will give you a taste of what is to come in 2017 as we use the bulletin to highlight approaches that have led to good outcomes for children and their families and to support practice development.

A de-identified case study will feature in each issue and I encourage individuals and teams to consider the featured case study and prompts as a basis for their reflective practice and learning.

Our focus in this introductory issue is working with high risk infants. To help with your assessments this Christmas, and over the summer, we have produced a short [video](https://publish.viostream.com/play/w9d83jbiha5wd) and a checklist for use with every child under two

We welcome contributions for our 2017 editions, so please get in touch if you have a story you would like to share. I would also be happy to hear your thoughts about the case study– and to learn of examples of your work that may be of great interest and benefit to your colleagues.

Finally, thank you to all practitioners across the state for your continued commitment and hard work. I hope the festive season is kind to you.

## Case study

Sami is the third born child to Ms Mantle. Child protection had extensive involvement with Ms Mantel as a young person and subsequently when her elder two children were removed from her care (when they were aged three months and two years). As a result of significant protective concerns, including parental drug use, transience, violence perpetrated by two of the mother’s partners, these children were placed with extended family and are subject to a non-reunification plan.

Ms Mantle, one of six children, has a history of depression and partnering with men who use violence. Drug misuse is longstanding for Ms Mantle and she has limited family supports.

On 1 November 2016, a third report was received in relation to Sami who is four months old. The reporter raises concerns that Ms Mantle had left a residential rehabilitation service two days earlier and against the advice of the service.

A review of CRIS shows the first report regarding Sami was an unborn report. The second report remained in the investigation phase for 16 weeks before it was closed following Ms Mantle’s admission to Odyssey House, with protective concerns not substantiated. This third report was received four days after the second report was closed. The reporter advised that the mother has disclosed recent use of heroin. The reporter believes that Sami attends child care two days per week. The same protective concerns have been raised in each of the three reports including parental drug use, transience, and violence perpetrated by the mother’s partner who has recently been released from prison.

## Discussion prompts

* What are your **initial thoughts**?
* Work together to develop an **Investigation Plan**:
	+ - List the reported concerns and issues
		- What other information is required?
		- With whom would you consult and when?
		- When you review the child protection history what would you pay particular attention to?
		- Identify all concerns and possible sources of information – who are the key people who can provide the necessary information?
		- How will Sami’s age impact your investigation plan?
* What are some of the particular considerations regarding observation, information gathering and assessment which would be relevant for the **first home visit** based on what is already known about Ms Mantle, Sami and her other children?
* Consider what **your Division** requires to support practitioners working with High Risk Infants.

Would you **like more information or guidance**? See the following resources:

Child Protection Practice Manual, specifically

* + [High risk infants advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/high-risk/high-risk-infants) (includes SIDS and safe sleeping) and procedure
	+ [Early years science](http://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/early-years-science-brain-development) – brain development

Specialist practice resources including

* + [Best interests case practice model summary guide](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/best-interests-case-practice-summary-guide)
	+ [Infants and their families](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/infants-and-their-families) (particularly consider the information gathering stage of practice in both these resources)
	+ [Cumulative harm](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/cumulative-harm)
	+ [Child development and trauma guide](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/child-development-and-trauma)
	+ [Red nose](https://rednose.com.au/) (formally SIDS and Kids) rednose.com.au
* [Safe Sleeping mobile app](https://rednose.com.au/page/mobile-apps) from Red Nose (includes information and images about safe sleeping)

On behalf of the Office of Professional Practice, we hope you have found this issue of the Good Practice Bulletin useful. If you have any feedback or ideas about what you would find useful to include in future editions, email *officeofprofessionalpractice@dhhs.vic.gov.au*

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