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| Healthcare that counts: Self-assessment tool |
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Department of Health

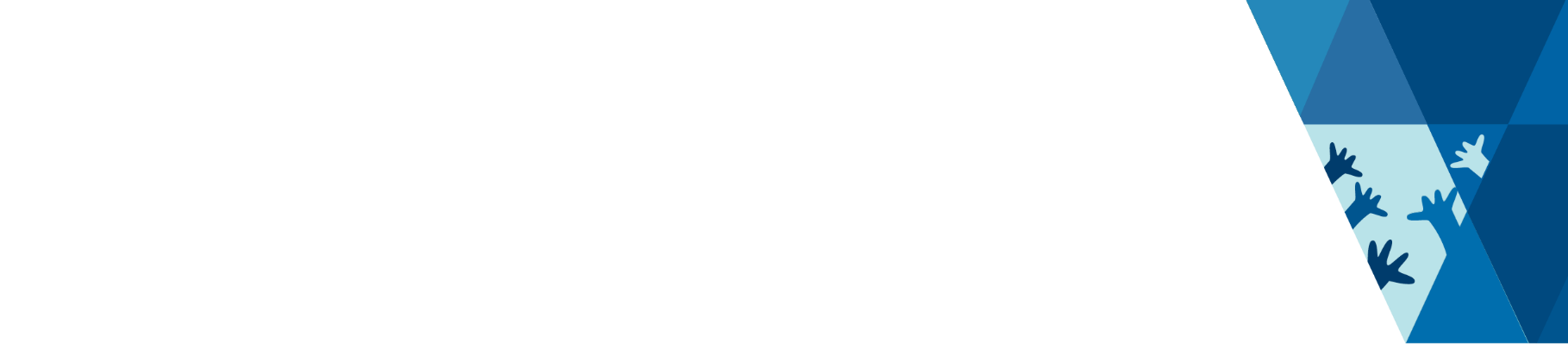
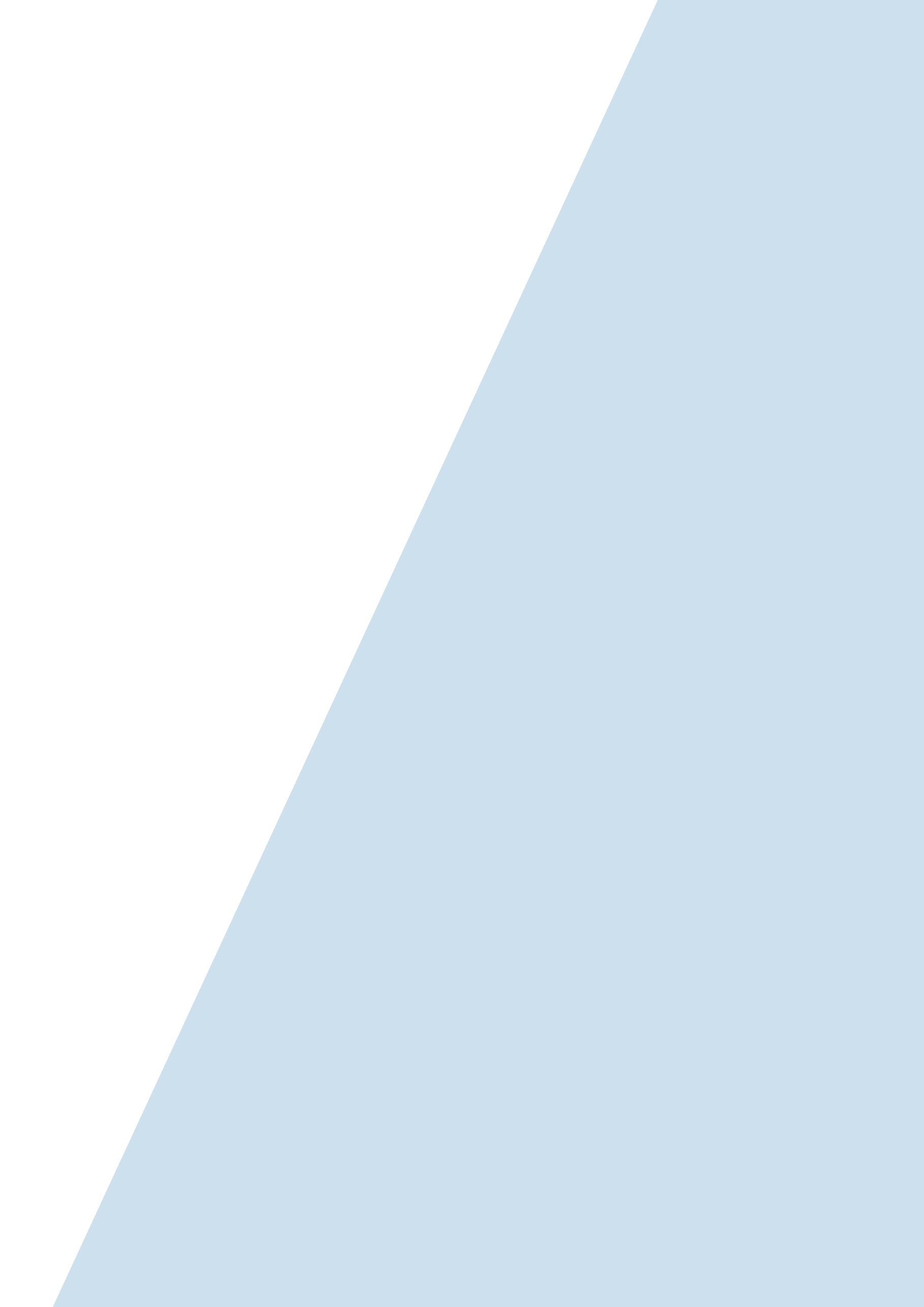
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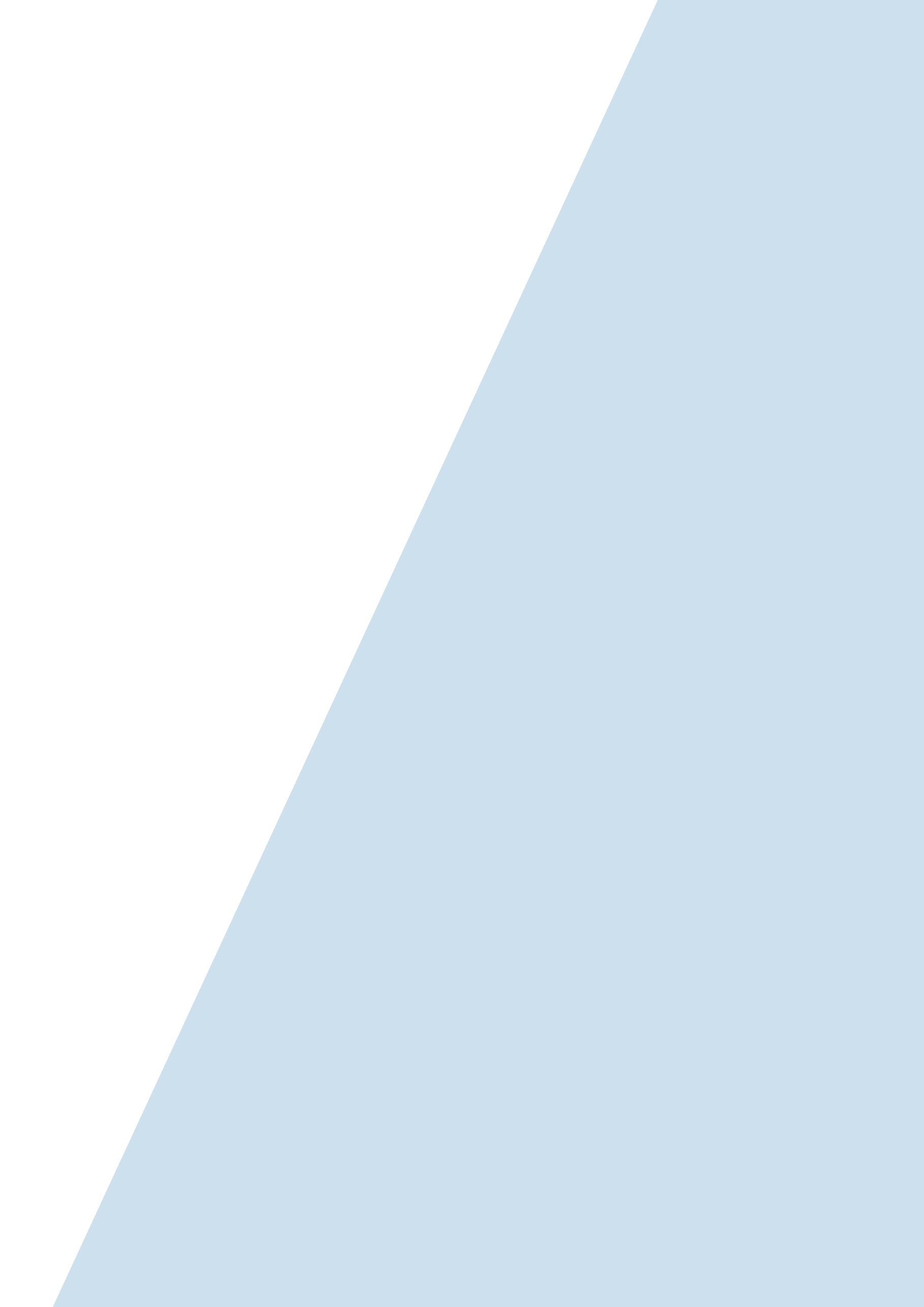
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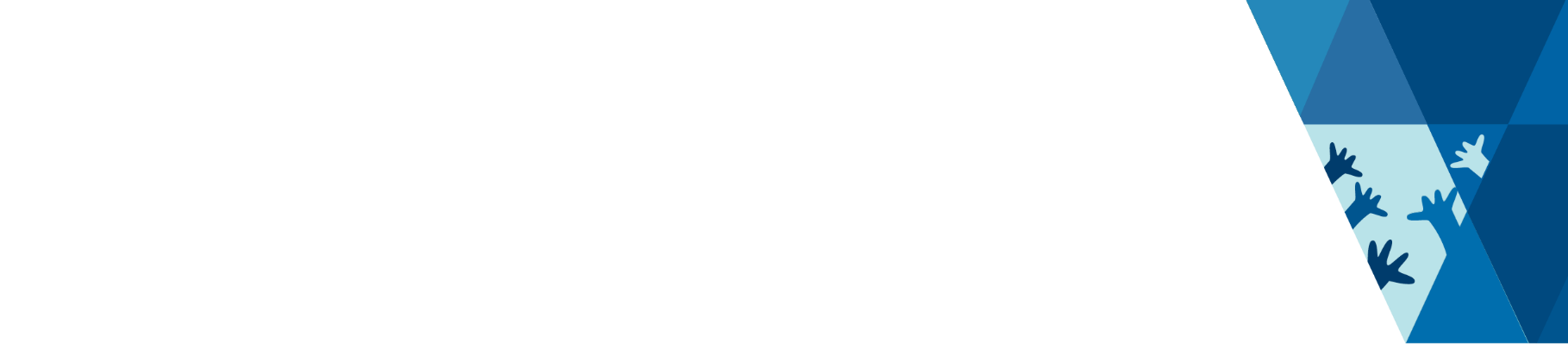
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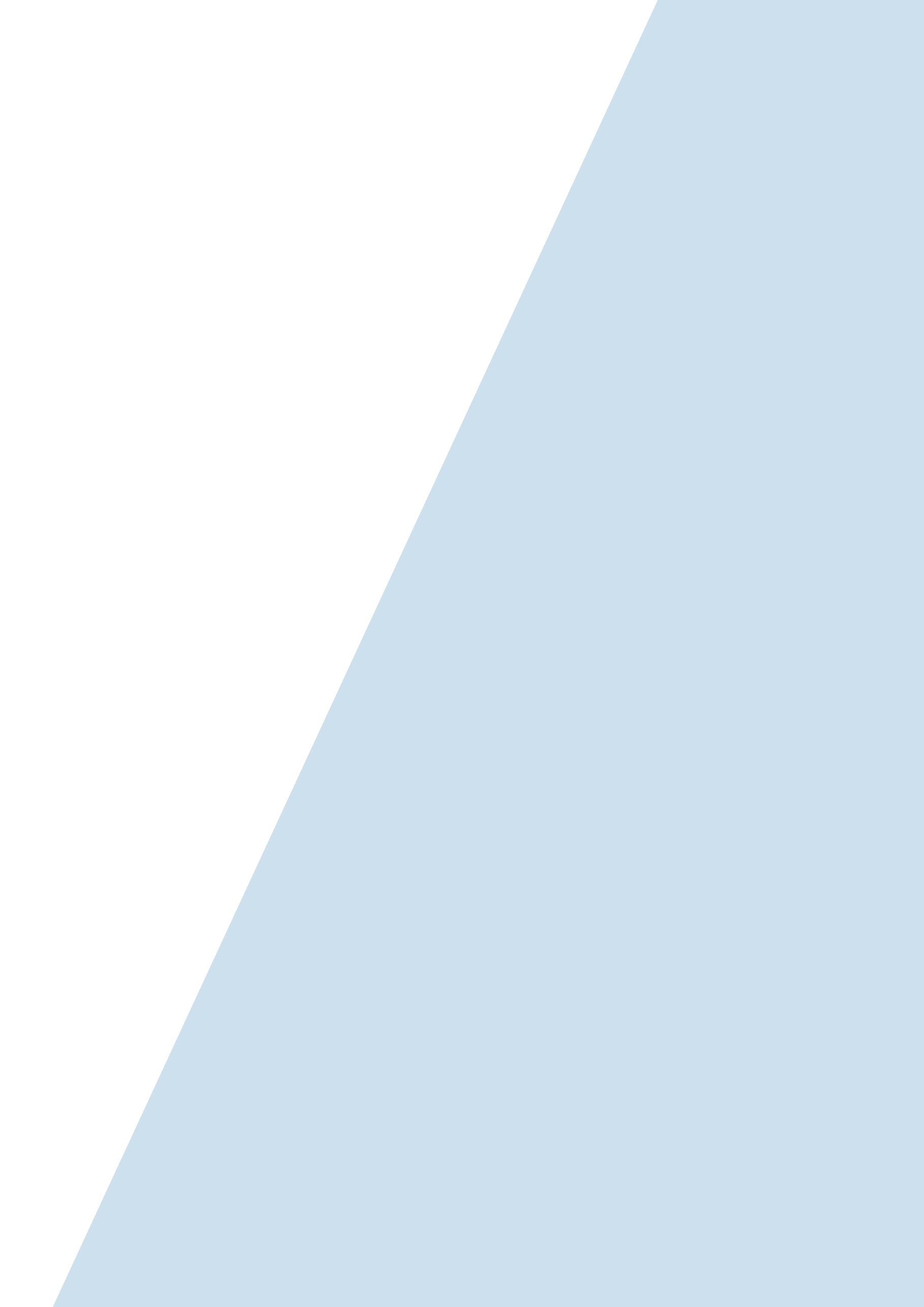
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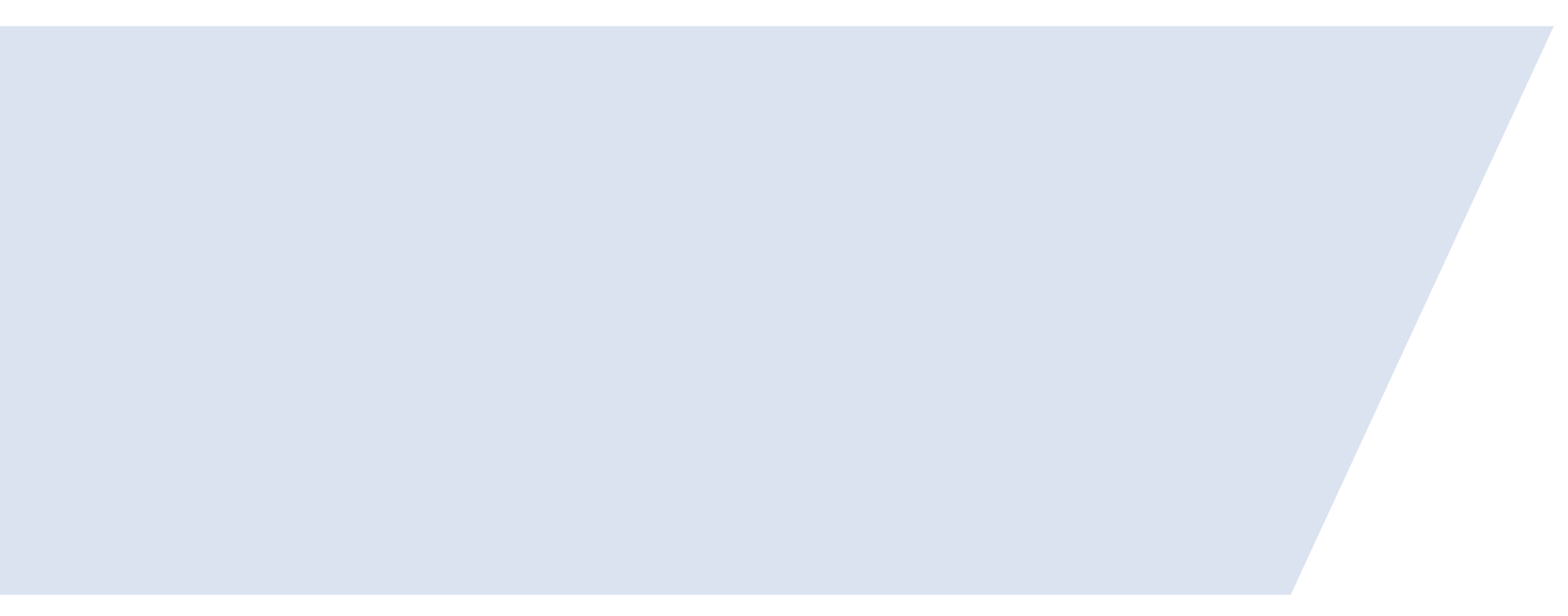


# Healthcare that counts: Self-assessment tool

We all share responsibility for keeping children safe. Healthcare that counts: A framework for improving care for vulnerable children in Victorian health services, provides a best practice and quality improvement guide for all Victorian health services and health professionals to assist them in fulfilling this responsibility.

All Victorian health services are expected to embed the action areas and performance indicators outlined in the Healthcare that counts framework into their organisational governance and continuous quality improvement processes. To support health services in meeting this expectation a self-assessment guide has been developed. The Department of Health and Human Services Policy and Funding Guidelines*[[1]](#footnote-1)* outlines the expectation that all health services will undertake an annual self-assessment to measure their progress on implementing the framework. Measuring progress should be tied with usual reporting and quality improvement processes for the health service.

This self-assessment tool aims to support the identification of good practice in action, areas needing improvement and actions that will be undertaken to improve practice. The indicators and examples of good practice were identified in consultation with the health sector. The list of examples is not exhaustive and static and should be seen as part of a dynamic process for health services as they embed continuous quality improvement focussed on   
vulnerable children.

Guiding principles of Healthcare that counts

* Protect and promote the health, safety and well being of all children
* Recognise vulnerability and identify risk and harm to children early
* Respond appropriately, effectively and in a timely way to reduce risk and support children and their families to achieve improved
* Promote culturally competent and responsive health care
* Work together with families, community services providers and the statutory system in the best interests of the children

Healthcare that counts applies to all Victorian health and community service organisations funded to provide health services. Health services should consider their contact with vulnerable populations to assess the priority for implementing Healthcare that counts. For larger health services and those health services with a strong specialist focus on children and vulnerable and disadvantaged parents, implementing the Healthcare that counts framework should be a high priority within the organisation. Small health services (less than 10 staff) or those that focus mainly on aged care are not expected to prioritise quality improvement for vulnerable children to the same level as high priority services. However, all health services are expected to provide a comprehensive picture of performance against each action area that is proportional to their contact with children and parents.

Improving practice requires strong cultural leadership and time to build and strengthen capacity within an organisation. The time taken to embed the Healthcare that counts indicators of best practice into organisational governance, systems and processes may therefore vary between health services. Using the Healthcare that counts self-assessment tool provides health services with the means to measure progress and focus on delivering system wide approaches to providing the best possible care for vulnerable children and   
their families.

## How to use the self-assessment and review tool[[2]](#footnote-2)

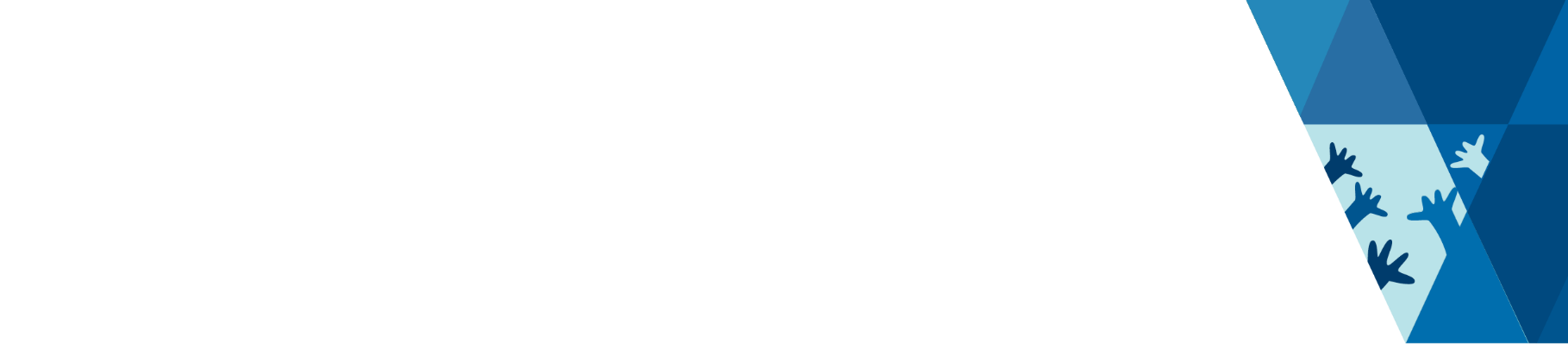
This tool focuses on the culture, behaviours, policies and plans that are essential within organisations to sustain and grow a child safe, collaborative, family sensitive and inclusive organisation.

### Healthcare that counts five action areas:

* **Action area 1:** High quality governance for vulnerable children and families
* **Action Area 2:** Access for vulnerable children and families
* **Action Area 3:** Family sensitive and inclusive practice
* **Action Area 4:** Working together
* **Action Area 5:** Effective communication and information sharing

### Rating scale:

The rating scale can be used to rate how the organisation performs against implementing the five action areas. The five-point scale includes:

1. Just beginning, self-assessment and planning
2. Some progress, implementation of some aspects evident
3. Most but not all aspects of the organisational practice are evident
4. All aspects of the organisational practice are evident
5. All aspects of the organisational practice are evident, and regularly reviewed

**The following questions can be asked to inform the rating for each practice:**

* **To what extent is the practice implemented and active?**
* **What can be seen? Use the examples provided as a guide.**
* **If asked, what would people say about the practice (children and young people, parents, carers, staff and volunteers)?**

What is evidenced in documents and data?

### Evidence of practice in action, gaps in practice and actions to improve practice:

* Evidence of practice in action: document the evidence that supports the ratings,
* Gaps: identify the gaps in actions
* **Resources to support the evidence of practice in action can be found at the Children at Risk learning portal**.[[3]](#footnote-3)

Actions: identify the next steps for improvement

### Monitoring and review:

* set timeframes for achievement and review dates
* identify who will be involved in providing information on the practices and completing   
  the review
* who are the leaders in the organisation who will consider the findings and approve the assessment/review ratings, actions and timeframes
* check on improvements identified in any previous assessment and the actions completed
* highlight positive changes
* learn from feedback, complaints, errors
* appraise all action areas annually

link the monitoring process to the broader quality and safety improvement processes within the organisation.

## Action Area 1. High quality governance for vulnerable children and families.

| Health services must have demonstrated leadership and systems in place to protect and promote the health, safety and wellbeing of children and families | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Best practice indicators | Rating(1-5) | Evidence of practice  in action | Gaps in practice | Action to improve practice | By whom | By when |
| 1.1 Health services have a clear articulated vision to provide care and services  for vulnerable children and families |  | Examples: the vision and purpose of Healthcare that counts is endorsed by the Executive and Board and communicated to staff and service users, guidance materials on identifying vulnerable children and families are communicated to all staff |  |  |  | /  / |
|  |
| 1.2 Strong strategic and cultural leadership |  | *Examples: senior executive or clinical lead with documented responsibility for leadership and guiding staff development on improving care for vulnerable children and families, an active Vulnerable Children Committee to support the implementation of Healthcare that counts* |  |  |  | /  / |
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| 1.3 Organisational policies and procedures to guide good practice for staff in identifying and responding to suspected child abuse  and neglect |  | *Examples: evidence that policy and procedures are in place for making reports to Child Protection and referrals to Child FIRST, staff induction includes the operationalisation of the vision and purpose of Healthcare that counts, compliance with relevant policies and procedures are  audited annually* |  |  |  | /  / |
|  |
| 1.4 Quality and risk management systems in place that respond appropriately to the degrees of vulnerability presented  by children  and families |  | *Examples: documented risk identification and management protocols, up to date incident reporting that all staff are aware of and use appropriately. Consider the example from Northern Health, details available at Children at Risk learning portal resources tab* |  |  |  | /  / |
|  |
| 1.5 Meet the compulsory Victorian child safe standards |  | *Examples: Document compliance with mandated child safe standards, see the* [DHHS website Child safe standards resources page](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards-resources) *<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards-resources>* |  |  |  | /  / |
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## Action Area 2. Access for vulnerable children and families

| Health services are accessible, flexible, inclusive and responsive to the needs of vulnerable families | | | | | | |
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| Best practice indicators | Rating(1-5) | Evidence of practice  in action | Gaps in practice | Action to improve practice | By whom | By when |
| 2.1 Understanding and responding effectively to the needs of vulnerable population groups in the local area |  | Examples: data demonstrating vulnerable population groups accessing the service, processes in place to enable vulnerable population groups to contribute to the service, feedback from service users with documented improvements, monitoring clients who miss appointments |  |  |  | /  / |
|  |
| 2.2 Creating a safe and welcoming environment and reducing barriers |  | Examples: information and resources in languages other than English, family friendly spaces and welcoming images that reflect the diversity of service users. Evidence of cultural safety in the organisation |  |  |  | /  / |
|  |
| 2.3 Providing priority access and referral for high risk vulnerable children |  | Examples: the percentage of children receiving a service or priority referral who reside in the statutory out of home care system, guiding policies and processes when non-accidental injury is suspected |  |  |  | /  / |
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## Action Area 3. Family-sensitive and inclusive practice

| *Health services must uphold the rights of the child; consider the needs and interests of children when working with adults and promote  family-sensitive practice* | | | | | | |
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| Best practice indicators | Rating(1-5) | Evidence of practice  in action | Gaps in practice | Action to improve practice | By whom | By when |
| 3.1 Promoting a culture of respect and inclusion that respects the rights of children and family diversity |  | Examples: documented staff up-skilling and training on children and young people’s rights within the health service, documented opportunities for critical reflection and peer learning by staff around family diversity |  |  |  | /  / |
|  |
| 3.2 Strengthening workforce capacity to deliver effective family-sensitive practice |  | Examples: staff training across the organisation undertaken in trauma informed and family-sensitive practice, evidence based approaches to working with families, staff training around child development |  |  |  | /  / |
|  |
| 3.3 Family  sensitive care coordination and planning |  | Examples: processes and partnerships with other agencies ensure that care and discharge planning includes consideration of the family environment, dependent children  and any family supports that may  be required |  |  |  | /  / |
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## Action Area 4. Working together

| *Health services and professionals must work together and with others to ensure care is effective, comprehensive and coordinated* | | | | | | |
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| Best practice indicators | Rating(1-5) | Evidence of practice  in action | Gaps in practice | Action to improve practice | By whom | By when |
| 4.1 An active multidisciplinary committee supports intra and inter agency relationships and strategic planning for vulnerable children |  | Examples: evidence of interagency relationship management strategies including local agreements, processes, protocols and joint forums supported by a Vulnerable Children Committee |  |  |  | /  / |
|  |
| 4.2 Leadership that models collaborative practice and strengthens workforce capacity |  | Examples: percentage of staff who have undertaken training via the Children at Risk portal or other approved training on children at risk of child abuse and neglect, locally based interagency meetings with executive or leadership teams that document agreed relationships and/or responsibilities for responding to vulnerable children |  |  |  | /  / |
|  |
| 4.3 Agreed communication and referral policies |  | Examples: policies and processes are in place that clearly outline: triggers for multidisciplinary or multi-agency meetings, managing transfer of care between health services, escalation  of issues where safety of children is  of significant concern, review of incidents where processes have  not been followed |  |  |  | /  / |
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| 4.4 Multi-disciplinary / multi-agency case management and case conferencing for vulnerable children |  | Examples: agreed protocols in place to trigger case conferencing where it is known or recommended that other services are or should be involved in ongoing transitional care planning, multi-disciplinary or multi-agency case conferencing is taking place in all cases where a child protection report is made or already in place |  |  |  | /  / |
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## Action Area 5. Effective communication and information sharing

| *Communication is open and transparent and information is shared between professionals and services in the best interests of children* | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Best practice indicators | Rating (1-5) | Evidence of practice  in action | Gaps in practice | Action to improve practice | By whom | By when |
| 5.1 Ratified policies, procedures and guidance are in place which detail the obligations, processes and responsibilities to share information |  | Examples include: ratified policies and protocols as described in Action Area 1.3 that document: how to make a report to Child Protection, how to make a referral to Child FIRST, the agreed local process for information sharing authorised under relevant legislation |  |  |  | /  / |
|  |
| 5.2 Staff education about information sharing and  the interface with health privacy and confidentiality |  | Examples: education and training is provided for staff on the process for making reports to child protection and legislative requirements for information sharing in the best interests of children, opportunities for staff across health and welfare sectors to come together for joint training relating to sharing information, and using information to assess risk and contribute to shared decision making |  |  |  | /  / |
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| 5.3 Develop local agreements in collaboration with child protection services regarding the processes for information sharing and resolution and escalation of issues |  | Examples: local agreements/protocols developed in collaboration with regional child protection that includes an issue resolution process to escalate concerns about the management of vulnerable children, and/or the use of shared information to senior managers in both organisations, sample of audit of reports made to Child Protection that demonstrate appropriate use of local agreements or protocols in place |  |  |  | /  / |
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Thank you for completing this self assessment tool.

If you have examples of best practice activities or policies or protocols, please share these with other health services. Email your examples to the [Primary and Community Health Unit](mailto:healthcarethatcounts@dhhs.vic.gov.au) <healthcarethatcounts@dhhs.vic.gov.au> and we can place them with acknowledgement to your health service on the [Children at Risk learning portal resources tab](https://vulnerablechildren.e3learning.com.au/content/resources/) <https://vulnerablechildren.e3learning.com.au/content/resources/>

1. [Victorian health policy and funding guidelines Chapter 4](https://www2.health.vic.gov.au/about/policy-and-funding-guidelines) <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines> [↑](#footnote-ref-1)
2. The Department of Health and Human Services acknowledges the Commissioner for Children and Young People Western Australia for the use of this checklist from Child Safe Organisations WA: Self-assessment and review tool. [↑](#footnote-ref-2)
3. [Children at Risk Learning Portal](http://vulnerablechildren.e3learning.com.au/): <http://vulnerablechildren.e3learning.com.au/> [↑](#footnote-ref-3)