



SWSAHS Child Protection Policy and Protocols

What all Health staff in SWSAHS need to know

January 2004

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

Child Protection Policy & Protocols

© South Western Sydney Area Health Service (2004)

Published by Department of Community Paediatrics, Division of Population Health, South Western Sydney Area Health Service (SWSAHS) January 2004.

The South Western Sydney Area Health Service would like to encourage wide distribution of this policy. However, any reference made to information contained within this policy must be done with acknowledgment to South Western Sydney Area Health Service. Additional copies are available from:

Department of Community Paediatrics
South Western Sydney Area Health Service
Locked Bag 7017, LIVERPOOL BC NSW 2170
Tel: (02) 9828 5992
Fax: (02) 9828 5744

An **electronic version** is available from the Internet at www.swsahs.nsw.gov.au - see Area Services.

Acknowledgements and sources

The development of the SWSAHS Child Protection Policy and Protocols (2004) has relied on the input and feedback of many people including SWSAHS, DoCS, and NSW Health staff. The SWSAHS Steering Committee overseeing the revision of this policy comprised Deborah Marks, Stefan Perkovic, Mark Thornell and Helen Stefanic. In addition, the development of the wall charts associated with this policy were based on the work of the Social Work Department, Fairfield Health Service.

ALL FORMS ASSOCIATED WITH THIS POLICY CAN BE LOCATED ON THE SWSAHS INTRANET SITE. ADDITIONAL BACKGROUND READING MATERIAL IS ALSO LOCATED ON THE SITE.

Table of contents

SECTION	PAGE
1 Introduction	1—1
2 Summary of responsibilities of Health staff and Health managers	2—1
3 Child abuse – what is it?	3—1
4 Becoming aware of risk of harm and dealing with disclosures	4—1
5 Responsibilities of Health staff to report	5—1
6 Deciding to report	6—1
7 Additional procedures for Health staff where parental substance use is identified by maternity care providers in SWSAHS	7—1
8 How to make a report to DoCS	8—1
9 What happens after a risk of harm report is made to DoCS?	9—1
10 Ensuring safety	10—1
11 Sharing information with DoCS and other agencies	11—1
12 Section 248 requests for information from DoCS	12—1
13 ‘Best endeavours’ requests for service from DoCS	13—1
14 Assumption of care orders	14—1
15 Convictions and allegations of child abuse against a health service employee	15—1
16 Child protection training requirements	16—1
17 Who’s who in child protection in SWSAHS	17—1
Appendix 1: NSW Health Department’s child protection responsibilities	A1—1
Appendix 2: Indicators of abuse and neglect	A2—1
Appendix 3: Child protection policy, circulars and legislation	A3—1
Appendix 4: Terminology	A4—1
Index	I—1

BLANK PAGE

1 Introduction

1.1 Purpose of this policy

This policy outlines for South Western Sydney Area Health Service (SWSAHS) staff the local policies and procedures for implementing all of the child protection requirements set out in the *NSW Health Frontline Procedures for the Protection of Children and Young People* (2000) and related circulars.

It is an overarching policy aiming to provide SWSAHS staff with clear and concise guidance on how to deal with the full range of child protection requirements on Health staff.

1.2 Updating

This policy will be updated as necessary to reflect any changes or developments in NSW Health child protection policy. The most current version will be accessible on the SWSAHS Child Protection Intranet site. New sections will be distributed to update service/department copies as needed.

1.3 Related policies

In addition to this policy there are a number of other SWSAHS child protection policies that provide staff with more detailed information about some of the specific requirements set out in this policy. These more detailed SWSAHS policies are referenced in this policy so that any staff wanting more information can refer to the more detailed policies where needed.

Other relevant references are also provided, including NSW Health circulars and other NSW Health policy documents, on which all SWSAHS child protection policies are based. (See Appendix 3 for a list of all child protection references and background documents).

Some of the more important references are:

Whole of government child protection policies

- *NSW Interagency Guidelines for Child Protection Intervention, 2000 Edition.*

NSW Health child protection policies

- *NSW Health Circular 2003/16 Protecting Children and Young People: Recognising and Reporting Suspected Risk of Harm and Responding to Requests from the Department of Community Services*
- *NSW Health Frontline Procedures for the Protection of Children and Young People, December 2000.*

SWSAHS child protection policies

- *SWSAHS Child Protection Policy and Procedure: Accessing the Emergency Paging System for Contacting the Department of Community Services Helpline, June 2001*
- *SWSAHS Child Protection Policy and Procedure: Allegations of Child Abuse Against a Health Service Employee, July 2002*
- *SWSAHS Child Protection Policy and Procedure: Provision of Information to DoCS under Section 248 of the Children and Young Persons (Care and Protection) Act 1998, October 2002*
- *SWSAHS Implementation Plan for Responding to Section 17 'Best Endeavours' Requests for Services from the Department of Community Services (18th December 2000).*

1.4 Changes from the 2001 Interim SWSAHS Child Protection Policy

Changes from the 2001 Interim SWSAHS Child Protection Policy and Protocols include:

- revised reporting procedures
- revised procedures for responding to S248 requests for information
- a new section on responsibilities of health staff to report and protection for Health staff
- a new section on deciding to report
- a new section on ensuring safety
- a new section on assumption of care orders (to be finalised).

1.5 Principles underpinning all SWSAHS child protection policies

"The NSW Government has adopted the following principles which will guide agency decisions on child protection and provide a framework for individual agency policies, practices and procedures:

- the safety, welfare and well-being of the child or young person is paramount
- children and young people must be given the opportunity to participate at a level appropriate to their age and development in decisions which significantly impact on their lives
- child protection decisions must take account of the culture, disability, language, religion and sexuality of the child or young person, their family and caregivers
- families must be given an opportunity to participate in decisions which affect the safety welfare and well-being of a child or young person
- in acting to protect a child or young person, practitioners or agencies should maintain the child's or young person's relationships and sense of identity and should intervene only as far as is required to secure their safety, welfare and well-being
- children and young people who are unable to live with their families will be provided with an environment which meets their care, support, education and health needs
- government agencies will work in partnership with each other, with non-government organisations and with the child or young person and their family to secure and sustain their safety, welfare and well-being
- government and non-government agencies will follow policies and practices that ensure staff are screened for employment and are qualified, trained and supervised".

NSW Health Frontline Procedures for the protection of Children and Young People (2000).

1.6 Child protection: The whole of government approach

The NSW Government believes that one of the primary concerns of any community should be the health and well-being of its children and young people. Children and young people should be able to grow up in an environment that enables them to

develop physically, emotionally, intellectually and socially in conditions of freedom and dignity.

The NSW Government is committed to ensuring government agencies provide a coordinated and comprehensive response to promoting the protection of children and young people, in partnership with non-government agencies.

NSW Health Frontline Procedures for the protection of Children and Young People (2000).

1.7 Diversity and effective service delivery

The community to whom SWSAHS provides health services is ethnically and culturally diverse and includes people with specific needs based on their social and/or physical circumstances. The principles underpinning the provision of Health services that are sensitive and responsive to the needs of the different groups within the community also apply when providing Health services in response to child protection issues. Information is available on the SWSAHS Child Protection Intranet site that may be useful to staff when dealing with child protection issues where there are special needs or specific circumstances that warrant additional consideration.

For example:

- Working with clients from non-English speaking backgrounds
- Working with children (or adults with children) with a physical or intellectual disability
- Working with Aboriginal and Torres Strait Islander clients.

1.8 Further information for quality services

The SWSAHS Child Protection Intranet site also contains:

- background reading on child protection
- child protection responsibilities of other government departments and agencies.

1.9 Clarifying child protection policy

Any SWSAHS staff requiring clarification of any child protection policy or issue should contact the SWSAHS Child Protection Coordinator on 9828 5992.

2 Summary of responsibilities of Health staff and Health managers

2

2.1 All Health staff in SWSAHS:

- must familiarise themselves with the SWSAHS Child Protection Policy and Protocols (January 2004) and must comply with the requirements set out in the policy
- must attend mandatory child protection training provided by SWSAHS (See Section 16)
- must know what child abuse is and how to recognise it (see Sections 3 & 4)
- must consider risk issues for children and young people at intake and/or initial assessment (including where the adult is the client of the service)
- must be able to respond appropriately if a child or adult discloses abuse (see Section 4)
- are required by law and/or ministerial directive to make a report to the Department of Community Services (DoCS) if they have reasonable grounds to suspect that a child under 16 years is at risk of harm from abuse or neglect. A report **may** be made to DoCS if the child is 16 or 17 years of age. (see Section 5 for legal requirements and Section 8 for how to report)
Note: Health staff do not need to get permission from their supervisor or the caregiver in order to report concerns to DoCS
- must appropriately document the risk of harm concerns and any action taken, including where a decision is taken that there will not be a report made to DoCS (see Subsections 6.5 & 8.3)
- must be able to appropriately access the emergency paging system in the event that the report is urgent (see Subsection 8.2.3)
- must provide information (in relation to a child protection matter) to the Sector Medicolegal Manager when requested in regard to a request for information under Section 248 of the legislation (see Section 12)
- must seek support in relation to reporting requirements if this is needed to ensure that a report is made where warranted, because dealing with child abuse is sometimes complex and can be stressful (see Subsection 6.6)

- must cooperate and collaborate with other agencies involved in child protection.

2.2 All Health managers in SWSAHS:

In addition to the child protection requirements applicable to all staff, all Health managers must:

- ensure their staff read and sign off on the *SWSAHS Child Protection Policy and Protocols* (2004)
- ensure their staff comply with all SWSAHS (and NSW Health) child protection policies
- ensure their staff know where to locate the *SWSAHS Child Protection Policy and Protocols* (2004) within the service/unit
- ensure that their staff attend child protection training (and understand that this training is mandatory)
- develop, implement and update local (or service) procedures that:
 - promote the identification by health staff of children and young people who may be at risk of harm (intake and assessment procedures)
 - ensure that staff report appropriately to DoCS where risk of harm is identified
 - ensure that staff record appropriately information concerning children and young people and any concerns that are raised regarding the possibility of risk of harm
 - prioritise for service children and young people at risk of harm referred by DoCS (intake procedures)
 - include the prioritisation of Best Endeavours requests for service from DoCS (under Section 17 or 85 of the *Children and Young Persons (Care and Protection) Act, 1998*) – (see Section 13)
 - provide clear guidance of their staff in regard to confidentiality issues

- where appropriate, include procedures for the case management of children and young people at risk of harm
- ensure the participation of Aboriginal and Torres Strait Islander children and young people in assessment and intervention decisions
- support their staff in making a report to DoCS if staff consider there are grounds to report, even when the manager concerned is not convinced that there are reasonable grounds to suspect risk of harm (because Health staff are legally obliged to report even when other Health staff disagree with them)
- ensure their staff have access to the most current version of the *Recording Form for the Report of Suspected Risk of Harm Related to the Abuse or Neglect of a Child or Young Person* (This is available on the SWSAHS Child Protection Intranet site)
- provide access to professional support, supervision and debriefing for staff working with children, young people and families where child protection concerns exist
- ensure appropriate interagency collaboration and cooperation by their staff with other agencies involved in child protection, including supporting staff to resolve interagency difficulties or conflict in the line with the Sector's interagency conflict resolution protocol
- comply with child protection screening procedures when recruiting staff.

2.3 The child protection responsibilities of NSW Health that underpin Health workers and managers responsibilities in SWSAHS

The responsibilities of Health staff and managers outlined above are derived from the child protection responsibilities of NSW Health and Area Health Services more broadly. See Appendix 1 for the child protection responsibilities of NSW Health and Area Health Services.

For information on the child protection responsibilities of other government agencies see the SWSAHS Child Protection Intranet Site.

3 Child abuse – what is it?

There are four widely recognised forms of child abuse: physical abuse, emotional abuse, sexual abuse and neglect. Each has a detrimental effect on the health, well-being and/or development of a child or young person. There is considerable literature on the forms of child abuse and their effects, some of which is available to SWSAHS staff on the SWSAHS child protection intranet site.

3.1 Legislation

There is a legal framework within which Health staff must provide health care to children and young people who are at risk of harm. The *Children and Young Persons (Care and Protection) Act, 1998* is the current legislation governing child protection in NSW.

There is other legislation that impacts on health care delivery to children and young people who are at risk of harm. See Appendix 3 for a list of the legislation.

It is important, and also helpful, for Health staff to understand the forms of child abuse within the context of the legal reporting framework outlined in the *Children and Young Persons (Care and Protection) Act, 1998*.

3.2 Reporting framework

The *Children and Young Persons (Care and Protection) Act, 1998* identifies five distinct circumstances in regard to which concerns can exist for the safety, welfare or well-being of a child or young person. These are discussed below.

3.2.1 Physical and psychological needs not being met

Section 23 (a) *the child or young person's basic physical or psychological needs are not being met or are at risk of not being met.*

Neglect is the failure to provide the basic physical and emotional necessities of life. Neglect may be an

ongoing situation and can be caused by a repeated failure to meet the child or young person's basic physical and psychological needs.

The neglect of basic physical needs occurs when a parent or caregiver fails to provide the basic staples of life to an adequate degree. These include food, physical support and hygiene. It also includes safety from harm, which may be the provision of appropriate and adequate adult supervision and a safe physical environment.

The neglect of basic psychological needs occurs when a child or young person is not receiving sufficient or appropriate interaction, encouragement, nurturing or stimulation from their parents or caregivers. Neglect also refers to the persistent ignoring of a child's signals of distress, pleas for help, attention, comfort, reassurance, encouragement and acceptance. Without this care a child or young person is at risk of harm in that they may not develop appropriate attachments with primary carers and others, significantly impairing their ongoing emotional, cognitive and physical development. The lack of awareness and ignoring of a child or young person's emotional needs may lead to disruptions in their development, of a sense of identity and associated feelings of sadness and isolation which may have compounding adverse effects on growth, development and well-being. In young people this may include disinterest in all aspects of a young person's life by parents or caregivers (Refer to Appendix 2 for indicators of neglect).

(Adapted from New South Wales Interagency Guidelines for Child Protection Intervention, 2000 pp 77 – 8).

3.2.2 Unwilling to arrange necessary medical care

Section 23 (b) *the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care*

Practitioners need to consider whether the risk of harm is likely to arise from the failure to arrange

necessary medical care. For very young children, the risk of harm in not receiving medical attention may be quite high. There are some conditions for which parents may not seek medical care, but do not pose a risk of harm to the child. Other conditions such as burns may be quite critical and, depending on severity, require medical attention.

The issue here is: what is **necessary** medical care? Some forms of medical intervention that are widely debated in the community, for example, immunization, would not come under this definition as necessary medical care.

Questions to consider here are:

- Does the child or young person require necessary medical care? AND
- Have the parents failed to arrange for necessary medical care AND are unable or unwilling to?

(Adapted from New South Wales Interagency Guidelines for Child Protection Intervention, 2000 p 78).

3.2.3 Physically or sexually abused or ill-treated

Section 23 (c) *the child or young person has been, or is at risk of being physically or sexually abused or ill-treated*

Physical abuse or ill-treatment is assault, non-accidental injury and/or physical harm to a child or young person by a parent, caregiver, another person responsible for the child or young person, or other child or young person. It includes injuries or harm which are caused by excessive discipline, beating or shaking, bruising, lacerations or welts, burns, fractures or dislocation, female genital mutilation, and attempted suffocation or strangulation (Refer to Appendix 2 for indicators of physical abuse).

Sexual abuse or ill-treatment is any sexual act or sexual threat imposed on a child or young person. Adults, adolescents or older children who sexually abuse children or young people exploit their dependency and immaturity. Coercion, which may be physical or psychological, is intrinsic to sexual abuse and differentiates it from consensual peer sexual activity.

Child sexual assault is a crime. (Refer to Appendix 2 for indicators of sexual abuse).

(Adapted from New South Wales Interagency Guidelines for Child Protection Intervention, 2000 p 78 - 9).

3.2.4 Where there is domestic violence or serious physical or psychological harm

Section 23 (d) *the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm*

There are numerous definitions of **domestic violence**, with general agreement that it is violence, abuse and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship. It includes violence perpetrated when couples are separated or divorced. The acts of domestic violence are mainly, but not only, perpetrated by men against women within heterosexual relationships but can also occur within same sex relationships.

Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm. Domestic violence can have a profound effect on children and young people. Some of the forms of domestic violence are physical assault, sexual assault, psychological abuse, social abuse (being isolated socially or geographically against your will) and economic abuse (having no access to or control over money and other resources).

Serious psychological harm involves the impairment of, disturbance or damage to a child or young person's physical, cognitive, emotional, behavioural or social development. There are varied manifestations of serious psychological harm that are dependent on age, personality, length of exposure to incidents of domestic violence, nature of incidents of domestic violence and remedial assistance, if any, provided to the child or young person and their family.

Children and young people may experience harm from domestic violence on a number of levels – as direct victims of physical and psychological abuse, as 'indirect' victims when attempting to protect a person, or as victims of emotional and psychological trauma by living in a climate of fear and intimidation.

Serious psychological harm should be assumed in the presence of the following factors:

- the repetition or an escalation in frequency or severity of violence in the household
- where a child or young person has been physically harmed
- if the partner has required medical attention
- where weapons have been used
- if police officers have attended the house, or where an apprehended violence order has been issued and/or breached.

It is also crucial to consider whether the caregiver's level of victimisation is such that they are unable to act protectively towards the child or young person, and to note whether domestic violence coexists with one or more factors such as the hazardous use of alcohol or other drugs. Other issues that may increase the vulnerability of the family include the presence of a mental health problem or a disability.

In regard to determining risk of harm relating to living in a household where there have been incidents of domestic violence, Health staff should consider both of the following questions:

- Does the child or young person live in a household where there is domestic violence?
AND
- As a consequence, is the child or young person at risk of suffering serious physical harm OR serious psychological harm?

(Adapted from New South Wales Interagency Guidelines for Child Protection Intervention, 2000 p 79 - 80).

3.2.5 Serious psychological harm

Section 23 (e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm

Serious psychological harm (ie emotional abuse) occurs where the psychologically abusive behaviour of a parent, caregiver, older child or other person profoundly damages the confidence and self esteem of a child or young person resulting in serious emotional deprivation or trauma. Psychological abuse involves serious impairment of a child's or

young person's social, emotional, cognitive, intellectual development and/or disturbance of a child's or young person's behaviour (Refer to Appendix 2 for indicators of emotional abuse).

Children or young people may be at risk of harm when parenting or carer practices are characterised by:

- high criticism coupled with low warmth
- domination or excessive, inappropriate or inconsistent discipline
- when the child or young person is the butt of degrading or derisive statements
- ongoing scapegoating
- ongoing social isolation
- inconsistent, inappropriate and unrealistic expectations
- situations where inappropriate behaviour is targeted, sustained, and repetitive.

A child or young person can suffer serious psychological harm from all types of abuse and neglect, but the focus of section 23 (e) of the Act is on the harm caused by the psychologically abusive behaviours of the parent or caregiver.

3.3 A proviso concerning indicators of child abuse and neglect

There are many indicators that may raise concerns about risk of harm from child abuse and neglect. A list of indicators, from the *NSW Interagency Guidelines for Child Protection Intervention (2000)*, is in Appendix 2.

However, one indicator in isolation may not imply abuse or neglect. Each indicator needs to be considered by Health staff in the context of other indicators and the child's or young person's circumstances.

The following factors are also relevant when considering indicators of abuse and neglect in regard to a child or young person:

- the age, development, functioning and level of vulnerability of the child or young person
- a history of previous harm to the child or young person

- social or geographic isolation of the child, young person or family, including lack of access to extended family or other supports
- the abuse or neglect of a sibling
- a family history of violence including injury to children and young people
- domestic or dating violence

Section 4 identifies the ways in which Health staff may become aware, during the course of their work, that a child or young person is at risk of harm from abuse or neglect. Section 6 outlines a process that has been designed to assist SWSAHS staff in deciding whether or not a risk of harm report to DoCS is warranted in a situation where one or more indicators have been identified, or staff are otherwise concerned about a child or young person.

4 Becoming aware of risk of harm and dealing with disclosures

4

4.1 When will Health staff recognise that a child is at risk of harm?

Recognising or becoming aware that a child or young person is at risk of harm can occur at any point in a client's contact with the Health Service, from intake to discharge. For example:

- You may observe a child's physical appearance or condition, their behaviour or family circumstances. This may raise concerns about risk of harm.
- A child, the parents or caregiver, a sibling or another person may tell you what has been happening, what they fear or how they feel. This may raise concerns about risk of harm.
- You may work with a parent, caregiver or other adult and observe interactions between that adult and a child, or be told something by the adult which raises concerns about risk of harm.

Health staff may need to ask the family member/s accompanying the child or young person questions to clarify the consistency of the history given.

4.2 How to respond if a child tells you about abuse (discloses)

If a child tells you about abuse ("discloses") the first thing you need to do is to respond calmly. Do not express doubt, judgement or shock.

You will need to record what the child or young person says, and make a note of the time and date you spoke to the child/young person.

The following do's and don'ts are to be followed when talking to the child or young person.

- **Do not** ask the child to give details about the abuse. It is the role of the Department of Community Services (DoCS) and/or the Police to investigate risk of harm. Health staff's role is to recognise and report, but not to investigate
- **Do** react calmly to the information the child or young person provides

- **Do** listen carefully to what the child says and be non-judgemental
- **Do not** ask leading questions eg did he touch your vagina?
- **Do** reassure the child or young person that s/he has done the right thing to tell and that it is not his/her fault
- **Do** let the child or young person know that he/she is not alone and that you know that this has happened to other children and young people
- **Do not** make promises that you cannot keep, particularly about not telling anyone else about this information
- If it is appropriate and will not place the child or young person at risk, **do** inform the child or young person, in terms they will understand, about your obligation to report the information to DoCS
- If it is appropriate, **do** reassure and support the caregivers present
- **Do** address any immediate safety needs of the child or young person and/or caregiver present.

Immediately following the disclosure you must make a report to DoCS and record in the client Health record the information provided to you by the child and any action taken by you (See Section 8).

Evidence of first complaint

If you are the first person the child or young person tells about abuse which constitutes a crime (eg sexual abuse), you may be called to court to give evidence. This is called evidence of first complaint. It is therefore important that you record accurately in the client Health record the information you receive from the child or young person, as soon as possible after the conversation has taken place.

If you are called to give evidence, support is available from SWSAHS.

4.3 Additional considerations if the disclosure concerns child sexual assault

Disclosure of child sexual abuse is a crisis situation. Health staff to whom a disclosure is made must not confront the alleged perpetrator as this may lead to further risk to the child. Approaching the alleged perpetrator is the role of DoCS, the Police, or the Joint Investigation Response Team (JIRT).

If a child discloses and the alleged perpetrator is at the premises of the Health service or due to pick up the child, you must immediately make a report to DoCS and relay the immediacy of the need for intervention to DoCS.

If possible, you should keep the child separate from the alleged perpetrator. If the DoCS officer is not expected to arrive for some time and it would be difficult to keep the child separate from the alleged perpetrator you should ask the DoCS officer for advice about how to handle the situation.

If you have concerns about the immediate safety of the child or young person or Health staff you should contact the Police or Security staff.

Note: DoCS has no power to lay charges where a criminal offence may have been committed. Therefore all reports which involve a criminal offence (eg. Sexual assault) must be referred by DoCS to the Police.

4.4 Becoming aware of risk of harm to a child or young person from your contact with an adult

You may become concerned that a child or young person is at risk of harm in other ways than the direct disclosure by a child or young person, including where:

- An adult client discloses abuse of a child or young person
- An adult client exhibits behaviour that indicates that s/he is not capable of caring for his/her children at that time, for example, due to physical or mental health problems or disorders, intoxication or distress

- An adult client may tell you about a child or young person who is at risk of harm from another adult.

Note: Health staff are not required to actually see a child or young person before making a report to DoCS. This is particularly relevant to adult Health services such as Drug and Alcohol Services and Adult Mental Health Services.

If the adult is an employee of SWSAHS you must follow the procedures set out in Section 15.

In all cases you must record the conversation, as well as the time and date you spoke to the adult.

Note: If you suspect that the child or young person is at risk of harm, you must make a report to DoCS. (Refer to Section 8 *How to make a report to DoCS*).

5 Responsibilities of Health staff to report

5

5.1 Reporting risk of harm

Reporting risk of harm from abuse or neglect is one step in the process of preventing or stopping abuse or neglect and protecting children from harm.

It gives the Department of Community Services (DoCS) the chance to help children, young people and families in situations where a child or young person may be at risk of harm from abuse or neglect.

5.2 Responsibility to report children

All Health staff in SWSAHS are required either by law, by NSW Health policy, or by both, to make a report to DoCS when they suspect that a child is at risk of harm from abuse or neglect.

Under the Section 27 of the *Children and Young Persons (Care and Protection) Act, 1998* it is mandatory for Health staff to report suspected risk of harm relating to children if they deliver health care wholly or partly to children. It is also mandatory for Health managers whose duties include direct responsibility for, or direct supervision of the delivery of health care wholly or partly to children, to report risk of harm to a child. Health staff who fail to comply with mandatory reporting requirements are guilty of an offence. The maximum penalty for a breach of Section 27 is a fine of 200 penalty units, currently \$22,000. *NSW Health Circular 2003/16*.

In addition to this legal requirement, under ministerial directive (NSW Health Circular 2003/16) all Health staff who have reasonable grounds to suspect that a child is at risk of harm from abuse or neglect, irrespective of whether the Health staff are delivering a service to the child, must make a report to DoCS. Health staff who fail to comply with a ministerial directive may be subject to disciplinary action (*NSW Health Frontline Procedures for the Protection of Children and Young People* (2000)).

5.3 Responsibility to report young persons

Under Section 24 of the *Children and Young Persons (Care and Protection) Act, 1998*, Health staff may report concerns about risk of harm relating to a young person aged 16 or 17 years.

Where Health staff are concerned that a young person is at risk of harm from abuse or neglect they should make a report. The young person should be involved in the decision to report and the process of reporting, unless there are exceptional reasons for excluding them. If the young person does not agree to the report being made, this information must be conveyed to DoCS when the report is made, as DoCS must consider the young person's wishes in any investigations and assessments.

5.4 Some specific situations

5.4.1 A child injecting drugs

A child who is injecting drugs is at risk within the current legal and policy framework and must be the subject of a report to the DoCS Helpline.

If the name of a client is not known, Health staff must meet their reporting obligations by providing DoCS with a description of the client and any other identifying information available.

Depending on the age of the child, a clinical decision may be required to determine that it is appropriate to provide injecting equipment. It is essential that advice is provided regarding drug and alcohol and other support services prior to provision of injecting equipment.

NSW Health Circular 2003/16 Protecting Children and Young People.

5.4.2 Class of Children

A 'class of children' refers to group of children or young people who may be at risk of harm from abuse because of a person or a situation. An

example could be the children in a school or recreational group where a person in charge is suspected of abuse or known to have abused a child.

Under Section 24 of the *Children and Young Persons (Care and Protection) Act, 1998* a person who has reasonable grounds to suspect that a child or young person is, or that a class of children or young persons are, at risk of harm may make a report to DoCS.

SWSAHS staff who have reasonable grounds to suspect that a class of children or young people is at risk of harm **must** make a report to DoCS in line with legal requirements under Section 27 of the *Children and Young Persons (Care and Protection) Act, 1998* and/or ministerial directive (Refer to Subsection 5.2 above).

5.4.3 Pre-natal Reporting

Under Section 25 of the *Children and Young Persons (Care and Protection) Act, 1998* a person who has reasonable grounds to suspect, before the birth of a child, that the child may be at risk of harm after his or her birth may make a report to DoCS.

The intention of pre-natal reporting is to provide assistance and support to the pregnant woman to reduce the likelihood that her child, when born, will need to be placed in out of home care. The principle is that of supportive intervention rather than interference with the rights of pregnant women. Pre-natal reporting should only be used where there are clear indications that the infant may be at risk of harm after he or she is born.

SWSAHS staff who have reasonable grounds to suspect, before the birth of a child, that the child may be at risk of harm after his or her birth, **must** make a report to DoCS in line with legal requirements under Section 27 of the *Children and Young Persons (Care and Protection) Act, 1998* and/or ministerial directive (Refer to Subsection 5.2 above).

5.4.4 Homelessness

Under Section 120 of the *Children and Young Persons (Care and Protection) Act, 1998*, any

person may report the homelessness of a child to DoCS. Any person may, with the consent of the young person, report the homelessness of a young person to DoCS.

SWSAHS staff who have reasonable grounds to suspect that a child is at risk of harm from being homeless **must** make a report to DoCS in line with legal requirements under section 27 of the *Children and Young Persons (Care and Protection) Act, 1998* and/or ministerial directive (Refer to Subsection 5.2 above).

In relation to a young person, Health staff must first obtain the consent of the young person.

5.4.5 Female genital mutilation (FGM)

According to the World Health Organisation, FGM comprises all procedures that involve partial or total removal of the female external genitalia, and/or injury to female genital organs for cultural or other non-therapeutic reasons.

In NSW female genital mutilation is a crime. *The Crimes (Female Genital Mutilation) Act 1995* states that anyone who is found guilty of practising female genital mutilation or who aids, abets, counsels or procures someone else to practise female genital mutilation on another person is liable to penal servitude of up to seven years. It is also illegal for FGM to be practised outside NSW, on anyone who is normally a resident of NSW. Health staff who suspect that a child has been subjected to or is at risk of female genital mutilation **must** make a report to DoCS.

5.5 Protection for Health staff

Reports to DoCS are confidential. Those who make a report in their capacity as an employee must make known their position and their agency.

Any person who makes a report is afforded the following protection by law if they make a report in good faith:

- the report shall not be held to be a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct

- no liability for defamation can be incurred because of the making of the report
- the report, or its contents, is not admissible in any proceedings as evidence against the person who made the report
- a person cannot be compelled by a court to provide the report or give any evidence as to its contents.

These protections may be overridden on rare occasions where information about the report is crucial to court proceedings.

If as result of making a report to DoCS, a person is threatened or fears personal violence, this should be reported to the police, who may apply for and pursue on their behalf, an apprehended violence order.

No agency may disclose to a parent, alleged perpetrator, employer or other person the identity of a person who makes a report to the agency or to DoCS (*NSW Interagency Guidelines for Child Protection Intervention (2000)*).

In SWSAHS, if a health record is requested under Freedom of Information legislation, copies of all reports to DoCS and references made to reports to DoCS, are removed from the file before access to the health record is provided. This is in line with the provisions under Section 29 of the *Children and Young Persons (Care and Protection) Act 1998*.

In addition, if a report of suspected risk of harm is made to the DoCS Helpline in good faith, grievance proceedings cannot be initiated or allowed to progress against the person making the report in relation to that person's report.

NSW Health Frontline Procedures for the Protection of Children & Young People (2000).

BLANK PAGE

6 Deciding to report

6.1 Current concerns

A child or young person is at risk of harm if current concerns exist for the safety, welfare and well-being of the child or young person. Health staff may also have current concerns about a class of children, that is other children or young people who have contact with an alleged abuser.

Current concerns may also exist for a child or young person where abuse has happened in the past and the child or young person may be at risk because of their current reaction to the abuse. For example, self-harm or suicidal behaviours. Another circumstance that may raise current concerns is when abuse has happened in the past and the alleged abuser poses a current risk to the safety of other children now, such as a person who works with children or young people.

6.2 A key decision

A key decision for health workers can be deciding whether or not a report is warranted to the Department of Community Services (DoCS) regarding risk of harm to a child or young person.

Health staff are not required to actually see a child or young person before making a report to DoCS. That is, you are required to report risk of harm to a child irrespective of whether the basis of the report is information obtained through contact with a child or adult client. This is particularly relevant to adult Health services such as Drug and Alcohol Services and Adult Mental Health Services.

You may have concerns about the welfare and/or well-being of a child or young person, but are not sure whether your concerns constitute sufficient grounds to suspect risk of harm.

The following process has been designed to assist SWSAHS staff in ascertaining whether they have reasonable grounds to suspect risk of harm – ie in deciding to report.

Note: If at the end of this process you decide that your concerns do not constitute reasonable grounds to suspect risk of harm to a child or young person, then you are still required to document this decision and how you reached it.

To make the decision to report you will need to use the right process and ask the right questions.

6.3 Asking yourself the right questions

The four **Key Questions** to ask yourself are:

Key Question 1: Do I have current concerns about the safety, welfare or well-being of an infant, child, or young person?

If your answer is 'no' you do not need to take any action.

If your answer is 'yes' you need to answer key question 2.

Key Question 2: Do I have reasonable grounds to suspect that the child or young person is at risk of harm?

Determining the existence and level of risk of harm to children and young people from abuse and neglect requires Health staff to consider a range of factors.

This will not always be straightforward and the following two questions have been designed to assist you to answer key question 2. To answer key question 2 you need to consider key questions 3 and 4.

Key Question 3: What is risk of harm?

"Risk of harm refers to the likelihood that a child or young person may suffer physical, psychological or emotional harm as a result of what is done (physical, sexual or psychological abuse) or not done (neglect) by another person, often an adult responsible for their care.

"Risk of harm can also refer to young people who may suffer physical, psychological, sexual or emotional

harm as a result of environmental factors (eg homelessness) or self-harming behaviours."

NSW Interagency Guidelines for Child Protection Intervention (p76).

Key Question 4: What are the specific circumstances that could provide reasonable grounds for suspecting there is a risk of harm?

Do you believe the child or young person is at risk of harm because of the presence of any one or more of the following circumstances:

- a) *The child's or young person's basic physical or psychological needs are not being met or are at risk of not being met*
- b) *The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care*
- c) *The child or young person has been, or is at risk of being, physically or sexually abused or ill-treated*
- d) *The child or young person is living in a household where there have been incidents of domestic violence and as a consequence, the child or young person is at risk of serious physical or psychological harm*
- e) *A parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of serious psychological harm.*

Children and Young Persons (Care and Protection) Act, 1998, Section 23.

For more information about the circumstances and indicators relating to these grounds for risk of harm refer to Section 3 *Child abuse – what is it?* and Appendix 2 *Indicators of abuse and neglect.*

If your answer to key question 4 is 'yes' then you have established that you have reasonable grounds to suspect that the child or young person is at risk of harm (key question 2). In this case you should:

- consider the question of whether or not to inform the child, young person and/or family members of your decision to report (Refer to Subsection 6.4 below), and **must**
- make a report to DoCS (Refer to Section 8 – *How to make a report to DoCS*).

If your answer to key question 4 is 'no' then you do not need to make a report to DoCS. However, you must consider providing additional supports for the family and **must still document your decision** in the client Health record (See Subsection 6.5 below).

6.4 Deciding whether to inform the child, young person and/or family of your decision to make a report to DoCS

If there are reasonable grounds to suspect that a child or young person is at risk of harm then you should consider the question of whether or not to inform the child, young person and/or family members that you will be making a report to DoCS.

It is good practice to highlight the constraints to confidentiality at the first contact with all children, young people and their families, as part of any explanation of the services that are to be provided by the Health service.

If you identify the limits to confidentiality when you first provide a service to the child, young person or family, and an issue subsequently arises where you need to make a report to DoCS, you can refer back to your earlier explanation regarding the limits to confidentiality. This may assist you to maintain your working relationship with the client/s following a report being made by you to DoCS.

In some cases, particularly where you have an ongoing worker-client relationship in which the client/s participates in decision-making processes, for example, when providing counselling services, it can be good practice for you to involve the family in the process of making a report. You should not do this unless you feel confident that doing so will not place the child/young person, or yourself or others at risk, and if you feel competent to do so.

You should not usually approach other family members who are not present when the concerns arise, about the need to make a report, particularly in the case of suspected domestic violence or child sexual assault.

Informing the child or young person – risk and prejudice to the investigation: If you assess that informing the child, young person or their family may potentially place them, or yourself at risk or could prejudice the DoCS investigation, do not inform them that you are making a report to DoCS.

You are not required to inform the parent, caregiver or other interested person that you are making a report and your identity as the person who notified is protected under legislation.

Sexual assault and domestic violence

In situations involving risk of harm from sexual assault or domestic violence you must not inform the alleged offender that a report is being made as the alleged offender may pressure the child or young person to retract their disclosure, and this may place the child or young person at further risk by prejudicing the DoCS investigation.

In these situations, the non-offending caregiver should also not be informed about your intention to make a report, except where they have provided the information and you assess it to be safe.

Getting advice

If you are unsure whether or not to inform a child, young person, or their caregiver, you should consult your supervisor/manager or a specialist child protection worker before informing a child, young person or caregiver of the decision to make a report to DoCS.

6.5 If you decide that a report to DoCS is not warranted

If you have considered the key questions regarding risk of harm, but have assessed (in consultation with your supervisor/service manager, other Health worker and/or the DoCS Helpline) that a report is not required at this time because there are not sufficient grounds to form a reasonable suspicion of risk of harm, you must:

- consider what additional support services may be required by the family,
- document in the client Health record the issues considered and your decisions, and
- be aware of the consequences if you don't report when you should report.

6.5.1 Additional support services

At this point you also need to consider what information or additional support services the child, young person and/or family may need in order to help them to address the concerns you, or they have identified. Even though you have decided that a report to DoCS is not warranted at this stage, you have identified problems within the family and may need to make a referral to a Youth Health Service, Family Support Service or Early Childhood Service or provide the family with information regarding how best to manage a problem, such as a medical issue, in the future.

6.5.2 Documenting the issues and your decision not to report

At this point you must also clearly document all of the issues you have considered and your decisions and the reasons for these. The documentation should include the identified concerns and the identified preventative factors that mitigate against risk of harm, including:

- any supports put in place for the child and family
- whether the DoCS Helpline was consulted, and if so the time and date and name of the Helpline officer spoken to and the advice provided
- the name of the supervisor or manager consulted, if appropriate, and
- the reason/s for your decision not to make a report to DoCS.

6.5.3 Consequences if you don't report when you should report (non-compliance)

If you fail to make a report when you should, you will be in breach of legislative and NSW Health policy requirements to report risk of harm to DoCS. This may result in disciplinary action being taken against you.

If you become aware that another SWSAHS employee has failed to comply with the requirements to report risk of harm to DoCS you must report this to one of the following people:

- Sector General Manager
- Sector Employee Services Manager
- Area Manager Human Resources
- Chief Executive Officer.

6.6 Obtaining support to assist you in deciding to report

6.6.1 Consulting with others

If you need to, you should consult with your supervisor/service manager, a colleague, the DoCS Helpline or other support person to:

- clarify issues if needed,
- ensure management accountability by the Health Service, and
- ensure you follow the correct protocols.

The SWSAHS Child Protection Family Service staff and the Area Coordinator of Child Protection Services are also available for staff to consult with. In addition, Health staff can consult the DoCS Helpline.

6.6.2 Getting support if necessary

Dealing with child abuse can be complex and stressful. While your supervisor/service manager should be your first point of contact for support, other SWSAHS staff are available. These include a hospital social worker or SWSAHS Child Protection Family Service staff. The Area Coordinator of Child Protection Services is also available to support staff where this is needed.

6.6.3 Dealing with barriers and concerns about reporting

You may feel reluctant to report child abuse for one of a number of reasons, such as:

- previous negative contact with DoCS
- fear of losing contact with families after reporting
- fear of violence from the alleged perpetrator
- your supervisor not agreeing with you regarding the need to report
- fear of being wrong
- fear of breaching confidentiality, or
- not having previous experience in making a report.

If you suspect that a child or young person is at risk of harm from abuse or neglect but you are reluctant to report this to DoCS, you must discuss your concerns with a manager or a colleague in order that you can be supported in making the report.

If you suspect that a child or young person is at risk of harm from abuse or neglect, but there is no one available to discuss the case with, you are still required to report your concerns to DoCS. You should discuss it with your supervisor/service manager as soon as possible after making the report.

Note:

- If a child or young person is at risk of harm and you do not report your concerns to DoCS, the families will not get the help they need and the child may be seriously or permanently injured or die
- You must report even if this requires breaking the conventional understanding of client confidentiality. You are legally protected in this situation (See Subsection 5.5).

Refer to *Deciding to Make a Report to DoCS* wall chart for a summary of the key steps in deciding to report.

7 Additional procedures for Health staff where parental substance use is identified by maternity care providers in SWSAHS

7

Where substance use by a parent is identified by maternity care providers, SWSAHS staff must consult with a SWSAHS staff member with expertise in child protection. This will often be a hospital social worker. This person must conduct a preliminary assessment of risk to the infant.

7.1 Child protection concerns identified

Where child protection concerns are identified in the preliminary assessment of risk, a report to the Department of Community Services (DoCS) must be made. Where risk of harm is identified in relation to an unborn child, a pre-natal report should be made to DoCS.

Where a risk of harm report has been made to DoCS, a documented multidisciplinary protection meeting must be conducted prior to the baby's discharge, in line with the *NSW Interagency Guidelines for Child Protection Intervention (2000)* and the *NSW Health Neonatal Abstinence Syndrome Guidelines (2002) – Circular 2002/101*. This planning meeting will also plan the baby's discharge and ongoing care requirements. Health representation at this meeting should include staff with expertise in child protection and representatives from services such as Early Childhood, Drug Health, Community Health and Family Support, as appropriate.

7.2 Child protection concerns not identified

Where substance use by a parent is identified, a preliminary assessment of risk to the infant has been conducted by a staff member with expertise in child protection, and it is assessed that a report to DoCS is not required at that time, a multidisciplinary case conference should be convened in accordance with

the *NSW Health Neonatal Abstinence Syndrome Guidelines (2002)* to formulate a discharge plan for both the mother and the baby's needs. This plan must be documented and have clear responsibilities and timeframes.

Representation at this meeting should include the parents, staff with expertise in child protection, and representatives from appropriate services such as Early Childhood, Drug Health, Community Health and Family Support.

NSW Health Circular 2003/16 Protecting Children and Young People: Recognising and Reporting Suspected Risk of Harm and Responding to Requests from the Department of Community Services.

BLANK PAGE

8 How to make a report to DoCS

Key steps in reporting risk of harm to DoCS

Once the decision to make a report to the Department of Community Services (DoCS) has been made the key steps in reporting risk of harm are:

- Gather relevant information
- Contact DoCS
 - by phone to the Helpline on 13 36 27
 - by Fax to the Helpline on 02 9633 7666
 - by Pager in urgent situations
- Document relevant Health records
- Debrief if necessary

8.1 Gather relevant information

When Health staff contact the DoCS Helpline to make a report, the DoCS Helpline officer will ask a range of questions to help DoCS to decide on the level of risk of harm to the child or young person.

The following information should be gathered prior to contacting the Helpline, to assist the Helpline to determine the level of risk:

- name or description of the child
- current whereabouts of the child
- whether risk of harm is related to a staff member of an organisation
- when the child was last seen
- name and address, if known, of the person suspected of abusing the child and, if possible, their occupation
- whether a language or sign interpreter may be needed, or support required for a person with a disability, or an Aboriginal agency should be involved
- all available information relating to the safety, welfare and well-being of the child, including any record of events, conversations and observations etc.
- your concerns regarding risk of harm
- the child's or young persons views about the report, if known

- information about the child or young person's history, and current circumstances
- information about the parent, family or caregivers
- information about relationships between family members
- information about the Health service's role and relationship with the child or young person and their family.

8.2 Contacting DoCS

SWSAHS staff must use one of three methods for contacting the DoCS Helpline to report risk of harm, depending on the circumstances:

- reporting to the DoCS Helpline by telephone
- faxing the report to the DoCS Helpline
- using the Emergency Paging System to contact the DoCS Helpline.

Note: The most current version of the reporting form (*Recording Form for the Report of Suspected Risk of Harm Related to the Abuse or Neglect of a Child or Young Person*) can be found on the SWSAHS Child Protection Intranet site. It can be useful to complete this form prior to making contact with the DoCS Helpline.

8.2.1 Reporting to the DoCS Helpline by telephone

The DoCS Helpline operates 24 hours a day and has an automated phone system that will prompt reporters through the initial process. In the first instance SWSAHS staff should always attempt to make a report of risk of harm by telephone, **directly to a caseworker at the DoCS Helpline** on 13 36 27 – the number for mandatory reporters:

- Where you have concerns for the immediate safety of a child or young person and you are unable to get through to the DoCS Helpline **immediately**, staff should access the emergency paging system for contacting the DoCS Helpline (See 8.2.3 below). In this case, staff may also need to contact the Police

- If no concerns exist for the immediate safety of the child or young person, and after 10 minutes you have been unable to speak directly to a DoCS Helpline **caseworker**, the report is to be faxed to the DoCS Helpline (see 8.2.2 below)
- **Do not under any circumstances leave a message** outlining your risk of harm concerns on the DoCS Helpline answering system or provide this information to Helpline administrative staff (triage).

If the report is made by telephone directly to a DoCS Helpline caseworker, a copy of the report **must not be faxed** to the Helpline.

The DoCS Helpline telephone number for reports made by clients and the general public is 13 2111.

8.2.2 Faxing the report to the DoCS Helpline

Where SWSAHS staff have been successful in speaking with a caseworker at the DoCS Helpline, a copy of the report **does not need to be faxed** to the DoCS Helpline.

A report should only be faxed to the DoCS Helpline where you have attempted to contact the DoCS Helpline and you have been unable to speak directly to a DoCS Helpline caseworker.

A faxed report is made using the *Recording Form for the Report of Suspected Risk of Harm Related to the Abuse or Neglect of a Child or Young Person*. All SWSAHS staff must:

- ensure that the concerns regarding risk of harm are clearly outlined on the form
- when using medical terminology, explain what is meant in plain language as this will assist DoCS Helpline staff to understand the issues
- ensure your name and contact phone number are clearly printed on the form in case the Helpline needs to contact you to clarify any information
- indicate the urgency of the matter on the faxed report, and
- sign the report form.

The reporting form and any relevant additional pages of information should be faxed to the DoCS Helpline on 02 9633 7666. The number of attached pages should also be documented on the form, as indicated.

Use a secure fax that is not accessible to the public: Health staff making a risk of harm report to the DoCS Helpline must use a fax that is not accessible to the public and must provide a secure fax number to the Helpline for any DoCS feedback.

8.2.3 Using the Emergency DoCS Paging System to contact the DoCS Helpline

The emergency DoCS paging system is only to be used when there are concerns for the immediate safety of a child or young person. Only designated senior SWSAHS staff (identified below) may access DoCS via the pager.

Emergency Situation

An emergency situation is defined as one in which the child or young person is at risk of serious harm if there is no protective intervention in the immediate future, or where a child or young person is critically injured as a result of a non-accidental injury.

An emergency situation may include situations in which:

- there are immediate concerns that a child or young person presenting with an apparent non-accidental injury will be removed from the Health service by their parent/carer/other person
- appropriate medical treatment is refused by a parent/carer/other person for a child or young person with a serious medical condition
- other urgent situations where the immediate safety of a child or young person is compromised, for example, where a young child is left alone in the home and a parent has been admitted to a Health service
- a child or young person is critically injured as a result of a non-accidental injury.

Senior Health Staff

For the purpose of this policy senior SWSAHS staff includes:

- Sector General Managers
- Directors of Community Health
- Directors of Nursing
- Senior Nurse Managers
- Directors of Emergency Departments
- Medical Directors
- Staff Specialist Paediatricians
- Senior Social Workers.

Steps for using the emergency DoCS paging system

The situation is assessed by a Health staff member as requiring emergency action.

Where there are concerns about the immediate safety of the child or young person, the Police (000) and hospital security staff (if the emergency situation is in the Health facility) may need to be contacted, depending on the circumstances.

SWSAHS staff must initially attempt to make the report by contacting the DoCS Helpline on the mandatory reporter's line (13 36 27). If the telephone call to the DoCS Helpline is not responded to immediately, then the relevant 'Senior Health Staff' member is to be contacted and a request made that the emergency paging procedure be implemented.

The SWSAHS staff member making the report must provide to the 'Senior Health Staff' member information concerning the identified issues and circumstances of the emergency situation.

The 'Senior Health Staff' member should assess the information provided regarding the urgency of the case and, if the situation is deemed to be urgent, should contact the DoCS pager service.

The 'Senior Health Staff' member should provide the following information to the pager service:

- urgent response required
- the name and direct contact number for the Health worker who requested the emergency access to the DoCS pager system, and
- the location of the Health service concerned (eg Emergency Department, Liverpool Hospital).

Under no circumstances is the name, or other identifying information concerning the child or young person to be given to the paging service.

What happens once the emergency pager service has been contacted?

After the emergency paging system has been accessed by a 'Senior Health Staff' member, the Health worker who requested the emergency access to the DoCS paging system will be contacted by the Helpline. Normal procedures will then apply.

Dealing with communication difficulties:

SWSAHS staff who experience difficulties in their communication with DoCS should discuss the issues with their service manager regarding any action or follow up that needs to be taken. Health staff and/or their managers may wish to consult with one of the SWSAHS Child Protection Family Service staff or the Area Coordinator of Child Protection Services.

8.3 Documenting the report in the client Health record

Health staff must ensure the report is documented in the client Health record as follows:

- The completed *Recording Form for the Report of Suspected Risk of Harm Related to the Abuse or Neglect of a Child or Young Person* must be filed in the client Health record as documentation of the content of the report.

Current copy of the reporting form: A current copy of the reporting form can be found on the SWSAHS Child Protection Intranet site. Staff who are unsure about how to fill out the form should consult with their manager or a child protection specialist.

- In addition to the report form, a notation must be made on a new page in the client Health record. This notation should cover the following information:
 - that a child at risk issue has been identified and a report made to DoCS
 - whether this report was made by phone (directly to a Helpline caseworker), via the emergency paging system, or by fax to the Helpline.
- If the report has been faxed the confirmation sheet must also be placed on the client Health record.
- Written feedback from DoCS about the report should also be attached to the client Health record.
- If the report has been made via the emergency DoCS paging system, the DoCS reference number must also be noted in the client Health record.

Record information concerning risk of harm report on a separate page in the client Health record: When making notations about a risk of harm report on a client Health record staff must draw a line through the remaining lines on the page where the previous notation was made and start a new page for the notations concerning the risk of harm report. After the final entry has been made in relation to the risk of harm report staff must draw a line through the remainder of the page to prevent other Health staff from making additional entries on this page. In the event that access to the client Health record is requested through FOI this will enable the page containing the identifying details about the reporter to be easily removed from the Health record by the Clinical Information Department prior to access to the Health record occurring.

Documenting a report on a child or young person in an adult's Health record: When the report is being made on the child of an adult client of the Health service, the report must be documented on the adult's Health record. Where a Health record exists for the child a copy of the report form is also to be placed in the child's Health record.

needs to be made. SWSAHS staff are still obliged to report suspected risk of harm to a child or young person, even where colleagues and/or managers disagree with them.

All SWSAHS managers need to reinforce with their staff that:

- where child protection is involved the adult is no longer their only client, the child becomes a client
- failing to report to DoCS where child abuse is suspected is against the law and can be grounds for disciplinary action.

Where there are difficulties in communication between DoCS and SWSAHS staff the manager of the unit may need to consult the Assistant Manager of the Community Service Centre to resolve the issue.

Refer to *Making a Report to DoCS* wall chart for a summary of the key steps in reporting.

8.4 Debriefing

Dealing with child abuse can be complex and stressful. It can be traumatic. It can bring up issues for workers' professional and personal development. Staff may need to talk over what has happened, how they are feeling and what can be learned from the process.

If necessary, debriefing should be sought from the supervisor/manager, a colleague, or other support person from the unit or the staff counsellor.

8.5 Managers' responsibilities

Like all Health staff managers are required to report suspected risk of harm to children under 16 years to DoCS.

All SWSAHS managers must support staff in making a risk of harm report to DoCS where staff consider there are grounds for making the report to DoCS, even if the manager does not agree that a report

9 What happens after a risk of harm report is made to DoCS?

9

9.1 DoCS response to a risk of harm report

When the Department of Community Services (DoCS) receives information about risk of harm to a child or young person, it makes a record of this information and then begins a process of assessment to determine the need for any action to provide for the care and protection of the child or young person. This includes a consideration of the supports the parent may require to assist them to provide for the care and protection of their children.

When a report is received by the DoCS Helpline, the Helpline staff undertake an initial assessment to determine whether the information in the report provides reasonable grounds to support a view that the child or young person may be at risk of harm. (Risk of harm is defined under section 23 of the *Children and Young Persons (Care and Protection) Act 1998*).

In this way, the initial assessment conducted by the Helpline determines whether there is need for any further assessment by DoCS. If further assessment is required, the case is then usually transferred to the local Community Services Centre for further action and follow-up. A Joint Investigation Response Team may be involved at this point if the information provided suggests that a crime has been committed.

The next stage in the assessment process, the secondary risk of harm assessment, is usually undertaken at the Community Service Centre and is aimed at determining the seriousness of the risk of harm and whether the child or young person is in need of care and protection. The actions taken by DoCS as a result of this assessment may range from providing advice and/or other forms of assistance to removing a child or young person and taking the matter before a Children's Court.

In all cases, any decision made by DoCS, regarding the action to be taken, must be supported by a clear

rationale and concrete evidence of risk of harm or of actual harm. Concrete evidence can include observed behaviour and/or actual injury. Forensic evidence provided by Health services can facilitate the identification of actual injury and harm.

It is important for Health staff to understand that the concept of 'good enough parenting' is an underlying principle that guides the decisions taken by DoCS. In line with this principle, DoCS will close a case on the basis that sufficient safety has been, or can be demonstrated within the family and/or the parents are considered to be providing adequate care and protection for their children.

9.2 After hours response

On receiving a report after hours, if the Helpline determines that a child or young person is at immediate risk of serious harm, the Helpline itself may initiate action to protect the child or young person. During business hours, this action will be initiated by the local Community Services Centre.

9.3 Secondary risk of harm assessment framework

The assessment initiated by the Community Service Centre (or by Joint Investigation Response Team) after a report is forwarded on by the DoCS Helpline, is based on the DoCS secondary risk of harm assessment framework. This framework provides guidance to child protection staff in gathering and analysing information relevant to the assessment of risk of harm. The secondary risk of harm assessment builds on the information gathered, and the analysis conducted by the Helpline during the initial assessment.

9.4 DoCS intervention

On the basis of the secondary risk of harm assessment DoCS will make a decision regarding what action it needs to take (if any) in order to

provide for the care and protection of the child or young person. In determining action required to protect a child or young person DoCS will identify the least intrusive option in terms of the life of the child or young person and their family. However this will always be consistent with the paramount concern of providing for the safety, welfare and wellbeing of the child or young person.

Some examples of the actions DoCS may take are:

- DoCS may provide or arrange for support services for the child or young person and their family
- DoCS may develop a care plan to meet the needs of a child or young person in consultation with the parent(s)
- DoCS may exercise emergency powers to protect a child or young person as provided by the *Children and Young Persons (Care and Protection) Act, 1998*
- DoCS may seek appropriate orders from the Children's Court to provide for the care and protection of the child or young person.

9.5 Reports regarding young people aged 16 to 18

In determining how to conduct the investigation and assessment in regard to a report concerning a young person aged from 16 years to under 18 years, DoCS must have regard to:

- any known wish expressed by the young person that he or she did not want a report to be made, and
- the extent to which the young person and other children and young persons appear to be at risk of harm.

9.6 Protection planning meetings

DoCS will engage a family in a protection planning meeting and may invite the participation of Health, and other agency staff, in developing a plan to provide for the care and protection of a child or young person. This plan might include a referral for Health services (such as counselling, Drug Health Services, and Mental Health Services) or the continuation of Health services already being provided to the family.

During the protection planning meeting, DoCS will make clear to the family what changes need to occur in their situation, and how these changes can be demonstrated to satisfy DoCS that sufficient safety is being provided for the child or young person.

Once sufficient safety has been demonstrated by the family, DoCS can cease direct involvement. DoCS may discontinue involvement when other support services (including Health services) are in place and working well.

9.7 Children's Court action

If DoCS takes action to remove a child or young person from the care of his or her family, then DoCS is required to take the matter before the Children's Court and provide evidence to support this action to the Court, on the next sitting day.

The Children's Court can order counselling and other types of support services including Health services but only with the knowledge and agreement of the service provider.

9.8 Records kept by DoCS

DoCS must keep a record of all reports of risk of harm and will limit access to all personal client records to authorised staff only. These records will be kept in permanent storage. DoCS must keep a record of all decisions it has made and the rationale that supports each decision.

10.1 Safety for the child

Once a disclosure of abuse has been made, the risk to a child (or other children in the same family) may increase. If the alleged perpetrator is still in contact with the child, then the Department of Community Services (DoCS) must be advised that this is the case.

If the alleged perpetrator is in the Health facility or due to pick up the child, then DoCS must be informed and advice sought from them about how to handle the situation.

Health employees have no legal authority to detain a child. However, DoCS does have the statutory authority to assume care and protection of a child or young person in hospital or any other premises under an order issued pursuant to Section 44 of the *Children and Young Persons (Care and Protection) Act 1998*. This order (commonly called an 'assumption of care' order) is made in writing and is served on the person who appears to be in charge of the hospital premises or unit, such as the Nurse Unit Manager. (Refer to Section 14 for details of the procedures regarding assumption of care orders).

DoCS may issue other types of orders to ensure the safety and well-being of the child or young person, for example, an examination and assessment order or a care order. A copy of any orders issued by DoCS must be placed in the client Health record.

10.2 Safety for SWSAHS staff

Risks to the safety or security of Health staff can arise within the context of Health staff complying with child protection requirements.

The most common risk to Health staff relates to threats or intimidation of staff by an alleged perpetrator of child abuse and/or domestic violence, after the staff member has made a report of risk of harm to a child or young person to DoCS.

While DoCS is not allowed under law to disclose the identity of a reporter, the alleged perpetrator may be able to work out who made the report to DoCS, either from the content of the allegations that are put

to the family by DoCS, or because the family's only recent contact may have been with a particular Health service or Health staff.

10.3 What can Health staff do?

If, as a result of fulfilling child protection requirements, you are threatened with, or fear personal violence, you should inform your supervisor and follow your sector's safety and security policy and protocols. For this reason, it is important for all SWSAHS staff to be fully acquainted with their sector safety policies and procedures.

In addition, you should report any issue affecting your safety via the sector's accident/incident reporting system. This will ensure that sector safety policies and protocols can be amended, as needed, to effectively address safety issues that arise in the context of Health staff complying with child protection requirements.

If you are threatened with, or fear personal violence, you should also report the matter to the Police who may apply for and pursue an Apprehended Violence Order on your behalf.

10.4 Sector safety and security contacts

Sector contacts for safety and security issues are:

Bankstown Health Service

Designation: Fire Safety and Security Manager
Phone: (02) 9722 7692

Fairfield Health Service

Designation: Security Officer in Charge
Phone: (02) 9616 8149

Liverpool Health Service

Designation: Security Manager
Phone: (02) 9828 6688

Macarthur Health Service

Designation: Manager of Security & Patient Services
Phone: (02) 4634 3270

Wingecarribee Health Service

Designation: Hotel Services Manager
Phone: (02) 4861 0285

BLANK PAGE

11 Sharing information with DoCS and other agencies

11

The care and protection of a child or young person will only be successful if agencies share information relevant to the safety of the child or young person. The sharing of this information makes it possible for agencies to coordinate their services and work in the best interests of the child.

11.1 Conditions under which information may be exchanged

Information may be exchanged with the Department of Community Services (DoCS) and other agencies involved in the care of children and young people only where there are ongoing Health services being provided to a child, young person or family and where DoCS remains involved with the family.

In practice information is usually exchanged through:

- furnishing of medical reports and assessments, progress reports or other reports (including verbal reports) to DoCS
- participating in Protection Planning Meetings and other case conferences.

In exchanging information with other agencies you should ensure the information you provide is given in confidence and is limited to information relating to the safety, welfare and well-being of the child or young person.

11.2 Sharing information over the telephone

When you receive a request for information by telephone you must not provide any information until you have established the identity of the caller and their right to the information. You can do this, for example, by taking the caller's name, telephone number and the name of their employing organisation. You should then check the organisation's phone number with the Directory before phoning the caller back.

11.3 Receiving information from other agencies

When you receive information relating to the safety, welfare or well-being of a child from other agencies or Health services, you must treat it as having been given in confidence. Such information must not be disclosed for any purpose other than to ensure the safety, welfare and well-being of the child or young person.

See also section 12 regarding the provision of information to DoCS under Section 248 of the *Children and Young Persons (Care and Protection) Act 1998*.

BLANK PAGE

12 Section 248 requests for information from DoCS

12

The care and protection of children and young people is dependent upon shared information. Accurate and relevant information assists in the assessment of risk of harm and decision-making regarding the need for care and protection.

SWSAHS is required under Section 248 of the *Children and Young Persons (Care and Protection) Act, 1998* to provide information relating to the safety, welfare and well-being of a child or young person to the Department of Community Services (DoCS) upon request.

Maintaining the confidentiality of a client is not a sufficient reason for SWSAHS to fail to respond to a Section 248 request for information from DoCS.

12.1 What is a Section 248 request for information?

A Section 248 request for information is a request from DoCS made under Section 248 of the *Children and Young Persons (Care and Protection) Act, 1998* for information where concerns exist for the safety, welfare and well-being of a child or young person. The information requested will relate specifically to the risk of harm issues and may include information concerning the child or young person, or a parent or other family member.

Under Section 248 of the *Children and Young Persons (Care and Protection) Act, 1998*, SWSAHS is required to provide relevant information to assist DoCS with investigations, assessments and case management. Information may include details about a child or young person's history, current circumstances and views, information about a parent or family, information about relationships or information about a Health service's role and relationship with a child, young person or family member.

12.2 Clients consent is not required in child protection matters

Normally before exchanging information concerning a client with a third party Health staff would seek the consent of the client. The obligations of Health staff are outlined in *NSW Health Circular 2000/62: Privacy Management Plan* and in the *Information Privacy Code of Practice (1998)*.

However, where the safety or welfare of a child is in question, relevant information **must** be exchanged and may be exchanged without consent. In this case Health staff are protected by relevant legislation (See pp 22-23 of the *Information Privacy Code of Practice (1998)*). For example, you do not need the consent of the parent or caregiver to report risk of harm to DoCS.

12.3 The SWSAHS system for providing information to DoCS in response to a Section 248 request

DoCS will forward a *Request for Information* form to the Medicolegal Manager in the Clinical Information Department in your Sector.

If DoCS sends the Section 248 *Request for Information* form directly to a Health Service Manager or to any Health staff other than the Sector Medicolegal Manager, it is the responsibility of the Health employee to immediately forward the request form to their Sector Medicolegal Manager for processing. The Medicolegal Manager will enter the request information on the SWSAHS CP-e Data system (a SWSAHS child protection data system).

Under no circumstances are Health staff, other than the Sector Medicolegal Manager or After Hours Social Worker on call, to provide information directly to DoCS in response to a Section 248 request for information. If the Medicolegal Manager is absent or not available you can contact the Sector Clinical Information Manager.

In the preparation of a response to DoCS the Medicolegal Manager will consult as necessary with the manager of the service, department or unit holding the file containing the relevant information.

The Medicolegal Manager may need to delegate the preparation of response information to a Health service manager or other to Health staff. But it is always the Medicolegal Manager who processes and forwards the response to DoCS.

If your Sector Medicolegal Manager delegates the preparation of response information to you, you must ensure that you forward it to the Medicolegal Manager within the time frame stipulated by the Medicolegal Manager.

The Medicolegal Manager will enter the response information onto the SWSAHS CP-eData System and will forward the response to the relevant DoCS Caseworker.

In all cases, you can consult your Sector Medicolegal Manager and/or the Area Child Protection Coordinator if you have any questions or issues regarding the preparation of response information in relation to a Section 248 request from DoCS.

After hours/weekend requests

The After Hours Social Worker on call at Liverpool Health Service (telephone 9828 3000) is responsible for responding to all after hours DoCS contact. This includes providing information to DoCS after hours, in response to urgent Section 248 requests for information concerning clients across all Sectors of SWSAHS.

There is a detailed SWSAHS policy and procedure that must be followed by Sector Medicolegal Managers and the After Hours Social Work Service in regard to the processing of Section 248 requests for information from DoCS. (*SWSAHS Child Protection Policy and Procedure: Provision of Information to the Department of Community Services under Section 248 of the Children and Young Persons (Care and Protection) Act 1998*, October 2002).

12.4 Provision of Information by DoCS under Section 248

Under Section 248 of the *Children and Young Persons (Care and Protection) Act, 1998*, DoCS may also provide information it holds, including that obtained under this clause, to other agencies including Health services.

DoCS is not obliged to respond to requests and will provide information only when it has assessed that it is in the best interests of the child or young person, or class of children or young persons.

Health services can request information from DoCS using the form entitled *Information Request Form*.

12.5 Protection for Health staff

Health staff either reporting or furnishing information provided in good faith and with reasonable care will:

- not be held to constitute a breach of professional etiquette or ethics or a departure from acceptable standards of professional conduct
- not be liable for defamation
- not constitute a ground for civil proceedings for malicious prosecution.

By law DoCS must protect the identity of those who report. SWSAHS takes extensive measures to protect the identity of Health staff before files are passed on for use in legal processes (eg blacking out names in files).

Refer to *Request for Information Issued to SWSAHS by DoCS* wall chart for a summary of the process for responding to Section 248 requests for information in SWSAHS.

13 'Best endeavours' requests for service from DoCS

13

13.1 Child protection: the responsibility of the whole community

The *Children and Young Persons (Care and Protection) Act, 1998* is based on the philosophy that child protection is a responsibility of the whole community and one shared by government and non-government agencies. SWSAHS services may be required to have ongoing involvement with families following a risk of harm report to the Department of Community Services (DoCS).

13.2 'Best endeavours' requests

Under Sections 17 and 85 of the *Children and Young Persons (Care and Protection) Act, 1998* DoCS may 'request service' from a Health service in SWSAHS.

Any health service in SWSAHS may be requested to provide a service under Section 17 or 85 of the Act. The health service receiving the request for service under Section 17 or 85 of the Act is obliged to use its 'best endeavours' to meet the request (For further details see pp 32 - 35 of the *NSW Health Frontline Procedures for the Protection of Children and Young People, 2000*).

13.3 About 'best endeavours' requests made by DoCS

Written requests

A request for service under Sections 17 & 85 of the Act (called 'best endeavours' requests) will be made in writing by the DoCS Community Services Centre, and relate to cases in regard to which DoCS has:

- established risk of harm
- undertaken or is in the process of undertaking a risk assessment
- has provided a case plan, and
- is involved in follow-up and monitoring.

DoCS Helpline requests

Requests for service may also be made by the DoCS Helpline in urgent situations where one of the

following is required:

- urgent mental health assessment/intervention
- forensic medical examination
- emergency medical treatment
- other crisis/ trauma intervention.

For these purposes, a 'crisis or trauma intervention' is a situation where there has been a critical incident such as a major accident and a crisis mental health response is needed.

Requests from the DoCS Helpline may not require ongoing follow-up by DoCS. DoCS Helpline requests will:

- be limited to cases where a child or young person is assessed to be at risk of harm, and
- be made in writing and accompanied by a case plan.

13.4 Obligation of Health services to cooperate

Under Section 18 of the *Children and Young Persons (Care and Protection) Act, 1998* Health services must use their 'best endeavours' in responding to a request for service under Sections 17 and 85 of the *Children and Young Persons (Care and Protection) Act, 1998*.

In this context 'best endeavours' means to exercise a genuine and considered effort to respond to a request for service in order to promote and safeguard the safety, welfare and well-being of a child or young person.

Health services are not expected to provide a service that is not within their responsibility or expertise, or if in doing so would place an undue burden on a service's ability to carry out its core functions. DoCS will make a 'best endeavours' request for service only if it thinks a child or young person needs the service, and that the health service being approached is best placed to provide it.

Any request for service made under Section 17 to a health service in SWSAHS is considered to be a request to the South Western Sydney Area Health Service. Therefore, if the particular health service to whom the request is directed cannot provide the service, then the service manager of this service is expected to consider whether other health services within SWSAHS may be able to meet this request. The health service manager then forwards the Section 17 ('best endeavours') request from DoCS to the service manager of the second health service.

13.5 SWSAHS system for responding to 'best endeavours' requests

DoCS will make a request for service on a *Request for Service* form. The 'best endeavours' request will go directly to the service manager of the health service from which the service is sought.

The service manager must send a copy of this form to the Clinical Information Department in their Sector and must also determine whether a service can be provided.

In some instances, the manager may decide the service would be better provided by an alternative health service. It is the responsibility of the health service manager who receives the original 'best endeavours' request to negotiate this and to forward the request form to the manager of the other health service.

The first service manager (or delegate) must then complete a *Response Form for Best Endeavours Requests for Service from the Department of Community Services* and return this form to DoCS within 2 days. A copy of this form must also be forwarded to the Clinical Information Department in your Sector for collation of data.

If a service is provided, then an *Update to Best Endeavours Request for Service* form must also be completed 6 weeks later. This form is sent to the Clinical Information Department for data collation but is not given to DoCS.

13.6 Not all requests for service from DoCS are 'best endeavours' requests

Not all requests for a Health service from DoCS will be formally submitted to SWSAHS under Sections 17 and 85 of the *Children and Young Persons (Care and Protection) Act 1998*. DoCS will continue to refer clients for health services such as family assessment, counselling, medical assessment, and drug health services in the same way it has to date.

It is likely that requests for service will come through the 'best endeavours' system where the service sought is more difficult for DoCS to access.

Health service managers can consult with the Area Child Protection Coordinator in relation to 'best endeavours' requests for service they receive.

For further information see the *NSW Interagency Guidelines for Child Protection Intervention 2000 Edition*, Section 2.4 pp 46 - 50. For SWSAHS protocols see the *SWSAHS Implementation Plan for Responding to Section 17 'Best Endeavours' Requests for Services from the Department of Community Services* (December 2000).

Refer to *Best Endeavours Requests Issued By DoCS* wall chart for a summary of the process for responding to best endeavours requests for service in SWSAHS.

This section will be included following negotiations with the DoCS Helpline to develop an interagency service agreement.

14.1 What is an Assumption of Care Order?

BLANK PAGE

15 Convictions and allegations of child abuse against a health service employee

15

15.1 Convictions

It is the responsibility of any Health employee who is charged with or convicted of a serious sex or violence offence to inform the Chief Executive Officer.

15.2 Reporting to DoCS

Health staff who become aware of convictions or allegations of child abuse against a Health service employee must make a report to the Department of Community Services (DoCS) outlining their concerns regarding risk of harm to the child or young person.

As with reports to DoCS generally, if the young person is 16 or 17 years of age, Health staff **may** report their concerns to DoCS.

15.3 Report to senior management

All Health staff who become aware of convictions and/or allegations of abuse against a Health service employee are also required to report the matter to one of the following personnel:

- Sector General Manager
- Sector Employee Services Manager
- Area Manager Human Resources
- Chief Executive Officer.

These personnel will ensure that you are aware of any additional procedures you will need to follow.

Note: As the person primarily responsible for the handling of these matters, the Chief Executive Officer is available for staff to report their concerns directly to him.

15.4 SWSAHS assessment and investigation

The Chief Executive Officer will initiate an investigation, and will ensure that all policy and statutory requirements are met. This will include the

provision of appropriate advice to DoCS and the Ombudsman.

SWSAHS will conduct an assessment of the employee's fitness to remain in employment and may also need to conduct an investigation into the incident where the allegations relate to the workplace.

SWSAHS will ensure all relevant agencies are appropriately advised (see *SWSAHS Child Protection Policy and Procedure: Allegations of Child Abuse Against a Health Service Employee*, July 2002).

15.5 Responsibilities of supervisors and managers

Supervisors and managers are required to familiarise themselves with the *SWSAHS Child Protection Policy and Procedure: Allegations of Abuse Against a Health Service Employee* (July 2002).

In addition to following the policy as it applies to all Health staff, managers and supervisors should also:

- encourage staff to report any suspicion they hold concerning the abuse of a child or young person by another Health service employee
- ensure staff are aware of the appropriate reporting procedures
- never discourage Health staff from reporting their suspicions.

15.6 Role of the Ombudsman

The Ombudsman is responsible for overseeing and monitoring the handling of child abuse allegations and convictions against employees of government departments and non-government agencies.

SWSAHS is required by the *Ombudsman Amendment (Child Protection and Community Services) Act, 1998* to ensure a system is in place

for the prompt report, to the Ombudsman, of an allegation of abuse by a SWSAHS employee.

Note: The requirements for Area Health Services when dealing with child abuse allegations and/or convictions against a Health service employee (including reporting to the Ombudsman) are outlined in *NSW Health Circulars 97/80 and 99/65*.

16.1 Summary of requirements

Responsibility of SWSAHS

SWSAHS is required to:

- provide an ongoing training strategy to ensure that all Health staff in SWSAHS have access to information about child protection that is relevant to their position and will enable them to meet the child protection requirements of their roles
- identify Area based training needs and develop a child protection training plan
- ensure the child protection training program is provided by qualified and accredited training providers
- maintain records of attendance by staff at child protection training
- report to NSW Health annually on attendance at child protection training by Health staff in SWSAHS

Responsibilities of all Health staff in SWSAHS

All Health staff are required to attend mandatory child protection training provided by the SWSAHS Child Protection Family Service.

Responsibilities of managers of Health services, units and departments

All supervisors and managers are required to ensure that all staff attend child protection training (and understand that this training is mandatory).

16.2 Child protection training provided by the SWSAHS Child Protection Family Service

The SWSAHS Child Protection Trainer was previously located at the Area Human Resource Development Service (AHRDS) and is now located at the SWSAHS Child Protection Family Service. Bookings for child protection training will continue to be managed by the AHRDS.

Information concerning child protection training workshops available to SWSAHS staff can be found on the SWSAHS Child Protection Intranet site ("Child Protection in SWSAHS").

For enquiries about child protection training provided in SWSAHS contact the SWSAHS Child Protection Family Service. Phone: 9828 6116.

Other training centres that provide child protection training for Health staff include:

- Education Centre Against Violence
Phone: 9840 3737
- Centre for Community Welfare Training
Phone: 9282 8822

BLANK PAGE

17 Who's who in child protection in SWSAHS

17

17.1 Area Coordinator of Child Protection Services

Responsible to: Director, Department of Community Paediatrics, Area Division of Population Health.

Responsible for: planning, development, coordination, monitoring and evaluation of child protection services across SWSAHS.

Location: Department of Community Paediatrics, Hugh Jardine Building, Eastern Campus, Liverpool Hospital.

Phone: 9828 5992.

17.2 Information Manager – Child Protection

Responsible to: Area Coordinator of Child Protection Services.

Responsible for: development and maintenance of information systems relating to child protection services across SWSAHS.

Location: Department of Community Paediatrics, Hugh Jardine Building, Eastern Campus, Liverpool Hospital.

Phone: 9828 5992.

17.3 SWSAHS Child Protection Family Service

This is an Area service and is managed on behalf of SWSAHS by Liverpool Health Service. The manager of this service is:

Responsible to: Director, Community and Allied Health, Liverpool Health Service (administrative & clinical accountability); Area Child Protection Coordinator (service delivery).

Responsible for: Provision of a tertiary level therapeutic counselling, casework and group work service to children, young people and their families, referred by the Department of Community Services

(DoCS), Joint Investigation Response Team or Children's Court and where physical abuse, emotional abuse and/or neglect has been substantiated.

Location: Central Unit located in B Wing, Liverpool Hospital.

Phone: 9828 6116.

17.4 SWSAHS Child Protection Training Program

The SWSAHS Child Protection trainer is:

Responsible to: Manager, Child Protection Family Service (administrative accountability); Area Coordinator of Child Protection Services (service delivery).

Responsible for: Providing access for all SWSAHS staff to child protection training in line with NSW Health requirements. Maintain records of attendance at training. Report quarterly to Area Child Protection Coordinator on training and attendance.

Location: SWSAHS CPFS, B Wing, Liverpool Hospital.

Phone: 9828 5920.

17.5 SWSAHS Child Protection Assessment Service

This is an Area medical and social work service administered on behalf of SWSAHS by Liverpool Health Service.

Medical service

The medical coordinator is:

Responsible to: Director Paediatrics, Division of Women and Child Health, LHS (clinical and administrative accountability) and Director, Department of Community Paediatrics (service delivery).

Responsible for:

(1) Ensuring the provision of a coordinated medical service across SWSAHS that addresses the

needs of children and young persons 24 hours a day, 7 days a week and provides:

- medical diagnosis, assessment and management of children and young people who present with clinical conditions that may have resulted from abuse or neglect
- consultation to medical staff regarding child protection

(2) Ensuring provision of appropriate training to medical staff regarding child protection.

Location: The service coordinator is located at B-Wing, Liverpool Hospital.

Phone: 9828 3000.

Social Work Service

The Chief Social Worker, Liverpool Hospital is responsible for this service and is:

Responsible to: Director, Community and Allied Health, LHS (administrative accountability) and Area Coordinator Child Protection Services (service delivery).

Responsible for: Ensuring the provision and coordination of an area wide social work service after hours that facilitates a prompt Health service response for children and young people who have experienced abuse and their families, and provides counselling and information as required. Ensuring follow up by the relevant Social Work Service on the next working day.

Location: B Wing, Liverpool Hospital.

Phone: 9828 6716.

17.6 Sexual Assault Services

• Liverpool Sexual Assault Coordinator

Responsible to: Director Community & Allied Health, Liverpool Health Service.

Responsible for: Provide 24 hours services to children who have been sexually assaulted and have been referred by the Joint Investigation Response Team.

Location: Health Services Building, Liverpool Hospital *Phone:* 9828 4844.

• Bankstown Sexual Assault Coordinator

Responsible to: Director, Community and Allied Health, Bankstown Health Service.

Responsible for: Provide services to children who have been sexually assaulted and have been referred by the Joint Investigation Response Team.

Location: Bankstown Community Health Centre
Phone: 9780 2777.

• Macarthur Sexual Assault Coordinator

Responsible to: Director Population Health, Macarthur Health Service.

Responsible for: Provide services to children who have been sexually assaulted and have been referred by the Joint Investigation Response Team.

Location: Campbelltown Community Health Centre
Phone: 4629 2111.

• Bowral Sexual Assault Coordinator

Responsible to: Director Community & Allied Health, Wingecarribee Health Service.

Responsible for: Provide services to children who have been sexually assaulted and have been referred by the Joint Investigation Response Team.

Location: Bowral Community Health Centre.

Phone: 4861 8000.

17.7 Sector child protection committees

• Bankstown Sector Women, Children and Family Clinical Services Management Committee

Responsible to: Bankstown Health Service Executive, via Director, Community and Allied Health, BHS.

Responsible for: To promote prevention, early identification, effective intervention and inform strategic direction in child protection matters across Bankstown Health Service.

Contact: Chairperson of Women, Children and Family Clinical Services Management Committee via

Director Community & Allied Health, Bankstown CHC.

Phone: 9780 2777.

- **Liverpool Sector Child Protection Committee**

This committee no longer exists.

- **Fairfield Sector Child Protection Committee**

Responsible to: Quality Improvement Committee, Fairfield Health Service.

Responsible for:

- to identify issues related to the management of Physical Abuse and Neglect of Children (PANOC) in the Fairfield Health Service
- to advise the Area Child Protection Coordinator on issues identified by this network that need to be addressed at an Area level
- to support Area Child Protection initiatives
- to forward issues related to Child Protection training to the SWSAHS Child Protection Trainer
- to support developments or changes in Child Protection and their implementation in Fairfield Health Service.

Contact: Director Community and Allied Health, Fairfield Health Service.

Phone: 9616 8125.

- **Macarthur Sector Child Protection Committee**

Responsible to: Director, Division of Maternal & Child Health, Macarthur Health Service.

Responsible for: The identification and response to child protection issues for the children and young people of Macarthur:

- to facilitate the implementation of SWSAHS Child Protection Strategic Plan
- to provide a forum for ongoing networking, dissemination, sharing and exchange of information and appropriate discussion on child protection matters
- to provide a forum for the Area Child Protection Coordinator to update staff and receive feedback on issues concerning SWSAHS and NSW Health.

Contact: Director, Division of Maternal & Child Health, MHS.

Phone: 4634 3000.

- **Wingecarribee Sector Child Protection Committee**

This committee no longer exists.

BLANK PAGE

Appendices

These appendices provide supporting information for SWSAHS employees. In addition there is more detailed information available on the SWSAHS Child Protection Intranet site.

Appendix 1 NSW Health Department's child protection responsibilities

Appendix 2 Indicators of abuse and neglect

Appendix 3 Child protection policy, circulars and legislation

Appendix 4 Terminology

BLANK PAGE

Appendix 1: NSW Health Department's child protection responsibilities

The role of NSW Health in child protection is to recognise and report children and young people who are at suspected risk of harm and to provide crisis counselling, ongoing counselling and medical examinations for children and young people who have experienced abuse or neglect. NSW Health offers preventative and educational programs for health workers and communities as well as special programs for children, young people and families who have experienced child abuse or neglect.

Responsibilities

As a service provider:

- providing medical examinations including a developmental assessment for children and young people where there is an allegation of physical or sexual abuse or neglect
- providing psycho-social/psychiatric and developmental assessment of children and young people suspected of psychological abuse or neglect
- providing medical treatment of children and young people where abuse or neglect has been identified
- providing crisis and ongoing counselling and advocacy services for children and young people who have been sexually abused and their non-offending caregivers and siblings at Sexual Assault Services
- providing counselling for eligible child sexual offenders through the Pre-Trial Diversion of Offenders Program
- providing counselling (through NSW Health Department prescribed programs) for young people who have committed sexual offences and who are not eligible for programs provided by the Department of Juvenile Justice
- providing counselling for children under the age of ten who are exhibiting sexualised or sexually offensive behaviour
- providing counselling for children and young people (who have been physically abused emotionally abused or neglected) and their families through Physical Abuse and Neglect of Children (PANOC) services

- providing court preparation and support to children and young people who have experienced abuse and also their non-offending caregivers
- maintaining a victims register with the Mental Health Review Tribunal
- providing a range of health responses to children and young people where these are indicated including medical treatment, mental health services, health screening and community health services
- providing preventative programs, including early intervention services, for the community that aim to protect children and young people.

As an employer:

- ensuring that all frontline health workers, their managers and other relevant staff are aware of their obligations to report suspected risk of harm and procedures for reporting and implementing agreed care and support action
- ensuring all frontline health workers, their managers and other relevant staff are aware of the indicators of child abuse and neglect
- providing training and supervision for staff in the recognition and reporting of suspected risk of harm and in the implementation of the Department's child protection policy and procedures
- conducting the Working with Children Check
- reporting to the Ombudsman any child abuse allegations/convictions made against an employee, and ensuring that the allegations/convictions made against the employee are investigated and appropriate action taken in relation to the finding.

As a funding and regulatory body:

- advising organisations funded by NSW Health of their responsibilities to protect children and young people
- informing non-government organisations funded by NSW Health about screening obligations and assisting them in carrying out these obligations.

As an interagency partner:

- exchanging relevant information to progress investigations, assessments and case management as permitted by law
- working with other government and non-government agencies within agreed coordinated procedures, to plan and provide services for the care and protection of children and young people, and to strengthen and support families.
- using best endeavours in responding to requests for services from the Department of Community Services provided the request is consistent with Departmental responsibilities and policies
- providing the Working with Children Check services to groups and agencies in the health sector.

NSW Interagency Guidelines for Child Protection Intervention (2000 Edition).

Appendix 2: Indicators of abuse and neglect

Setting the context

The following factors in the life circumstances of the child or young person are relevant when considering indicators of abuse and neglect:

- history of previous harm to the child or young person
- social or geographic isolation of the child, young person or family, including lack of access to extended family or supports
- abuse or neglect of a sibling
- family history of violence including injury to children and young people
- domestic or dating violence.

Physical or mental health issues for the parent or caregiver affecting their ability to care for the child or young person:

- the parent or caregiver's abuse of alcohol or other drugs affecting their ability to care for the child or young person
- a deficiency in functional parenting skills required to provide for the safety, welfare and well-being of children and young people
- the parent or caregiver is experiencing significant problems in managing the child's behaviour
- the parent or caregiver has unrealistic expectations of age appropriate behaviour in the child or young person
- the parent is experiencing significant problems relating to the young person.

General indicators of abuse or neglect:

- where the child or young person gives some indication that the injury or event did not occur as stated
- where the child or young person tells you she/he has been abused
- when the child or young person tells you she/he knows someone who has been abused, may be referring to herself/himself
- someone else tells you such as a relative, friend, acquaintance or sibling of the child or young person that the child or young person may have been abused
- poor concentration
- sleeping problems e.g. nightmares, bed wetting
- marked changes in behaviour or mood, an escalation in risk-taking behaviours, tantrums, aggressiveness, withdrawal
- child or young person complains of stomach aches and headaches with no physical findings
- unrealistic expectations of a young person including failure to allow the young person to participate in decisions that affect them or expecting adult behaviours.

Indicators of neglect

Indicators in children and young people:

- poor standards of hygiene leading to social isolation
- scavenging or stealing food
- extended stays at school, public places, others' homes
- being focussed on basic survival
- extreme longing for adult affection
- a flat and superficial way of relating, lacking of a sense of genuine interaction
- anxiety about being dropped or abandoned
- self comforting behaviour, e.g. rocking, sucking
- non-organic failure to thrive
- delay in developmental milestones
- loss of 'skin bloom'
- poor hair texture
- untreated physical problems.

Indicators in parents or caregivers:

- failure to provide adequate food, shelter, clothing, medical attention, hygienic home conditions or leaving the child or young person inappropriately without supervision
- inability to respond emotionally to a child or young person
- child or young person left alone for long periods
- depriving of or withholding physical contact or stimulation for prolonged periods
- failure to provide psychological nurturing
- one child or young person treated differently, for example scapegoated
- absence of social support from relatives, other adults or social networks.

Indicators of physical abuse

Indicators in children and young people:

- facial, head and neck bruising
- lacerations and welts from excessive discipline or physical restraint
- explanation offered by the child or young person is not consistent with the injury
- other bruising and marks which may show the shape of the object that caused it (e.g. a hand-print, buckle)
- bite marks and scratches where the bruise may show a print of teeth and experts can determine whether or not it is an adult bite
- multiple injuries or bruises
- ingestion of poisonous substances, alcohol, drugs or major trauma
- dislocations, sprains, twisting fractures of bones, especially in children under 3 years
- burns and scalds
- head injuries where the child or young person may have indicators of drowsiness, vomiting, fits or retinal haemorrhages suggesting the possibility of the child having been shaken.

General indicators of female genital mutilation which could include:

- having a special operation associated with celebrations
- reluctance to be involved in sport or other physical activities when previously interested
- difficulties with toileting or menstruation.

Indicators in parents or caregivers:

- direct admissions by parents or caregivers that they fear they may injure the child or young person
- family history of violence, including previous harm to children and young people
- history of their own maltreatment as a child or young person
- repeated presentations of the child or young person to health or other services with injuries, ingestions or with minor complaints
- marked delay between injury and presentation for medical assistance
- history of injury which is inconsistent with the physical findings
- history of injury which is vague, bizarre or variable.

Indicators of emotional abuse

Indicators in children and young people:

- feelings of worthlessness about life and themselves
- inability to value others
- lack of trust in people and expectations
- lack of interpersonal skills necessary for adequate functioning
- extreme attention seeking or risk taking behaviour
- other behavioural disorders (e.g. disruptiveness, aggressiveness, bullying).

Children and young people sustain emotional harm from all the types of abuse.

Indicators in parents or caregivers:

- constant criticism, belittling, teasing of a child or young person, or ignoring or withholding praise and affection
- excessive or unreasonable demands
- persistent hostility and severe verbal abuse, rejection and scapegoating
- belief that a particular child or young person is bad or 'evil'
- using inappropriate physical or social isolation as punishment
- situations where an adult's behaviour harms a child's or young person's safety, welfare and well-being
- exposure to domestic violence.

Indicators of sexual abuse

Indicators in children and young people:

- describe sexual acts (e.g. 'Daddy hurts my wee-wee')
- direct or indirect disclosures
- age inappropriate behaviour and/or persistent sexual behaviour
- self-destructive behaviour, drug dependence, suicide attempts, self-mutilation
- persistent running away from home
- eating disorders
- going to bed fully clothed
- regression in developmental achievements in younger children
- child or young person being in contact with a known or suspected perpetrator of sexual assault
- unexplained accumulation of money and gifts
- bleeding from the vagina or external genitalia or anus
- injuries such as tears or bruising to the genitalia, anus or perineal region
- sexually transmitted diseases
- adolescent pregnancy
- trauma to the breasts, buttocks, lower abdomen or thighs.

General indicators of child or young person's stress should be considered such as:

- indicators in parents, caregivers, siblings, relatives, acquaintances or strangers
- exposing a child or young person to prostitution or child pornography or using a child or young person for pornographic purposes
- intentional exposure of child or young person to sexual behaviour in others
- ever committed/been suspected of child sexual abuse
- inappropriate curtailing or jealousy regarding age-appropriate development of independence from the family
- coercing child or young person to engage in sexual behaviour with other children and young people
- verbal threats of sexual abuse
- denial of adolescent's pregnancy by family
- perpetration of spouse abuse or physical child abuse.

Offenders use a range of tactics including force, threats, and tricks to engage children or young people in sexual contact and to try to silence the child or young person. They may also try to gain the trust and friendship of parents in order to obtain access to children and young people.

Source: *NSW Interagency Guidelines for Child Protection Intervention (2000)*.

Appendix 3: Child protection policy, circulars and legislation

Some of the relevant source documents for child protection policy are:

NSW Commission for Children and Young People

NSW Interagency Guidelines for Child Protection Intervention, 2000 Edition.

NSW Health Policy

Manuals and procedural documents

NSW Health Frontline Procedures for the Protection of Children and Young People, December 2000

NSW Health Child Protection Policy and Procedures Manual, 1997

Information Privacy Code of Practice, Second Edition, NSW Health, December 1998.

Circulars

2003/16 *Protecting children and young people: Recognising and reporting suspected risk of harm and responding to requests from the Department of Community Services*

2002/101 *Neonatal abstinence syndrome guidelines*

2000/76 *Policy and procedures for employment screening of staff and other persons in child related areas - amendment to attachments*

2000/69 *NSW Department of Health policy on employment screening using criminal record checks*

2000/62 *NSW Health Privacy Management Plan*

2000/55 *Policy and procedure for employment screening of staff and other persons in child related areas*

1999/65 *Ombudsman Amendment (Child Protection and Community Services) Act 1998 - allegations of child abuse*

1999/18 *NSW Health Privacy Code of Conduct*

1998/29 *Subpoenas*

1997/80 *Procedures for recruitment and employment of staff and other persons - vetting and management of allegations and improper conduct.*

NSW legislation

Children and Young Persons (Care and Protection) Act, 1998

Privacy and Personal Information Protection Act, 1998

Ombudsman Amendment (Child Protection and Community Services) Act, 1998

The Crimes (Female Genital Mutilation) Act, 1995
Crimes Act, 1900.

SWSAHS policies, procedures and plans

Strategic Directions in Child Protection 1998-2000: The SWSAHS Strategic Plan for the Protection of Children and Young people from Physical Abuse, Emotional Abuse and Neglect

SWSAHS Child Protection Policy and Procedure: Emergency Paging System for Contacting the Department of Community Services Helpline, June 2001

SWSAHS Child Protection Policy and Procedure: Allegations of Child Abuse Against a Health Service Employee, July 2002

SWSAHS Child Protection Policy and Procedure: Provision of Information to DoCS Under Section 248 of the Children and Young Persons (Care and Protection) Act 1998, October 2002

SWSAHS Implementation Plan for Responding to Section 17 'Best Endeavours' Requests for Services from the Department of Community Services (18th December 2000).

BLANK PAGE

Appendix 4: Terminology

Children and young people

Under the *Children and Young Persons (Care and Protection) Act, 1998* a child is a person who is under the age of 16 years and a young person is a person who is aged 16 years or above but who is under the age of 18 years.

Under the *Commission for Children and Young People Act*, the *Prohibited Employment Act* and the *Ombudsman Act* a child is a person under the age of 18 years.

In Health there are several different age category uses for the terms children and young people.

In this document all references to 'children' refer to both children and young people under the age of 16 years and references to 'young people' refer to young people aged 16 and 17 years of age.

Parent

A parent of a child or young person, according to the *Children and Young Persons (Care and Protection) Act, 1998*, means a person having parental responsibility for the child or young person.

Caregiver

A person who, while not a parent of the child, has actual custody of the child. A caregiver may provide the care with or without fee or reward and can include relatives, friends or acquaintances of a parent, residential care workers, child care workers, youth workers, nursing staff and foster parents.

Report

Information provided to the Department of Community Services by a person who forms the belief on reasonable grounds that there are current concerns for a child, young person or a class of children due to risk of harm from abuse or neglect.

The term 'Report' has replaced the term 'notify'.

Reporting

The act of making a report to the Department of Community Services.

The term 'reporting' has replaced the term 'notifying'.

Risk of harm

Risk of harm refers to the likelihood that a child or young person may suffer physical, psychological or emotional harm as a result of what is done (physical, sexual or psychological abuse) or not done (neglect) by another person, often an adult responsible for their care.

Risk of harm can also refer to young people who may suffer physical, psychological, sexual or emotional harm as a result of environmental factors (for example homelessness), or self-harming behaviours.

Agencies and practitioners are required to make judgements about risk of harm to a child or young person from child abuse or neglect. This requires a consideration of the likely degree of harm taking into account the age and vulnerability of the child or young person.

Reasonable grounds

Reasonable grounds are grounds which would cause a reasonable person to form a judgement of risk of harm, having regard to the circumstances of the individual case including the nature and seriousness of allegations made, the age and physical condition of the child, any corroborative evidence which exists, and other relevant information.

The definitions above are from the *NSW Interagency Guidelines for Child Protection Intervention (2000)*.

BLANK PAGES

A

additional support services

provided when not reporting · 6—3

allegations against a Health service employee

NSW Health Circular · A3—1

report to DoCS · 15—1

report to senior management · 15—1

responsibilities of NSW Health Department ·

A1—1

responsibilities of supervisors and managers ·

15—1

role of the Ombudsman · 15—2

SWSAHS assessment and investigation · 15—

1

SWSAHS Policy · 1—1, 15—1, A3—1

Area Coordinator of Child Protection Services

· 17—1

assumption of care order · 14—1

B

barriers to reporting

dealing with · 6—4

becoming aware of risk of harm · 4—1

best endeavours request for service

obligation to cooperate · 13—1

responding to · 13—2

responsibilities of health managers · 2—1

C

child abuse · See sexual abuse. See physical abuse. See neglect. See emotional abuse

allegations against staff · 15—1

what is it? · 3—1

child protection

legislation · 3—1

the responsibility of the whole community ·

13—1

training requirements · 16—1

whole of government approach · 1—2

Who's who in SWSAHS · 17—1

Child Protection Sector Committees · 17—3

child protection SWSAHS services

Child Protection Assessment Service · 17—1

Child Protection Family Service · 17—1

children and young people

definition · A4—1

Class of Children · 5—2

client consent

not required in child protection matters · 12—1

confidentiality

limits to in child protection matters · 2—1, 6—2, 6—4

consulting with others

assistance in deciding to report · 6—4

convictions of child abuse against a SWSAHS

employee · 15—1

D

deciding not to report

documenting decision and reason · 6—3

deciding to report · 6—1

asking the right questions · 6—1

dealing with barriers and concerns · 6—4

getting support if necessary · 6—4

informing the child, young person and/or family · 6—2

definitions · A4—1

disclosure

a child discloses sexual assault · 4—2

of child sexual assault · 4—2

responding to · 4—1

DoCS

after hours response to reports · 9—2

Children's Court action · 9—2

intervention · 9—1

records kept by DoCS · 9—2

requests for information under Section 248 · 12—1

response to a risk of harm report · 9—1

response to reports re young people aged 16 to 18 · 9—2

secondary risk of harm assessment · 9—1

sharing information with · 11—1, 12—1

documenting

- a report in an adult's Health record · 8—4
- on a separate page in the client Health record · 8—4
- the report in the client Health record · 8—3
- your decision not to report · 6—3

domestic violence · 3—2**drugs**

- a child injecting · 5—1

E**emotional abuse · See serious psychological harm**

- indicators · A2—2

evidence of first complaint · 4—1

F**female genital mutilation · 5—2****forms**

- current reporting form · 8—1, 8—3

G**grounds for suspecting risk of harm · See reasonable grounds**

H**Health, NSW**

- circulars · 1—1
- policy · A3—1
- responsibilities · A1—1

Helpline

- contacting by fax · 8—2
- contacting by phone · 8—1
- emergency paging system for contacting · 8—2

homelessness of children and young people · 5—2

- reporting · 5—2

I**indicators of abuse and neglect · A2—1**

L**legislation**

- child protection legislation in NSW · 3—1, A3—1
- related legislation · A3—1
- mandatory reporting requirements 5—1

M**making a report · 8—1**

N**neglect**

- definitions · 3—1
- indicators · A2—1

NSW Commission for Children and Young People · A3—1**NSW Health**

- circulars · 1—1, A3—1
- policies · 1—1, A3—1
- responsibilities · A1—1

O**Ombudsman**

- reporting to · 15—2, A1—1
- role of · 15—2

P**physical abuse**

- definitions · 3—2
- indicators · A2—1

policies

- child protection policies · 1—1, A3—1
- NSW Health · 1—1, A3—1
- other SWSAHS child protection policies · 1—1, A3—1
- purpose of this policy · 1—1
- updating of this policy · 1—1

pre-natal reporting · 5—2**privacy**

- clients consent not required in child protection matters · 12—1

protection for Health staff reporting or providing information · 5—2, 12—2
providing information to DoCS · 12—1
psychological harm · 3—2. *See serious psychological harm (emotional abuse)*

R

reasonable grounds

circumstances that provide · 6—2
 definition · A4—1
 to suspect risk of harm · 6—1, 6—2

recognising risk of harm · 4—1

reporting

consequences if you don't report when you should · 5—1, 6—3
 dealing with barriers · 6—4
 deciding to · 6—1
 documenting in the client health record · 8—3
 form · 8—3
 framework · 3—1
 getting support · 6—4, 8—4
 homelessness · 5—2
 making a report · 8—1
 pre-natal · 5—2
 protection for Health staff · 5—2
 responsibilities of Health staff · 5—1

request for information · *See Section 248*

request for information

responding

to a Section 248 request for information · 12—1
 to best endeavours request for service · 13—2
 when child tells you about abuse · 4—1

responsibilities

consequences if you don't report when you should · 5—1
 disciplinary action for failing to comply · 5—1, 6—3, 8—4
 Health managers · 2—1, 8—4, 15—1, 16—1
 Health staff · 2—1, 16—1

risk of harm

becoming aware of · 4—1
 definition · 6—1, A4—1
 grounds for suspecting · 6—1
 key question to ask in determining · 6—1
 reporting · 5—1, 8—1
 responsibilities to report · 5—1

S

safety

for SWSAHS staff · 10—1
 for the child · 10—1
 sector contacts · 10—1

screening of staff when recruiting · 2—2

policy, NSW Health · A3—1

secondary risk of harm assessment · 9—1

Section 17 requests · *See best endeavours request for service*

Section 248 request for information

Medicolegal Manager's role · 12—1
 SWSAHS system for providing information to DoCS · 12—1
 what is it? · 12—1

serious psychological harm (emotional abuse) · 3—2, 3—3

sexual abuse

definition · 3—2
 indicators · A2—2
 responding to · 4—1, 4—2

Sexual Assault Services · 17—2

sharing information

under Section 248 of the legislation · 12—1
 with DoCS and other agencies · 11—1

substance use (See drugs)

additional procedures where parental substance use is identified · 7—1
 child injecting · 5—1
 parental · 7—1

SWSAHS Child Protection Family Service · 17—1

SWSAHS Child Protection Policy

changes from interim SWSAHS Child Protection Policy (2001) · 1—1

SWSAHS Child Protection Assessment Service · 17—1

T

terminology

caregiver · A4—1
 children and young people · A4—1
 parent · A4—1
 reasonable grounds · A4—1
 report · A4—1
 reporting · A4—1
 risk of harm · A4—1

training, child protection

Health staff responsibilities · 2—1, 16—1

Managers responsibilities · 2—1, 16—1

SWSAHS responsibilities · 16—1

How to provide comment on this Policy

Suggestions for improving the Policy are most welcome.

Please forward your comments and suggestions to

Deborah Marks, Area Coordinator of Child Protection Services

Phone: (02) 9828 5992

Fax: (02) 9828 5744

Email: Deborah.Marks@swsahs.nsw.gov.au

Specific suggestions for changes would be most helpful

- If there are policy issues you think are not adequately dealt with – what are they?
- If you can improve on the wording of sentences or paragraphs could you suggest a specific replacement?
- If you want more detail on a particular topic – what detail do you want?
- If you want staff to have access to more detailed information, relevant background reading or other documents – what are they? They could be put on the **SWSAHS Intranet site**.

BLANK PAGE