Wentworth Healthcare

Blue Mountains | Hawkesbury | Lithgow | Penrith

Child Protection: identify, consult & respond

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Paediatrics Clinical Day, Fairmont Resort

phn
NEPEAN BLUE MOUNTAINS
An Australian Government Initiative

Wentworth Healthcare provider of the Nepean Blue Mountains PHN.

Nepean Blue Mountains Local Health District

Child Protection: identify, consult & respond

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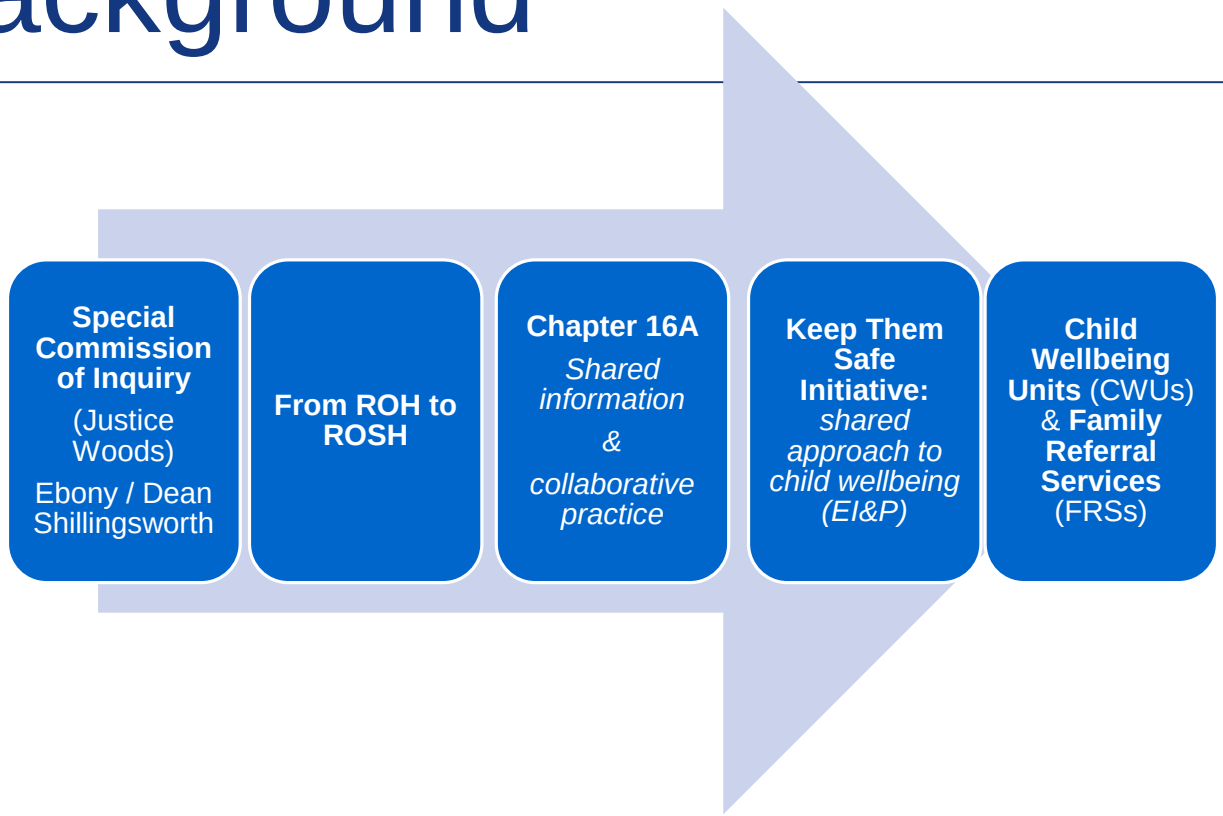
Background


Special Commission of Inquiry
(Justice Woods)
Ebony / Dean Shillingsworth
From ROH to ROSH
Chapter 16A
Shared information
&
collaborative practice
Keep Them Safe Initiative: *shared approach to child wellbeing (EI&P)*
Child Wellbeing Units (CWUs) & **Family Referral Services** (FRSs)

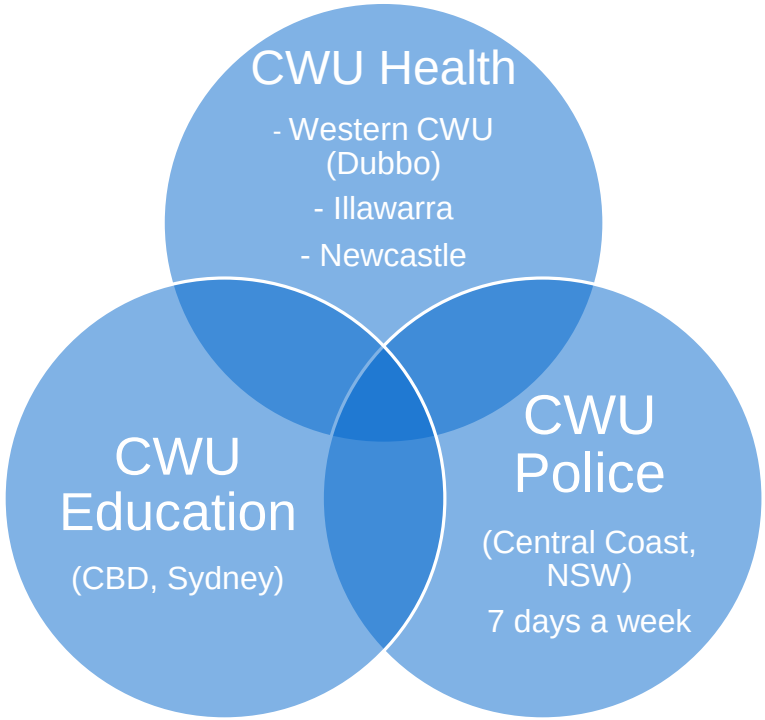
Key Child Protection Legislative Changes

Doctors, nurses and other health professionals working in the private sector can now exchange information under Chapter 16A_9 May 2016

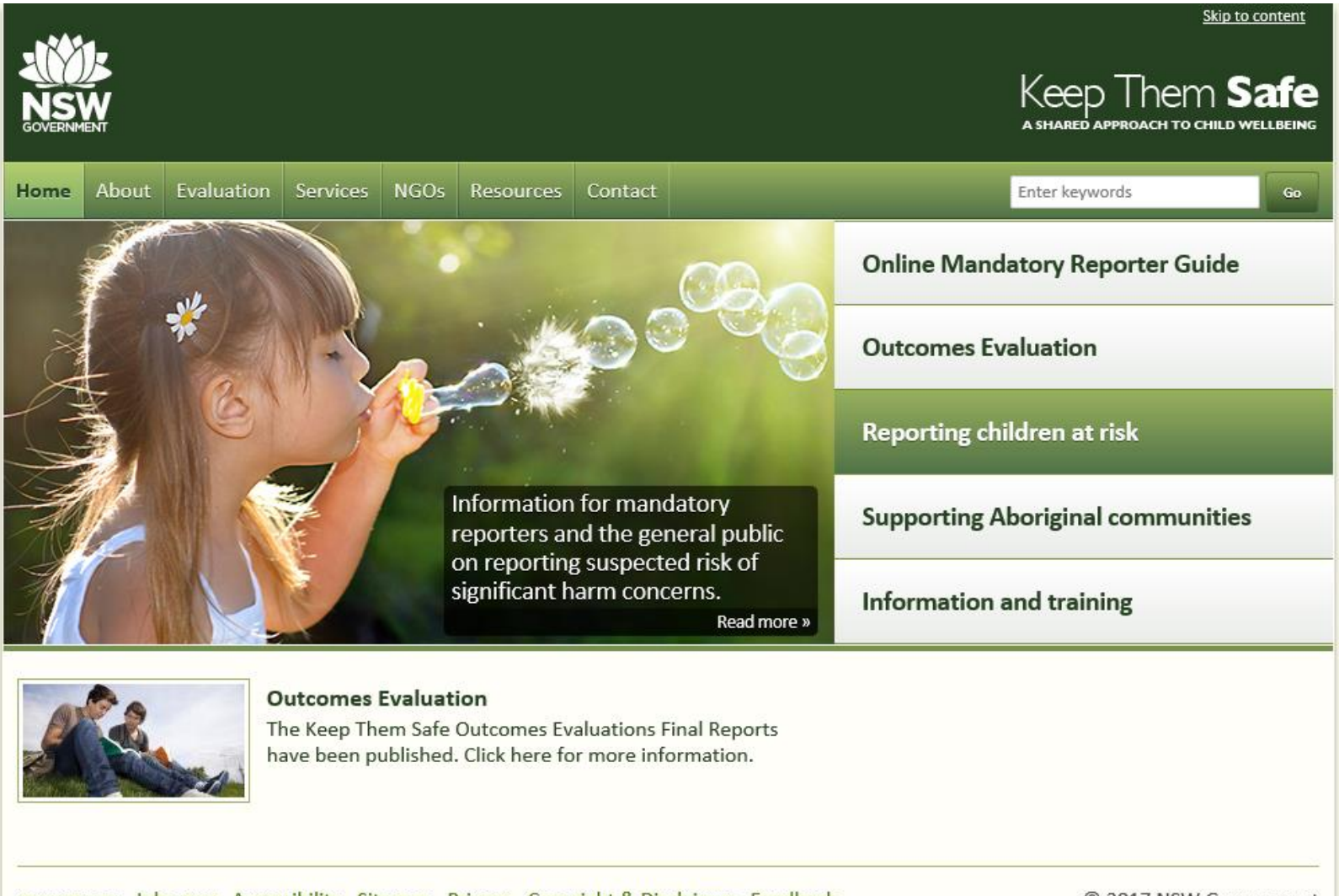
- New changes have been made to child protection legislation that have expanded the range of professionals who can exchange information about the safety, welfare and wellbeing of children and young people under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998.
- The need for the changes has been highlighted by the NSW Ombudsman and in evidence given to the Royal Commission into the Institutional Responses to Child Sexual Abuse in May 2015 (Case Study 27).
- The changes mean that **private health practitioners doctors, nurses**, midwives, psychologists, occupational therapists, and speech therapists – are now able to exchange information under Chapter 16A.
- Provided you act in good faith, no liability re civil or criminal action or disciplinary action re breaches of professional ethics, can result.
- Changes have also been made to the alternative reporting arrangements for mandatory reporters, so that doctors and general practice nurses who are mandatory reporters can now make reports to the **Child Wellbeing Unit (1300 480 420)** of NSW Health rather than the Secretary, through the Child Protection Helpline **(13 21 11).**
- This will assist practitioners across the state caring for vulnerable families to fulfil their mandatory reporting obligations and follows from a trial involving general practitioners in limited regions of NSW which resulted in positive outcomes for children and families.

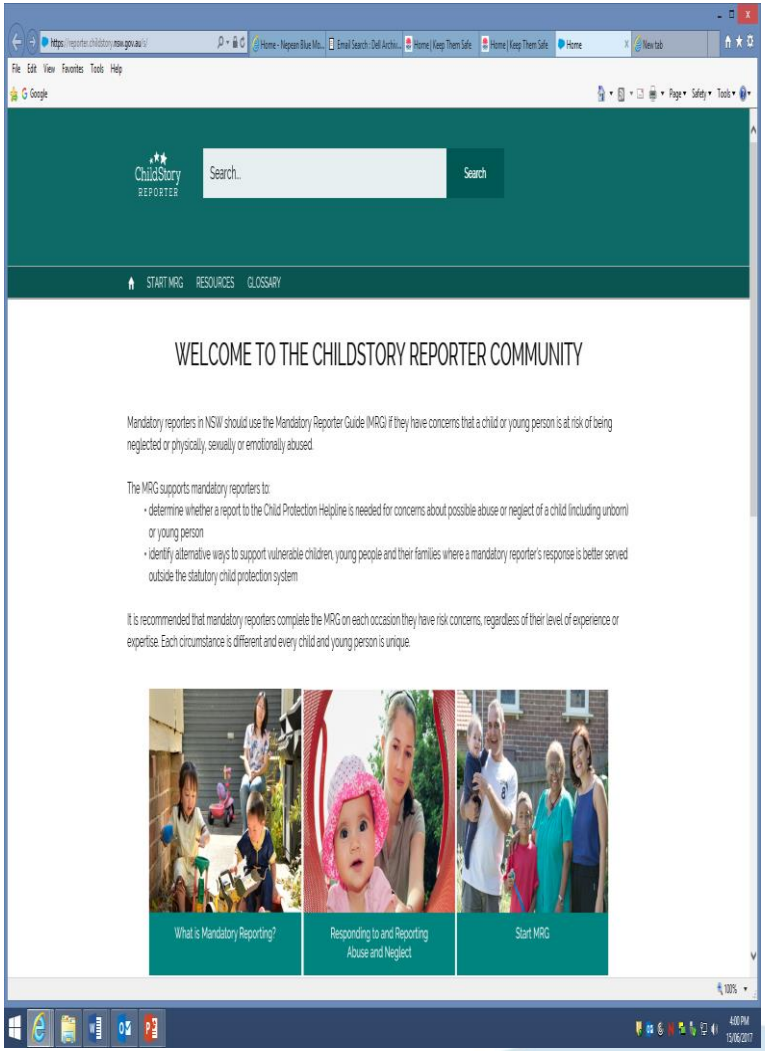
Source: http://www.facs.nsw.gov.au/about_us/news/doctors,-nurses-and-other-health-professionals-working-in-the-private-sector-can-now-exchange-information-under-ch-16a

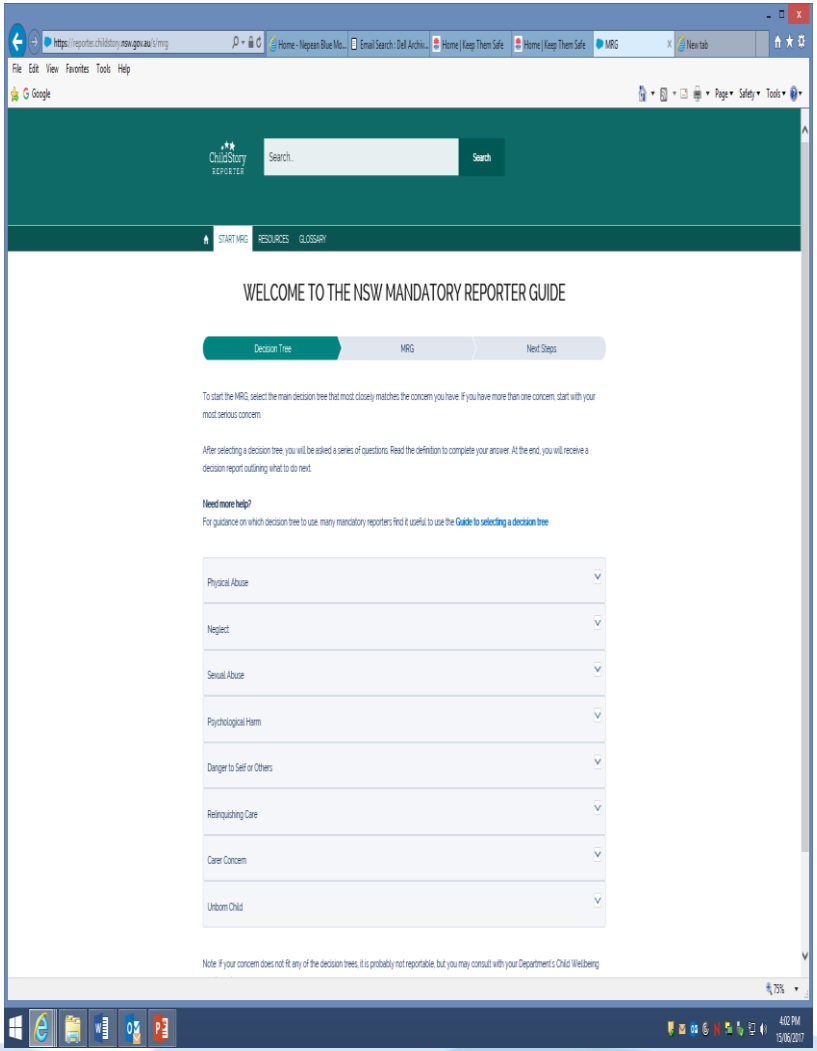
Child Wellbeing Units



Mandatory Reporter Guide (MRG)







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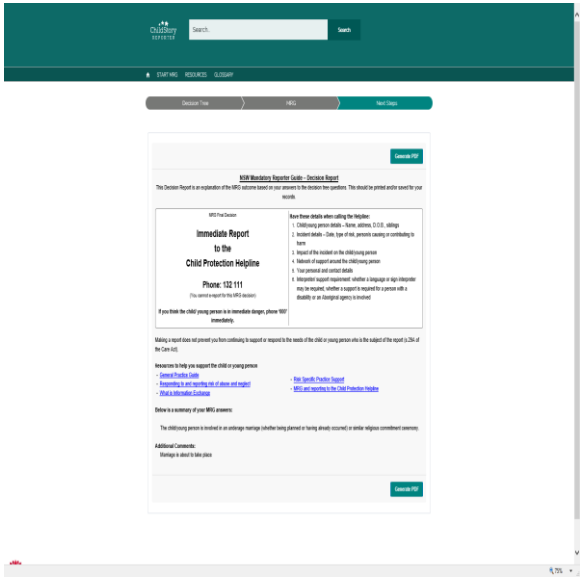
BETTER HEALTH

NSW GOVERNMENT
Health
Nepean Blue Mountains
Local Health District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START HRG RESOURCES GLOSSARY
Decision Tree
HRG
Next Steps
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NSW Mandatory Reporter Guide – Decision Report
This Decision Report is an explanation of the MRG outcome based on your answers to the decision tree questions. This should be printed and/or saved for your records
MRG Final Decision
Immediate Report to the Child Protection Helpline
Phone: 132 111
(You cannot re-report for this MRG decision)
If you think the child/ young person is in immediate danger, phone '000' immediately.
Have these details when calling the Helpline:
1. Child/young person details – Name, address, D.O.B., siblings
2. Incident details – Date, type of risk, person/s causing or contributing to harm
3. Impact of the incident on the child/young person
4. Network of support around the child/young person
5. Your personal and contact details
6. Interpreter support requirement: whether a language or sign interpreter may be required, whether a support is required for a person with a disability or an Aboriginal agency is involved
Making a report does not prevent you form continuing to support or respond to the needs of the child or young person who is the subject of the report (s.29A of the Care Act).
Resources to help you support the child or young person
General Practice Guide
Responding to and reporting risk of abuse and neglect
What is Information Exchange
Risk Specific Practice Support
MRG and reporting to the Child Protection Helpline
Below is a summary of your MRG answers:
The child/young person is involved in an underage marriage (whether being planned or having already occurred) or similar religious commitment ceremony.
Additional Comments:
Marriage is about to take place
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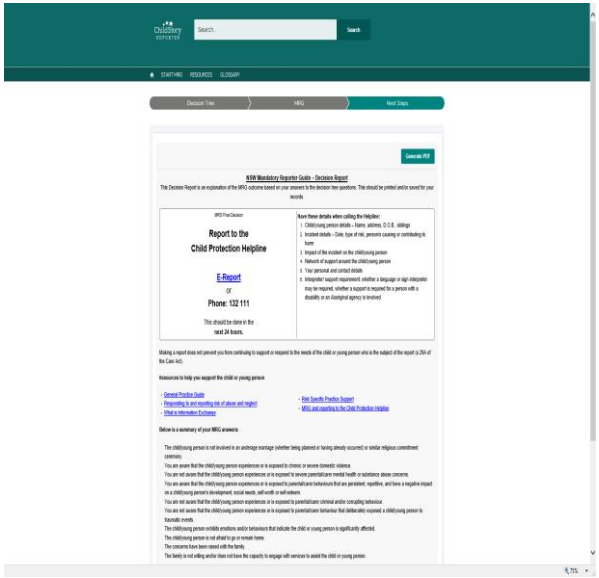
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MRG Final Decision
Report to the Child Protection Helpline
E-Report
or
Phone: 132 111
This should be done in the next 24 hours.
Have these details when calling the Helpline:
1. Child/young person details – Name, address, D.O.B., siblings
2. Incident details – Date, type of risk, person/s causing or contributing to harm
3. Impact of the incident on the child/young person
4. Network of support around the child/young person
5. Your personal and contact details
6. Interpreter support requirement: whether a language or sign interpreter may be required, whether a support is required for a person with a disability or an Aboriginal agency is involved
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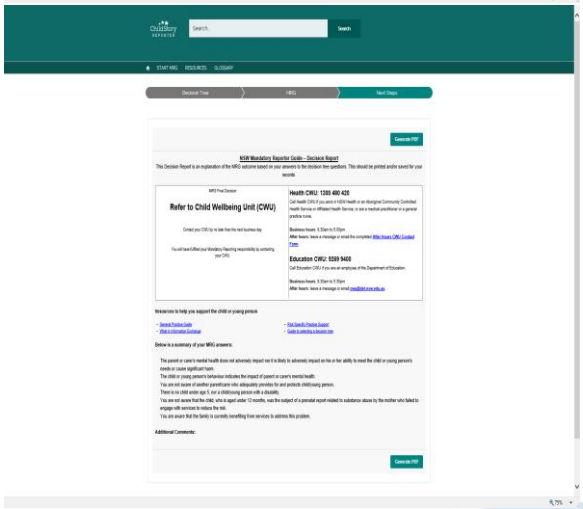
MRG and reporting to the Child Protection Helpline
Below is a summary of your MRG answers:
The child/young person is not involved in an underage marriage (whether being planned or having already occurred) or similar religious commitment ceremony.
You are aware that the child/young person experiences or is exposed to chronic or severe domestic violence.
You are not aware that the child/young person experiences or is exposed to severe parental/carer mental health or substance abuse concerns.
You are aware that the child/young person experiences or is exposed to parental/carer behaviours that are persistent, repetitive, and have a negative impact on a child/young person's development, social needs, self-worth or self-esteem
You are not aware that the child/young person experiences or is exposed to parental/carer criminal and/or corrupting behaviour.
You are not aware that the child/young person experiences or is exposed to parental/carer behaviour that deliberately exposed a child/young person to traumatic events.
The child/young person exhibits emotions and/or behaviours that indicate the child or young person is significantly affected.
The child/young person is not afraid to go or remain home.
The concerns have been raised with the family.
The family is not willing and/or does not have the capacity to engage with services to assist the child or young person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MRG Final Decision
Refer to Child Wellbeing Unit (CWU)
Contact your CWU by no later than the next business day.
You will have fulfilled your Mandatory Reporting responsibility by contacting your CWU.
Health CWU: 1300 480 420
Cell Health CWU if you work in NSW Health or an Aboriginal Community Controlled Health Service or Affiliated Health Service, or are a medical practitioner or in general practice rooms.
Business hours: 9.30am to 5.00pm
After hours: leave a message or email the completed After Hours CWU Contact Form
Education CWU: 9269 9400
Call Education CWU if you are an employee of the Department of Education.
Business hours: 9.30am to 5.00pm
After hours: leave a message or email cwu@det.nsw.edu.au
Resources to help you support the child or young person
General Practice Guide
What is Information Exchange
Risk Specific Practice Support
Guide to working in Aboriginal way
Below is a summary of your MRG answers:
The parent or carer's mental health does not adversely impact nor it is likely to adversely impact on his or her ability to meet the child or young person's needs or cause significant harm.
The child or young person's behaviour indicates the impact of parent or carer's mental health.
You are not aware of another parent/carer who adequately provides for and protects child/young person.
There is no child under age 5, nor a child/young person with a disability.
You are not aware that the child, who is aged under 12 months, was the subject of a prenatal report related to substance abuse by the mother who failed to engage with services to reduce the risk.
You are aware that the family is currently benefiting from services to address this problem.
Additional Comments:
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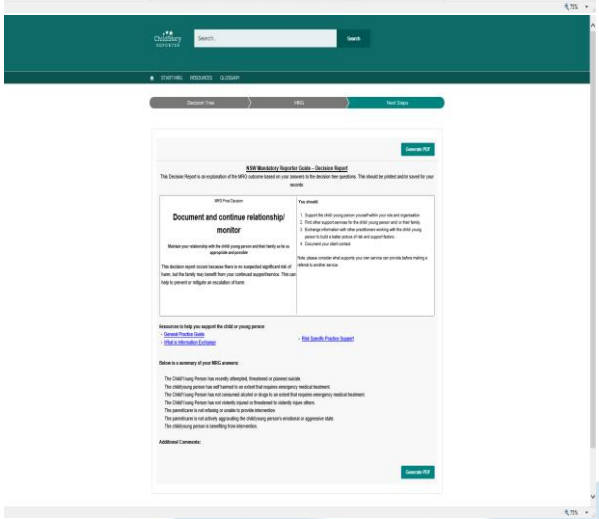
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MRG Final Decision
Document and continue relationship/ monitor
Maintain your relationship with the child/ young person and their family as far as appropriate and possible
This decision report occurs because there is no suspected significant risk of harm, but the family may benefit from your continued support/service. This can help to prevent or mitigate an escalation of harm.
You should:
1. Support the child/ young person yourself within your role and organisation
2. Find other support services for the child/ young person and/ or their family.
3. Exchange information with other practitioners working with the child/ young person to build a better picture of risk and support factors.
4. Document your client contact.
Note: please consider what supports your own service can provide before making a referral to another service.
Resources to help you support the child or young person
General Practice Guide
What is Information Exchange
Risk Specific Practice Support
Below is a summary of your MRG answers:
The Child/Young Person has recently attempted, threatened or planned suicide.
The child/young person has self harmed to an extent that requires emergency medical treatment.
The Child/Young Person has not consumed alcohol or drugs to an extent that requires emergency medical treatment.
The Child/Young Person has not violently injured or threatened to violently injure others.
The parent/carer is not refusing or unable to provide intervention
The parent/carer is not actively aggravating the child/young person's emotional or aggressive state.
The child/young person is benefiting from intervention.
Additional Comments:
Generate PDF

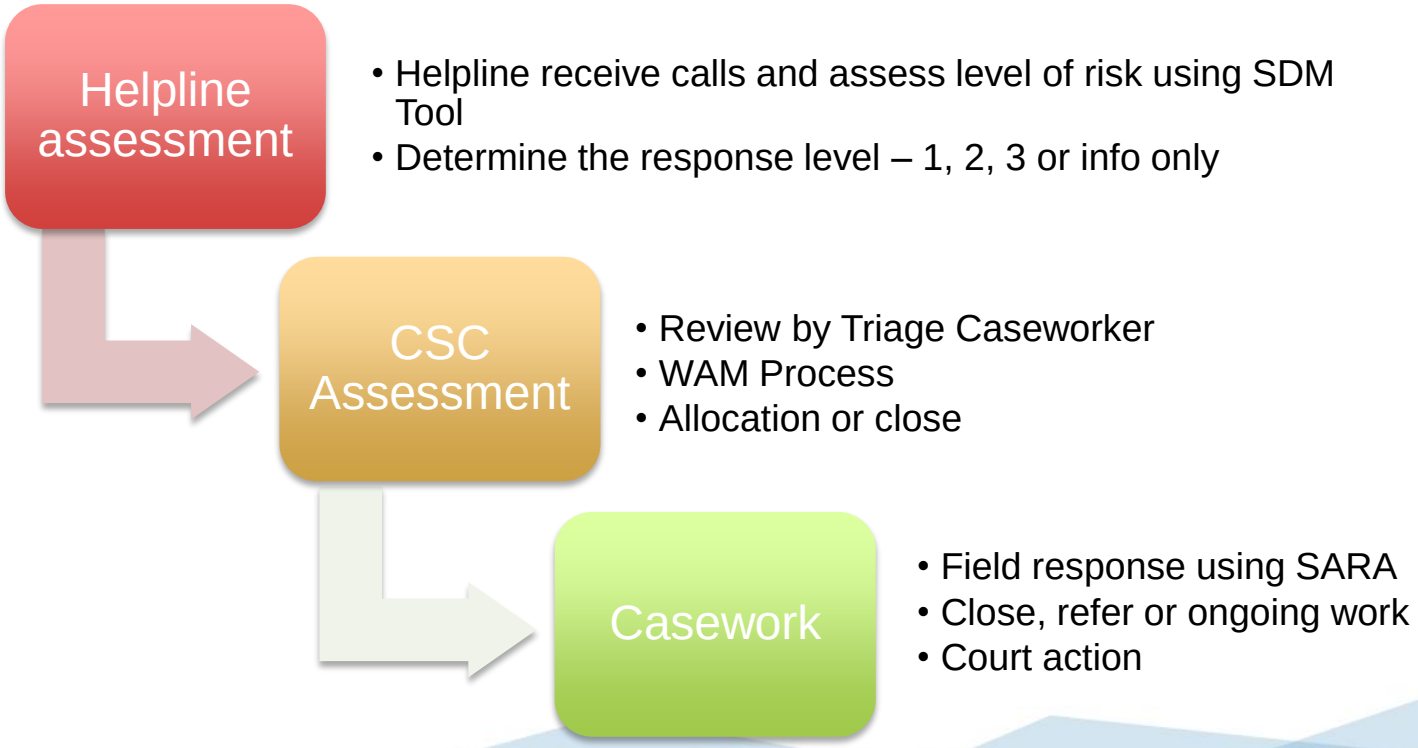
Reporting to Family & Community Services

- Details of the Child or Young person
  - Full name, DOB, Address
  - Names and DOB of Siblings
  - Family dynamics
- Incident type
  - Date of incident
  - Type of risk
  - Name of person causing harm or associated with causing harm
  - Networks/ supportive adults for child

Reporting to Family & Community Services cont.

- ROSH threshold
  - MRG to ROSH report
- Outcome of Report
  - Level 1 <24hours
  - Level 2 <72 hours
  - Level 3 <10 days
- Transfer to local Community Service Centre (CSC)
  - Lithgow
  - Blue Mountains (Faulconbridge)
  - Penrith
  - St Marys
  - Hawkesbury (Windsor)

Journey of the ROSH Report



ROSH reports received to local CSCs

- Weekly Allocation Meetings (WAMS)
  - Closed Current Competing Priorities
  - Remain open for review (up to 28 Days)
  - There may be initial follow up by Triage Caseworker
  - Allocated
- Allocation
  - Safety and Risk Assessment (SARA) (Safety assessment within 3 days, Risk assessment within 30 days)
  - Case Planning (within 45 days)
  - Risk Re-assessment (within 90 days)

Reporters expectations following allocation

- Contact should be made by the CW to the reporter to advise that the matter has been allocated.
- Information sharing can occur via chapter 16A or with the consent of the client with relevant stakeholders.
- Outcome of the assessment can be provided to the reporter if they have an ongoing involvement with the child.

FACS Contact Points

- CSC structure
- Who to contact
  - Lithgow CSC / 6354 0800 / Kelly Ramsden Manager Client Services
  - Blue Mountains CSC / 4752 2600 / Dylan Thompsett Manager Client Services
  - Hawkesbury CSC / 4574 6666 / Dylan Thompsett Manager Client Services
  - Penrith CSC / 4722 7300 / David Gosling Manager Client Services
  - St Marys CSC / 9851 4100 / Denise Thomas Out of Home Care & Tiffany Black Child Protection
- Director Community Services
  - Brett Thomas 4722 7312

Summary of CP Contact Points & Supports

Child Wellbeing Unit (CWU) – consult, non-ROSH
(1300 480 420)

Family Referral Service (FRS) – Document and Continue
(1300 403 373)

Central Intake Service (PCCH, NBMLHD)
(1800 222 608)

FACS CSCs – reported @ ROSH
(see previous slide)

IVPRS – Info Exchange, CWC, Coordinator
(4734-2512)

Child Protection: identify, consult, respond..

Case Study

Case Synopsis

On a busy afternoon, 7 y.o. asthmatic child brought to GP by mum for an urgent appointment. It turned out that mum had concerns about child possibly having genital herpes.

The following story unfolded:

- Child reported to mum being involved in oral sex with 10 year old child from the same school.
- Mum called police, who referred the case to FACS. Reportedly, FACS case worker advised mum to see GP for a mental health plan for counseling.

Case Synopsis cont…

GP's actions:

- examined and treated the child for candida balanitis. Negative for STI.
- spent 3 days trying to contact FACS case worker. No actual records apart from "case closed".
- was later able to contact the FACS case worker, who spoke to the mother twice on the phone and suggested to see the GP for mental health plan for a free counseling service.
- was unable to do MH plan, and asked if child can be referred under victim services. FACS advised GP to re-contact FACS if unable to do MH plan and make a new notification.
- spoke to Community Health, who needed a referral from a parent or FACS.

Questions to discuss

- Who carries the primary responsibility to support this family?
- Are there alternative pathways of referral and /or funding for counselling support etc, mental health plan, other alternative funding, community health, or other channels?
- Should FACS notify the primary health care worker if they are any recommendations made that involve medical practitioners? *GPs infrequently are contacted by FACS directly as a part of management.*
- What are the common difficulties /challenges primary care providers face in dealing with child at risk situations / community health / child protection services?

Integrated Violence Prevention & Response Services (IVPRS)

Portfolio areas:

Sexual Assault Services

Child Protection Counselling Service

Domestic Violence Documentation Counselling

Non-clinical LHD-wide – CP&DV Educator, CWC, Information Exchange.

Address: Springfield Cottage, Lemongrove Campus

Phone: 02 4734 2512

END