

CHILD PROTECTION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Protection and support of fetus, neonate or child under 18 years of age at risk of significant harm
- Staff meet the legislative requirements of mandatory child protection reporting

2. PATIENT

- Fetus, neonate or child under 18 years of age of woman receiving care at the RHW

3. STAFF

- All staff employed by RHW

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Assess woman to identify circumstances that may adversely impact on the safety, welfare and wellbeing of the fetus, neonate or child. See **Appendix 1**
- Complete the interactive online Mandatory Reporter Guide at the following link – <https://reporter.childstory.nsw.gov.au/s/mrg>
- Call the **Helpline 132 111** or use online e-reporting at the following link, if the Mandatory Reporter Guide indicates that a notification of risk of significant harm should be made to Family and Community Services (FACS) <https://kidsreport.facs.nsw.gov.au/captchaImagePROD/default.aspx>
- Refer to Social Work Department for information about community resources.

6. DOCUMENTATION

- Integrated Clinical Notes
- Completed Mandatory Reporter Guide
- Mandatory Reporter Guide Decision report
- Child Wellbeing Unit Notification Form

7. EDUCATIONAL NOTES

- All staff working in health are mandatory reporters
- The Mandatory Reporter guide is also located in the “Keep Them Safe” icon on the SESLHD Intranet. The Mandatory Reporter Guide determines whether the fetus, neonate or child is below or above the statutory threshold for the risk of significant harm. It is important that *any staff member* with concerns about the safety of a fetus, neonate or child consults this guide.
- Mandatory reporting is required for the following :
 - domestic violence in current relationship
 - current substance use
 - history of previous involvement with child protection agencies or removal of previous children from woman’s or partner’s care
- Risk factors to be assessed include :
 - delayed or no antenatal care
 - homelessness
 - mental health disorder
 - intellectual disability
 - an accumulation of incidents of neglect or omission
- *High Risk Birth Alerts* notifying hospitals of a women whose fetus may be at risk, are routinely circulated to relevant clinical units and departments

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
5/5/16

CHILD PROTECTION cont'd

- There is no legislative definition of “significant harm”. The policy definition of “significant” is “*sufficiently serious to warrant a response by a statutory authority irrespective of a family’s consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child’s safety, welfare and wellbeing.*”
- NSW Government has enacted legislative changes which allow more open exchange of information between government agencies and non-government organisations.
- For immediate risk you must call the Helpline.
- For anything other than immediate risk e-reporting is more efficient and as effective as calling the Helpline.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOPS

- NSW Health PD2013_007 Child Wellbeing and Child Protection Policies and Procedures
- SESLHD PR/373 Birth Alerts – At Risk Unborn Babies Amended 2014
- NSW Health PD2005_287 Victims’ Rights Act
- NSW Health PD2006_085 Information sharing – opioid treatment
- Domestic Violence
- Assumption of care of child at risk
- NSW Health GL2011_008 Prenatal Reporting Guidelines
- Clinical Business Rule, *Client Registration – Identity Restricted Client/Patient*

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC - Comprehensive Care

11. REFERENCES

- 1 McGlade A et al 2009 Child protection outcomes for infants of substance-abusing mothers *Pediatrics* 124:1 285-93
- 2 Taylor CA et al 2009 Intimate partner violence, maternal stress, nativity, and risk for maternal maltreatment of young children *Amer J Public Health* 99:1 175-183
- 3 Talvik I et al 2008 Shaken Baby Syndrome and a baby’s cry *Acta Paediatrica* 97:6 782-85
- 4 Infants under 12 months of age are 11 times as likely to die as adolescent children: see NSW Commission for Children and Young People Child Death Review Reports:
- 5 Fact-sheets on key issues in child protection can be found on the Keep Them Safe website: <http://www.keepthemsafe.nsw.gov.au/>

REVISION & APPROVAL HISTORY

Minor amendment – telephone no and link Oct 2016
Reviewed and endorsed Maternity Services LOPs group 26/4/16
Approved Quality & Patient Safety Committee 16/5/13
Updated to comply with legislation May 2013
Approved Quality & Patient Safety Committee 21/10/10

FOR REVIEW : MAY 2021

APPENDIX 1

1. IF THE CHILD IS AT IMMINENT RISK OF SIGNIFICANT HARM

CONTACT : FAMILY AND COMMUNITY HELPLINE IMMEDIATELY ON
RHW NURSE AND MIDWIFERY MANAGER ON
RHW SOCIAL WORK DEPARTMENT
RANDWICK CAMPUS SECURITY ON

132 111
PAGE 44020
EXT 26670
EXT. 22847

2. IF THE CHILD IS AT SUSPECTED RISK OF SIGNIFICANT HARM

CONTACT : FAMILY AND COMMUNITY SERVICES (E-REPORT / HELPLINE ON **132 111**) WITHIN 24 HOURS
THE HELPLINE WILL FORWARD DETAILS TO THE NEAREST FAMILY AND COMMUNITY SERVICES
CENTRE FOR ALLOCATION TO A CHILD PROTECTION CASEWORKER OR CLOSURE

<https://kidsreport.facs.nsw.gov.au/captchalmagePROD/default.aspx>

3. IF THE CONCERNS FOR THE SAFETY AND WELLBEING OF THE CHILD ARE BELOW THE STATUTORY THRESHOLD FOR SIGNIFICANT HARM AND YOU REMAIN CONCERNED

CONTACT : THE NSW HEALTH CHILD WELLBEING UNIT (CWU) MONDAY – FRIDAY 08:30-17:30 HRS ON
1300 480 420 FOR FURTHER ADVICE. OUT OF OFFICE HOURS, COMPLETE THE CWU
NOTIFICATION FORM, AVAILABLE ON THE “KEEP THEM SAFE WEBSITE”. THE CWU WILL ADVISE ON
FURTHER ACTION.

4. TO FACILITATE THE OFFER OF ONGOING SUPPORTS TO THE FAMILY

NOTIFY THE SOCIAL WORK DEPARTMENT OF ALL REPORTS TO THE CWU OR FAMILY AND
COMMUNITY SERVICES

5. IF THE CONCERNS ARE NOT AT A LEVEL WHICH REQUIRES A RESPONSE FROM THE CWU OR FAMILY AND COMMUNITY SERVICES

DOCUMENT ALL OBSERVATIONS AND CONTINUE TO MONITOR THE WOMAN’S CIRCUMSTANCES

6. IF THE CLINICIAN’S JUDGMENT IS THAT THE CHILD IS AT RISK OF SIGNIFICANT HARM, EVEN IF THIS IS AT VARIANCE WITH THE MANDATORY REPORTER GUIDE DECISION

CONTACT : THE HELPLINE ON **132 111** OR MAKE AN E-REPORT