

HEALTH COMMISSION OF NEW SOUTH WALES

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(Ms. P. Rutledge)

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INTERDEPARTMENTAL GUIDELINES ON CHILD ABUSE

1. Child abuse and the care and protection of vulnerable children and their families is a sensitive area requiring a co-ordinated inter-departmental approach.
2. Since 1977, there have been many changes in the child abuse field. These changes reflect an increased awareness of the rights and needs of children and families at risk. The changes also reflect differences in the approaches taken by those agencies traditionally associated with child care and protection. Personnel in these agencies have come to rely heavily on one another to meet a complex range of needs which any one individual alone could rarely manage. The use of resources across agency and professional boundaries is a familiar trend in the provision of an integrated approach to management of child abuse generally.
3. It is now accepted policy that the Department of Youth and Community Services, the Health Commission, public hospitals and the Police Department will work together in child abuse and children at risk matters. All departments recognise the statutory responsibility vested in the Department of Youth and Community Services to uphold the rights and interests of the child through the combined application of a comprehensive range of skills possessed across departments and across disciplines.
4. In December 1980, an Interdepartmental Committee was convened by the Department of Youth and Community Services (with representation from the Health Commission and Police Department) to develop guidelines for a consistent and co-ordinated approach to the care of "at risk" children and their families.
5. Workshops have been held recently about services for abused children and children at risk and about proposed changes in procedures within the Department of Youth and Community Services, the Police Department and the Health Commission of New South Wales.
6. The system designed to receive and act on notifications has been changed quite substantially and there have already been many suggestions about additional changes which will allow a better quality service to be provided, or provide a clearer delineation of responsibilities.

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7. The new procedures and guidelines (as attached) will be implemented for a trial period from 1 June 1982 to 31 August 1982. They will then be reviewed to incorporate suggestions which emerge from this practical experience.

8. Health personnel in hospitals and community health services are requested to note the new arrangements and to forward any comments on the value of the guidelines in practice through their Regional Director to Mr. John Gavaghan (Southern Metropolitan Regional Office, Rozelle, telephone 827-0200).

K.R. BROWN
Secretary

GUIDELINES FOR OFFICERS OF THE DEPARTMENT OF YOUTH AND COMMUNITY SERVICES,
THE POLICE DEPARTMENT AND THE HEALTH COMMISSION IN RESPECT OF MATTERS
RELATING TO CHILD ABUSE

1. GUIDELINES IN RELATION TO NOTIFICATIONS:

1.1 Receipt of Notifications of Suspected Child Abuse

All notifications of suspected child abuse are to be reported to any District Office or Child Protection Unit of the Department of Youth and Community Services. The Officer-in-Charge of such office is to ensure that Montrose Child Protection and Family Crisis Service is immediately notified of details of the reported case.

1.2 Format of Notifications

The Officer-in-Charge of the office receiving the initial notification is to ensure that all appropriate information is recorded on Form I.

Form 2 is to be completed within seven (7) days of the original notification and referred to the Senior Executive Officer, Montrose Child Protection and Family Crisis Service. The person responsible for completion of this is the Case Co-ordinator negotiated at the time of notification and includes a Field Officer or Child Protection Officer of the Department of Youth and Community Services.

The Case Co-ordinator will ensure that Form 3 is completed and forwarded to Montrose within 28 days of the original notification if the case has been registered on the Central Register.

1.3 Registration of Cases

The Senior Executive Officer, Montrose Child Protection and Family Crisis Service, has the responsibility for registration of cases. A written acknowledgement of receipt of the notification will be forwarded to the sender.

2. GUIDELINES IN RELATION TO CENTRAL REGISTER:

2.1 Purpose of Central Register

The Central Register will be maintained at Montrose Child Protection and Family Crisis Service for the following reasons:-

- 1) To ensure that abused children and children at risk receive proper and adequate care.
- 2) To assist in diagnosis and recognition of abused children and children at risk of abuse.
- 3) To assist in overall service planning.
- 4) To supply research data.

2.2 Decision Regarding Entries in Central Register

The S.E.O. (Montrose) will be responsible to decide which cases are entered in the Register and to inform Case Co-ordinators who will then advise Prime Workers or agencies involved of such decision. The S.E.O. (Montrose) shall ensure that Form 3 is finally received by due date.

2.3 Monitoring of Cases on the Central Register

The S.E.O. (Montrose) has a continuing responsibility to ensure a high quality of service in each case entered on the Central Register through thorough assessment and co-ordinated case management. Each case should be reviewed six monthly and results referred in writing to the S.E.O. (Montrose).

2.4 Removal of Names from the Record of Notification

In cases where the S.E.O. (Montrose) decides not to enter the notification on the Central Register that Officer shall review the notification after a period of two years or earlier if considered appropriate and a decision may be made to remove such record. Grounds for removal would include: no further notification within that period and upon review no grounds for suspecting that the child reported or any other child of that family is at risk.

In no case should a notification be retained beyond five years unless it is entered on the Central Register.

2.5 Removal of Names from the Central Register

If an entry is made on the Central Register consideration shall be given to removal when the reported child attains the age of 16 years. Decision to remove will be made by the S.E.O. (Montrose).

In any case removal shall be automatic when the child concerned has attained the age of 18 years.

2.6 Access to Information Contained on the Register

Access to specific information as appropriate for the purposes of diagnosis and co-ordination of service delivery is to be confined to those persons who can confirm their involvement in these areas. These persons will include: appropriate personnel from the Health Commission, hospitals, Police Department and Department of Youth and Community Services. The S.E.O. (Montrose) has a discretion to give information to any other appropriate authority.

Access to statistical information, where regarded as appropriate for research, service planning, education, publicity, etc. will be considered upon written application to the Director-General of the Department of Youth and Community Services.

3. DISCRETION:

3.1 Department of Youth and Community Services

3.1.1 Issue of Medical Examination Order Under Section 148C of the Child Welfare Act

Decision to issue Medical Examination Order may be made by the following officers of the Department of Youth and Community Services:-

Senior Executive Officer (Montrose)
Senior District Officers;
Executive Officers, Family Crisis and Child Protection Services;
Co-ordinator, Family Crisis Service
Resident District Officers.

In emergencies where it is not practicable to obtain the approval of one of the above officers, Child Protection Workers, District Officers and Crisis Care Workers, may make such decisions but are to seek the covering approval of their senior officer as soon as possible.

3.1.2 Decision to Lay Complaint Under Child Welfare Act

Decision to lay complaint under appropriate section of the Child Welfare Act in respect of a child abuse case may be made by the following officers of the Department of Youth and Community Services:-

Senior Executive Officer (Montrose)
Senior District Officers;
Executive Officers, Family Crisis and Child Protection Services;
Co-ordinator, Family Crisis Service
Resident District Officers.

In emergencies where it is not practicable to obtain the approval of one of the above officers, Child Protection Workers, District Officers and Crisis Care Workers may make such decisions but are to seek the covering approval of their senior officer as soon as possible.

3.1.3 Decision to Involve Police in Child Abuse Cases

The Senior Executive Officer (Montrose), Senior District Officers, the Executive Officer and the Co-ordinator of the Family Crisis Service, the Executive Officer of the Child Protection Service and Resident District Officers of the Department of Youth and Community Services may make decisions to involve Police Officers. These decisions should be conveyed to the Officer-in-Charge of the Child Mistreatment Unit of the New South Wales Police Force who will take appropriate action.

It would be appropriate for such decision to be made in any of the following circumstances:-

- * Where there is a possibility of death of a child;
- * When the perpetrator has not been identified;
- * Where the child's safety with caretaker(s) cannot be assured without court action against the perpetrator;
- * Where the safety of the child is dependent on the courts imposing conditions on the caretaker ensuring protection of the child whilst appropriate family intervention is initiated;
- * Where repeated and severe abuse has occurred to the child;
- * Where it is anticipated that danger to the worker may occur during investigation or removal of a child.

Any decision to involve Police Officers must be made as soon as possible after notification. Such decision does not necessarily preclude Departmental involvement for initial assessment and continuing support. Police involvement is not synonymous with court action which should be the result of a joint decision making process between responsible Officers of the Department of Youth and Community Services, Police personnel and Health personnel if involved.

Any case involving the Police must be directed through the Child Mistreatment Unit.

3.1.4 Decision to File Down Registered Child Abuse Cases

Senior District Officers and Resident District Officers are authorised to file registered cases after consultation with S.E.O. (Montrose) but only after a full review has taken place.

3.2 Police Department

3.2.1 Issue of Medical Examination Order Under Section 148C of the Child Welfare Act

Any member of the Police Force of and above the rank of Sergeant or any Constable of Police at the time being in charge of a Police Station may issue a Medical Examination Order under Section 148C of the Child Welfare Act but only after consultation with an Officer of the Police Child Mistreatment Unit.

3.2.2 Decision to Lay Charges Under the Crimes Act and/or Complaint Under the Child Welfare Act

Officers of the Police Child Mistreatment Unit may make decisions to lay charges under the Crimes Act and/or complaints under the Child Welfare Act when consensus has been reached after consultation with the S.E.O. (Montrose) or a Senior District Officer or a Resident District Officer of the Department of Youth and Community Services. Decisions to take such action should be made in similar circumstances to those listed in 3.1.3 above. Where consensus is not reached the matter shall be referred to the Assistant Commissioner (Crime) and to the appropriate Regional Director of the Department of Youth and Community Services.

3.3 Health Commission

3.3.1 Notification to Department of Youth and Community Services

In terms of Section 148B (1) of the Child Welfare Act medical practitioners must notify the Department of Youth and Community Services when they have reasonable grounds to suspect that a child has been assaulted, ill treated or exposed. Such notifications should be made to a District Office of the Department of Youth and Community Services or a Child Protection and Family Crisis Service of that Department. Where a case comes under notice after normal office hours efforts should be made to contact a responsible officer of the Department by any means.

In terms of Section 148B (2) of the Child Welfare Act any person may notify the Department of Youth and Community Services of a child suspected of being assaulted, ill treated or exposed. Other Health personnel should make such notifications in appropriate cases, after consultation (if possible) with medical personnel.

3.3.2 Involvement of Police

When the Medical Superintendent of a hospital is of the opinion that there is a possibility of the death of a child who has been admitted to a hospital following suspected assault, ill treatment or exposure, the case should be immediately reported to either the Officer-in-Charge of the nearest Police Station or the Police Child Mistreatment Unit. In cases where such notification is made to the Officer-in-Charge of a Police Station, that officer must immediately report the case to the Police Child Mistreatment Unit.

3.3.3. Release of Information Concerning a Child

To ensure that the requirements of the Child Welfare Act in relation to notification are met, additional information from medical and other health records may be required by officers of the Department of Youth and Community Services or the Police.

At the request of an officer of the Department of Youth and Community Services or the Police, Medical Superintendents of hospitals or their delegates or workers in Health Centres (as approved by Regional Directors) may give such officers access to medical information and other records concerning children suspected of being assaulted, ill treated or exposed. Such information should be given when action is pending against such child or caretaker or when information is required to determine whether a child is in need of care.

Regional Directors and Medical Superintendents should ensure that this authority is formally delegated to personnel who are involved in the provision of services, particularly "after-hours".

3.3.4 Termination of Supervision of Child At Risk Cases

Where an officer of the Health Commission is the Prime Worker, supervision may be terminated only after consultation with the Case Co-Ordinator who will consult with the S.E.O. (Montrose).