

A. 83
 B. 57
 C. 90
 D. 55
 E. 13
 F. 26
 G. 32
 H. 15
 I. 22
 J. 66
 K. -

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NOTIFICATION OF CHILDREN AT RISK

REVISED POLICY AND PROCEDURAL INSTRUCTIONS

1. Guidelines for notification of children at risk were last issued on 25 July, 1984 (Circular No: 84/147).
2. These guidelines have now been revised by an Interdepartmental Committee comprising representatives from the Police Force, the Department of Health, the Department of Youth and Community Services and the Department of Education.
3. The revised instructions represent the consensus of staff working in the area of child protection services. They provide a framework for a multi-disciplinary approach to child protection using the best available expertise and skill across all departments. This revision encompasses the recommendations of the Premier's Task Force on Child Sexual Assault.
4. These revised instructions are to apply to all forms of abuse of children. They are to be used in conjunction with the already circulated guidelines about Services for Victims of Sexual Assault (Circular 84/77 refers).
5. These instructions update Circular Nos: 82/134, 84/41, 84/78 and 84/147.
6. The major features of the revised instructions are as outlined on pages 1 and 2 of the new procedures, however, the whole document is essential reading for all practitioners in hospital and community services.
7. Further information on the use of the instructions may be obtained from Mr. John Gavaghan of the Southern Metropolitan Health Region, telephone: 818 0200.



D.T. RICHMOND,
 Secretary

m/c/s - w/p

POLICIES AND PROCEDURES FOR OFFICERS OF THE DEPARTMENT OF
YOUTH AND COMMUNITY SERVICES, THE DEPARTMENT
OF HEALTH, THE POLICE DEPARTMENT AND THE DEPARTMENT
OF EDUCATION IN MATTERS RELATING TO CHILD PROTECTION

1.1 NOTIFICATION OF ABUSED CHILDREN AND CHILDREN AT RISK OF ABUSE

- 1.1.1 Under the Community Welfare Act of 1982, "abuse" in relation to a child, means assault or ill-treat the child, expose or subject the child to behaviour that psychologically harms him or is likely to psychologically harm him, whether or not, in any case, with the consent of the child.
- 1.1.2 Notification of abuse is the beginning of a process of protecting the rights and interests of a child.
- 1.1.3 Medical practitioners are obliged by law to notify the Department of Youth and Community Services if they have reasonable grounds to suspect a child has been abused.
- 1.1.4 Officers of the Department of Youth and Community Services, the Police Force, the Department of Education, the Department of Health and hospital staff are also required to notify, by Ministerial direction, if they have reasonable grounds to suspect a child has been abused.
- 1.1.5 Other persons may notify the Department of Youth and Community Services if they have similar concerns for a child.
- 1.1.6 The Community Welfare Act contains provisions which protect the person notifying a child abuse matter to the Department of Youth and Community Services:
- 1.1.6.1 the notification shall not be held to constitute a breach of professional etiquette or ethics;
- 1.1.6.2 no liability for defamation is incurred by reason of the making of the notification;
- 1.1.6.3 the notification shall not constitute a ground for civil proceedings for malicious prosecution or for conspiracy.

1.2 RECEIPT OF NOTIFICATIONS

- 1.2.1 Notifications of suspected child abuse must be made to any District Office or Child Protection Unit of the Department of Youth and Community Services. Notifications may be made either verbally or in writing. Verbal notifications are preferred and they may be made on a 24-hour basis at the Child Protection and Family Crisis Service, Department of Youth and Community Services, telephone 799 1333.

Arrangements have been made for notifications to be received by toll free phone calls. The toll free phone number is 008 42 5288.

- 1.2.2 If a notification is made to any District Office or Regional Child Protection Unit, the Officer-In-Charge of that Office or Unit shall ensure that the Child Protection and Family Crisis Service is immediately advised of the details of the notification.

- 1.2.3 In the case of notifications made by any hospital or health worker, or any Education Department Officer, a written record must be kept by the hospital or health worker or delegated Education Department Officer attesting to the fact that a notification has been made and to the time and date it was made.

At the time the notification is made, hospital or health workers or the Education Department Officer should obtain the identifying number allocated by the Department of Youth and Community Services.

1.3.8 Access to information contained on the index of notifications will be restricted to personnel who can confirm an involvement in diagnosis and/or service delivery issues associated with a child. Access will be given to appropriate personnel from hospitals, the Department of Health, the Police Force, the Department of Education and the Department of Youth and Community Services.

1.3.8.1 Where information is sought by such personnel, the enquirer will be obliged to provide the employer's name and the place of work.

It will then be the responsibility of the staff of the Child Protection and Family Crisis Service to independently confirm these details, including the phone number of the place of work supplied, in order to locate the enquirer.

1.3.8.2 Where the enquirer is not employed by one of these four organisations and is not known to have a genuine role in protecting the child, then the Family Crisis Service Worker receiving the enquiry must consult with the Officer-In-Charge of the Child Protection and Family Crisis Service before providing any information to the enquirer.

1.3.8.3 The Executive Officer of the Child Protection and Family Crisis Service has a discretion to give information to any other appropriate authority.

1.3.8.4 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.

1.4 PROCESS OF NOTIFICATIONS

1.4.1 At the time the notification is made, a Case Co-ordinator will be assigned to the case. The Case Co-ordinator will always be an officer of the Department of Youth and Community Services, even though such officer may not be directly involved with the child or the child's family.

1.4.2 Also at the time the notification is made, a Primary Worker may be nominated. The Primary Worker may not always be an Officer of the Department of Youth and Community Services. If a Primary Worker cannot be assigned at the time the notification is made, the Case Co-ordinator will carry out the role of Case Co-ordinator and Primary Worker so that the immediate statutory responsibilities of the Department of Youth and Community Services are met in assessment and investigation of the notification.

1.4.3 The responsibilities of the Case Co-ordinator are therefore as follows:

The case co-ordinator is responsible for ensuring that continuing appropriate and realistic services are offered to families where a child has been notified.

In cases where a child is notified but is not subsequently registered, the case co-ordinator has a responsibility to ensure that families have knowledge of, and access to, the financial and social support services of the Department of Youth and Community Services and local community agencies, as required, although it may be the primary worker who informs them.

The co-ordinator has specific responsibilities in registered cases in ensuring that:

- there is a case plan;
- the case plan is implemented;
- the case plan is regularly reviewed;
- case conferences are held, when appropriate;
- continuing services to the family are negotiated;
- regular case discussions with the primary worker are held;
- support and consultation are provided to primary workers and other case support workers;
- he or she is available if requested to do joint interviews with the primary worker;
- the case is supervised when the primary worker is on leave or when no other appropriate support worker is available;
- the Child Protection and Family Crisis Service is informed when a case is filed;
- regular written reports are obtained from the primary worker;
- a copy of a formal letter is sent to and acknowledged in writing by the primary worker (when not within the Department of Youth and Community Services).

The Primary Worker is the person working most closely with the family, and has the major responsibility for casework, for documenting his/her involvement and for informing the case co-ordinator of progress.

The responsibilities of the Primary Worker are:

- to do initial investigations where applicable;
- to do ongoing family assessments;
- to develop a case plan in consultation with the case co-ordinator;
- to provide referral to other services/agencies when required;
- to provide advocacy, support and assistance to the child/family;
- to review progress in the case on a regular basis with the case co-ordinator;
- to request case conferences as necessary;
- to write reports detailing:
 - assessment information
 - case plans
 - case conference discussions
 - progress of the case
 - significant events
 - termination recommendations.

If the primary worker is to be unavailable, then that worker must inform the case co-ordinator and renegotiate the agreement for a primary worker to be available.

- 1.4.3.1 Where the Primary Worker and the Case Co-ordinator disagree about case directions, the Case Co-ordinator will call a case conference involving other independent officers, to formulate an agreed case plan.
- 1.4.3.2 In registered cases, where the Primary Worker is no longer able to continue contact with the family, but intervention is still necessary, then the Primary Worker will inform the Case Co-ordinator of this change so that the Case Co-ordinator may make the necessary arrangements for a new Primary Worker to be appointed.
- 1.4.3.3 In registered cases, where termination of contact is envisaged because the risk factors no longer exist, the Primary Worker shall inform the Case Co-ordinator so that the necessary steps for termination of contact and filing down can be taken.

1.5 FORMAT OF NOTIFICATIONS

- 1.5.1 Details of notifications are recorded by the Department of Youth and Community Services on the index of notifications.
- 1.5.2 The initial information is recorded on a multi-purpose form, called Form 1. (See attached sample).
- 1.5.3 Within 14 days of the original notification, a follow-up report, called a Form 2, must be completed. (See attached sample). This Form records the decision about registration of the child as a child at risk. The Case Co-ordinator will be responsible for ensuring completion and forwarding of the Form 2 to the Child Protection and Family Crisis Service.
- 1.5.4 Case planning for registered cases is recorded on a Form 3. (See attached sample). The Case Co-ordinator is responsible for ensuring completion and forwarding of this Form to the Child Protection and Family Crisis Service within 28 days of registration.

2. CENTRAL REGISTRATION OF CHILDREN AT RISK

2.1 THE PROCESS OF REGISTRATION

2.1.1 The Department of Youth and Community Services will maintain a register of all children considered to be at risk. The register will be located centrally at the Child Protection and Family Crisis Service, telephone 799 1333.

2.1.2 The rationale for the maintenance of such a register is as follows:

2.1.2.1 to ensure that children receive proper and adequate care;

2.1.2.2 to ensure that protective and other services are provided for the child and the family;

2.1.2.3 to assist in service planning, resource allocation and research.

2.1.3 Registration must take place if any ONE of the following situations applies:

2.1.3.1 PHYSICAL (except where it can be established that the injury is accidental);

any serious non-accidental physical injury;

any situation where repeated non-accidental physical injury is evident;

if there is any evidence or substantial suspicion by a medical practitioner that the injury could not have occurred by accident;

where there are admissions by the person who inflicted the injury;

The following examples and definitions are intended to be used as guidelines for the decision to register, presently based on FORM 2:

- Facial/head bruising;
- Other significant or severe bruising;
- Lacerations/Welts;
- Burns and scalds;
- Dislocations/sprains/twisting;
- Skull fractures;
- Other fractures;
- Internal injuries;
- Attempted suffocation;
- Attempted strangulation;
- Attempted poisoning;
- Intentional poisoning;
- Intentional or abusive administration of alcohol or other harmful inappropriate drugs;
- Death of a sibling due to non-accidental injury.

Where a child dies due to non-accidental injury the details are to be recorded on the Central Register. A special register is to be kept listing deaths of children due to non-accidental injury.

2.1.3.2 SEXUAL

sexual behaviour towards a child (up to 18 years) by a relative, household member or other person in the child's affinity system, eg. father, stepfather, uncle, sibling, grandfather, aunt.

sexual behaviour towards a child by a person in a position of power over the child and known to the child, eg. bus driver.

sexual behaviour towards a child by a stranger where as a result there is a need for continued assistance.

the following examples and definitions are intended to be used as guidelines for the decision to register, presently based on FORM 2:

- any sexual behaviour towards a child eg. fondling, genital exposure, masturbation, oral sexual behaviour, penetration by any object, penis, finger and/or any continuing sexual behaviour towards a child.
- sexual exploitation which includes being exposed to or used for pornographic purposes or prostitution.

2.1.3.3 NEGLECT

consistent neglect of necessary medical attention, putting the child's health at risk.

malnutrition where the caregiver has failed to provide the child with adequate and sufficient food as evidenced by a medical practitioner's diagnosis from non-organic causes.

non-organic failure to thrive where the child's development is seriously retarded, emotionally, socially and physically where parental behaviour indicates the child is inadequately nurtured - this must be diagnosed by a paediatrician or by a suitably experienced medical practitioner.

where the child is showing physical or emotional signs of damage as a result of deficiencies in the provisions of shelter, food, security and nurture. This is to be diagnosed by a professional (eg. psychiatrist/psychologist) experienced in child development and reinforced by observable or verbalised examples of parental behaviour which would substantiate a case of neglect.

2.1.3.4 ALCOHOL AND OTHER DRUGS

where a parent's/caregiver's drug addiction or alcohol addiction is likely to lead to the child being at risk and no other suitable adult support or carer is available eg. a child born with foetal alcohol syndrome or newborn baby suffering affects of mother's drug addiction. This may require medical or other appropriate professional consultation (eg. Drug and Alcohol Counsellors).

2.1.3.5 EMOTIONAL

where demonstrable damage to the child occurs as a result of:

- continued rejection/scapegoating or degradation;
- imposed physical or social isolation;
- threats to physically or sexually harm a child which indicate serious development delays and psychological problems.

any of the above must be validated by an expert assessment by a skilled professional which clearly indicates that parental behaviour is damaging to the child (eg. psychiatrist/psychologist).

2.1.3.6 PARENTAL/CAREGIVER BEHAVIOUR

where a parent/caregiver suffers from a chronic psychiatric disorder of a level sufficient to put the child at risk and no other caregiver or sufficient support is available to ensure the child's safety. This is to be validated by a professional skilled psychiatric assessment.

where parents are sufficiently developmentally delayed that the child will be at risk and where no other caregiver or sufficient support is available to ensure the child's safety.

this is to be validated by a professional skilled in diagnosing developmentally delayed adults.

where parents/caregivers consistently and totally reject the child and/or where there is a consistently expressed desire for the child to be removed from their care.

2.1.3.7 Previous history of any of the above.

- 2.1.4 The Officer-In-Charge of the local Community Welfare Office of the Department of Youth and Community Services will decide whether registration should occur.

2.1.5 If a child is registered, a case conference must be called and a case plan must be developed within 28 days of the registration. Case conferences may be called earlier than this.

2.1.5.1 For the purposes of this section, a case conference is described as follows:

"a case conference is a formal group process involving direct service workers and, at times, clients; it seeks to share information, skills and resources, decide appropriate courses of action to be taken on behalf of the child and family, and allocate tasks to individual workers involved with the child and family".

2.1.5.2 The outcome of any case conference should be an agreed case plan which clearly specifies the roles and tasks of various workers, especially the Primary Worker and the Case Co-ordinator. Where ongoing contact is envisaged, a review date shall be set at which time the case plan will be evaluated and modified accordingly.

2.1.6 All registered cases will be reviewed at least once every three months until contact with the child and family is terminated through the child and family no longer requiring protective or other services.

2.1.6.1 The Officer-In Charge of the local Community Welfare Office will ensure that case co-ordinators are aware of review dates for registered cases and will conduct that review.

2.1.7 If a registered case is referred from one Primary Worker to another, even within the same Department or agency, the Case Co-ordinator should be advised of this change; this information shall be forwarded by the Case Co-ordinator to the Executive Officer, Child Protection and Family Crisis Service so that the Central Register can be updated.

2.1.8 In a registered case, termination of contact shall only occur after a review case conference and if one of the following situations applies:

2.1.8.1 the behaviour of the parents/caregivers towards the child has changed and there have not been any further incidents of any abuse;

OR

2.1.8.2 the relationship between parents/caregivers and child has demonstrably changed to the benefit of the child;

OR

2.1.8.3 there have been significant changes in the situational/stress factors that previously contributed to the necessity for registration of the child such that the family situation is no longer contributing to the child being considered at risk.

2.2 GROUND FOR REMOVAL OF NAMES FROM THE CENTRAL REGISTER

- 2.2.1 A child's name shall be removed from the Central Register when the child attains the age of 18 years.

2.3 ACCESS TO INFORMATION ON THE CENTRAL REGISTER

- 2.3.1 Access to information contained in the Central Register will be restricted to personnel who can confirm an involvement in diagnosis and/or service delivery issues associated with a child. Access will be given to appropriate personnel from hospitals, the Department of Health, the Police Force, the Department of Education and the Department of Youth and Community Services.

- 2.3.1.1 Where information is sought by such personnel, the enquirer will be obliged to provide the employer's name and the place of work.

It will then be the responsibility of the staff of the Child Protection and Family Crisis Service to independently confirm these details, including the phone number of the place of work supplied, in order to locate the enquirer.

- 2.3.1.2 Where the enquirer is not employed by one of these four organisations and is not known to have a genuine role in protecting the child, then the Family Crisis Service Worker receiving the enquiry must consult with the Executive Officer of the Child Protection and Family Crisis Service before providing any information to the enquirer.
- 2.3.1.3 The Executive Officer of the Child Protection and Family Crisis Service has a discretion to give information to any other appropriate authority.

3. RESPONSIBILITIES OF STAFF INVOLVED IN CHILD PROTECTION MATTERS

3.1 DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

3.1.1 The Medical Examination Order

In this section a "Medical Examination Order" is a notice served on a parent or guardian of a child requiring that parent or guardian to present the child to a medical practitioner for the purpose of the child's being medically examined.

- 3.1.1.1 The decision to issue such orders may be made by the following officers of the Department of Youth and Community Services:

the Officer-In-Charge of the local Community Welfare Office;

the Executive Officer of the Child Protection and Family Crisis Service;

the Executive Officer of the Montrose Child Protection Service;

- 3.1.1.2 In emergencies when it is not practicable to obtain the approval of one of the above Officers, then 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 thereafter.

3.1.2 Complaints Under the Community Welfare Act

- 3.1.2.1 The decision to lay a complaint under the Community Welfare Act in respect of a child abuse matter may be made by the following officers of the Department of Youth and Community Services:

the Officer-In-Charge of the local Community Welfare Office;

the District Officer of the local Community Welfare Office. (However, the Department of Youth and Community Services requires that, except in emergencies, approval of the Officer-in-Charge of the local Community Welfare Office must be given prior to such action being taken by a District Officer);

the Executive Officer of the Child Protection and Family Crisis Service;

the Executive Officer of the Montrose Child Protection Service;

3.1.3 Decisions to Involve Police in Child Protection Matters

3.1.3.1 Decisions about Police involvement in child abuse matters may be made by the following officers of the Department of Youth and Community Services:

the Officer-In-Charge of the local Community Welfare Office;

the Executive Officer of the Montrose Child Protection Service;

the Executive Officer of the Child Protection and Family Crisis Service;

3.1.3.2 These decisions shall be conveyed to the Officer-In-Charge of the Child Mistreatment Unit of the New South Wales Police Force.

3.1.3.3 It would be appropriate for such decisions to be made in any of the following circumstances:

when there is a possibility of death of a child;

when the perpetrator has not been identified;

where the child's safety with the caretaker(s) cannot be assured without court action against the perpetrator;

where the safety of the child would be dependent on the courts imposing conditions on the caretaker ensuring protection of the child whilst appropriate family intervention is initiated;

where repeated and/or 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 Departments of Youth and Community Services, Health Education, the Police Force, and other agencies.

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

3.1.4 Decisions to File Down Registered Child Protection Matters

- 3.1.4.1 In this context, "filing down" is an administrative procedure which follows termination of contact with a family when there is no longer any reason to remain involved.
- 3.1.4.2 Decisions to file down registered cases may be made by the Officer-In-Charge of the local Community Welfare Office.
- 3.1.4.3 The Case Co-ordinator is responsible for recommending the filing down of a registered case but only following termination of contact by the Primary Worker, a case conference and a case review where such a recommendation is supported.
- 3.1.4.4 If a Case Co-ordinator recommends filing down, the Co-ordinator must submit a report detailing:
- recommendations from the final case review;
- reasons why the child is considered no longer at risk in terms of family changes and supports available to the family;
- reasons why contact by the Department, even at the case co-ordinator level, is no longer seen as required.
- 3.1.4.5 The Officer-In-Charge of the local Community Welfare Office has the delegation to approve the filing down of a registered case.

3.2 THE POLICE

3.2.1 The Medical Examination Order

In this section a "Medical Examination Order" is a notice served on a parent or guardian of a child requiring that parent or guardian to present the child to a medical practitioner for the purpose of the child's being medically examined.

3.2.1.1 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 103 of the Community Welfare Act, but only after consultation with an Officer of the Police Child Mistreatment Unit.

3.2.2 Charges Under the Crimes Act and/or Complaints Under the Community Welfare Act

3.2.2.1 Officers of the Police Child Mistreatment Unit may make decisions to lay charges under the Crimes Act and/or complaints under the Community Welfare Act when consensus has been reached after consultation with the Officer-In-Charge of the local Community Welfare Office of the Department of Youth and Community Services. Decisions to take such action should be made in similar circumstances to those listed below:

when there is a possibility of death of a child;

when the perpetrator has not been identified;

where the child's safety with the caretaker(s) cannot be assured without court action against the perpetrator;

where the safety of the child would be dependent on the courts imposing conditions on the caretaker ensuring protection of the child whilst appropriate family intervention is initiated;

where repeated and/or 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 Departments of Youth and Community Services, Health Education, the Police Force and other agencies.

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

- 3.2.2.2 Where consensus is not reached the matter shall be referred to the Deputy Commissioner (Operations) and the appropriate Regional Director of the Department of Youth and Community Services.
- 3.2.2.3 Where police involvement has been requested by the Officer in Charge of the local Community Welfare Office, the Officer-in-Charge of the local Police Station must consult with the Police Child Mistreatment Unit before proceeding with any criminal action.
- 3.2.2.4 Where the Officer-in-Charge of a local Police Station has been advised by a Medical Superintendent about the death (or imminent death) of a child, pursuant to the Coroners Act, that Officer must immediately report the matter to the Police Child Mistreatment Unit.

3.3 THE DEPARTMENT OF HEALTH

3.3.1 Notification to the Department of Youth and Community Services

3.3.1.1 The major responsibilities of health workers in relation to notification are as outlined in 1.1 and 1.2. For ease of reference, they are repeated here:

Under the Community Welfare Act of 1982, "abuse" in relation to a child, means assault or ill-treat the child, expose or subject the child to behaviour that psychologically harms him or is likely to psychologically harm him, whether or not, in any case, with the consent of the child.

Notification of abuse is the beginning of a process of protecting the rights and interests of a child.

Medical practitioners are obliged by law to notify the Department of Youth and Community Services if they have reasonable grounds to suspect a child has been abused.

Officers of the Department of Youth and Community Services, the Police Force, the Department of Education, the Department of Health and hospital staff are also required to notify, by Ministerial direction, if they have reasonable grounds to suspect a child has been abused.

Other person may notify the Department of Youth and Community Services if they have similar concerns for a child.

The Community Welfare Act contains provisions which protect the person notifying a child abuse matter to the Department of Youth and Community Services:

the notification shall not be held to constitute a breach of professional etiquette or ethics;

no liability for defamation is incurred by reason of the making of the notification;

the notification shall not constitute a ground for civil proceedings for malicious prosecution or for conspiracy.

Notifications of suspected child abuse must be made to any District Office or Child Protection and Family Crisis Service of the Department of Youth and Community Services. Notifications may be made either verbally or in writing. Verbal notifications are preferred and they may be made on a 24-hour basis at the Child Protection and Family Crisis Service, Department of Youth and Community Services, telephone 799 1333.

Arrangements have been made for notifications to be received by toll free phone calls. The toll free phone number is 008 42 5288.

In the case of notifications made by any hospital or health worker, or any Education Department Officer, a written record must be kept by the hospital or health worker or delegated Education Department Officer attesting to the fact that a notification has been made and to the time and date it was made.

At the time the notification is made, hospital or health workers or the Education Department Officer should obtain the identifying number allocated by the Department of Youth and Community Services.

- 3.3.1.2 Where a medical practitioner directs another worker to make a notification, the medical practitioner shall be responsible for ensuring the notification takes place.

3.3.2 Involvement of Police

- 3.3.2.1 When the Medical Superintendent of a hospital is of the opinion that there is a possibility of a death of a child who has been admitted to a hospital following suspected or confirmed abuse, the case should be immediately reported to either the Officer-in-Charge of the nearest Police Station or the Police Child Mistreatment Unit.

In such cases notification shall also be made to the Department of Youth and Community Services.

3.3.3 Release of Information Concerning a Child

- 3.3.3.1 It is accepted practice in child protection, that a multi-disciplinary approach is the most effective means of meeting the child's and the family's needs.

To ensure the child's needs for protection are met and to allow full and accurate assessment to take place, information from medical records 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) will give such officers access to medical information and any other records concerning children suspected of being abused even if the information is contained on the record of a parent of a child so suspected.

Such information shall be given to ensure the statutory requirements of the Community Welfare Act are met in protecting the best interests of the child.

3.3.3.2 Regional Directors and Medical Superintendents shall ensure that the authority to release information concerning a child, is formally delegated to personnel who are involved in the provision of service, particularly after hours services.

3.3.4 Termination of Contact

3.3.4.1 In registered cases, where a health or hospital worker is the Primary Worker, contact with the child and family should only be terminated following the concurrence of a review case conference and where one of the following situations applies:

the behaviour of the parents/caregivers towards the child has changed and there have not been any further incidents of any abuse;

OR

the relationship between parents/caregivers and child has demonstrably changed to the benefit of the child;

OR

there have been significant changes in the situational/stress factors that previously contributed to the necessity for registration of the child such that the family situation is no longer contributing to the child being considered at risk.

In the event of such a Primary Worker being unable to continue involvement with a child, then that worker shall advise the Case Co-ordinator of the intention to withdraw services so that another Primary Worker may be allocated.

3.4 THE DEPARTMENT OF EDUCATION

3.4.1 Notification of the Department of Youth and Community Services

3.4.1.1 The major responsibilities of the Department of Education staff in relation to notification, are as outlined in 1.1 and 1.2. For ease of reference they are repeated here:

Under the Community Welfare Act of 1982, "abuse" in relation to a child, means assault or ill-treat the child, expose or subject the child to behaviour that psychologically harms him or is likely to psychologically harm him, whether or not, in any case, with the consent of the child.

Notification of abuse is the beginning of a process of protecting the rights and interests of a child.

Medical practitioners are obliged by law to notify the Department of Youth and Community Services if they have reasonable grounds to suspect a child has been abused.

Officers of the Department of Youth and Community Services, the Police Force, the Department of Education, the Department of Health and hospital staff are also required to notify, by Ministerial direction, if they have reasonable grounds to suspect a child has been abused.

Other persons may notify the Department of Youth and Community Services if they have similar concerns for a child.

The Community Welfare Act contains provisions which protect the person notifying a child abuse matter to the Department of Youth and Community Services:

the notification shall not be held to constitute a breach of professional etiquette or ethics;

no liability for defamation is incurred by reason of the making of the notification;

the notification shall not constitute a ground for civil proceedings for malicious prosecution or for conspiracy.

Notifications of suspected child abuse must be made to any District Office or Child Protection and Family Crisis Service of the Department of Youth and Community Services. Notifications may be made either verbally or in writing. Verbal notifications are preferred and they may be made on a 24-hour basis at the Child Protection and Family Crisis Service, Department of Youth and Community Services, telephone 799 1333.

Arrangements have been made for notifications to be received by toll free phone calls. The toll free phone number is 008 42 5288.

In the case of notifications made by any hospital or health worker, or any Education Department Officer, a written record must be kept by the hospital or health worker or delegated Education Department Officer attesting to the fact that a notification has been made and to the time and date it was made.

At the time the notification is made, hospital or health workers or the Education Department Officer should obtain the identifying number allocated by the Department of Youth and Community Services.

3.4.2 Release of Information Concerning a Child

3.4.2.1 It is accepted practice in child protection, that a multi-disciplinary approach is the most effective means of meeting the child's and the family's needs.

To ensure the child's needs for protection are met and to allow full and accurate assessment to take place, information from school records may be required by Officers of the Department of Youth and Community Services.

At the request of an Officer of the Department of Youth and Community Services, School Principals or their delegates will give such officers access to school records concerning children suspected of being abused.

Such information shall be given to ensure the statutory requirements of the Community Welfare Act are met in protecting the best interest of the child.

3.4.3 Termination of Contact

3.4.3.1 In registered cases, where an Education Department Worker is the Primary Worker, contact with the child and family should only be terminated following the concurrence of a review case conference and where one of the following situations applies:

the behaviour of the parents/caregivers towards the child has changed and there have not been any further incidents of any abuse;

OR

the relationship between parents/caregivers and child has demonstrably changed to the benefit of the child;

OR

there have been significant changes in the situational/stress factors that previously contributed to the necessity for registration of the child such that the family situation is no longer contributing to the child being considered at risk.

In the event of such a Primary Worker being unable to continue involvement with a child, then that worker shall advise the Case Co-ordinator of the intention to withdraw services so that another Primary Worker may be allocated.