



Vulnerable Children - RCH Procedure for Suspected Child Abuse

1. Purpose of the Procedure

1.1. The purpose of this procedure is to set out the responsibilities of all Royal Children's Hospital (RCH) staff in relation to babies, children and young people who have been, or are likely to be, harmed by abuse or neglect. It advises staff of the recommended steps to be followed on all occasions when child abuse is suspected.

1.2. This Procedure sets out RCH responsibilities in relation to;

- The child
- Family members of these children
- Communications between RCH staff
- Communications between RCH staff and other professionals involved with the child and his/her family.

2. Related Policy, Procedures & Guidelines

2.1 The RCH Vulnerable Children Policy governs the delivery of services to babies, children and young people who have been, or are likely to be, harmed by abuse or neglect, and to their families.

2.2. The RCH Child Abuse Clinical Practice Guidelines provide guidance for clinical decision making for the assessment and management of a child for whom there is concern of abuse.

3. The Aims and Objectives of the Guidelines are to:

- 3.1 Provide clear instructions regarding steps for responding when concerns arise about the safety and wellbeing of a patient of RCH;
- 3.2 Develop and maintain effective working relationships between staff of RCH, Child Protection and Police;
- 3.3 Ensure clear lines of communication between staff of RCH, Child Protection and Police. This will ensure a co-ordinated approach to joint cases and to the exchange of information;
- 3.4 Ensure that professionals within RCH recognise and respect each other's roles and responsibilities;
- 3.5 Provide clear procedures to address the key points of contact between staff within RCH

4. Definitions

4.1 Victorian Forensic Paediatric Medical Service (VFPMS)

The VFPMS is a statewide medical service providing specialist forensic evaluation and healthcare for abused and vulnerable children. The service is governed by the RCH. Clinics operate during business hours (9am to 5 pm weekdays) at RCH and Monash Medical Centre (MMC) and after hours services (24/7) are provided at both hospitals. The VFPMS also has state-wide responsibilities to provide advice and assistance in relation to medical evaluation when child abuse is suspected and planning of health interventions.

4.2 RCH Social Work Department

The Social Work Department provides a comprehensive and responsive service to the entire hospital (inpatient and outpatient). Social workers provide psychosocial assessment, case consultation, liaison with child protection workers and direct services to children and families, including those who are at risk of, or have sustained, physical abuse and neglect.

4.3 Gatehouse at RCH

Gatehouse provides a comprehensive and responsive service to the hospital (inpatient and outpatient) to children and young people and their families where sexual assault is suspected or has occurred. Specialist counsellors (social workers, psychologists and child psychotherapist) provide crisis services 24 hours a day and counselling and support services in business hours to children, young people and their families. These services can include assessments, case consultation and liaison with Child Protection DHHS (Department of Health & Human Services) and the Police SOCIT (Sexual Offences and Child Abuse Investigations Teams). Gatehouse also provides a service to children and young people and their families who exhibit Problem Sexual Behaviours and Sexually Abusive Behaviours.

4.4 DHHS Child Protection

The Department of Human Services - Child Protection Branch is the statutory authority responsible for providing Child Protection services for identified at risk children in Victoria under the age of 17 years or, when a protection order is in place, children under the age of 18 years. Child Protection also accepts reports on unborn children who may be at risk upon birth.

4.5 Child FIRST

Funded by the Department of Health & Human Services (DHHS), Child FIRST sites are established in sub-regional catchments across Victoria to provide a single referral and coordination point for family services.

The role of Child FIRST is to:

- Provide a central intake for an integrated local network of family services;
- Receive referrals about vulnerable children when there are significant concerns about their wellbeing;
- Identify initial needs and assess underlying risks to children in consultation with Child Protection and other services;
- Identify different service responses for families related to the assessment of needs and underlying risks; and
- Determine the priority of a response and allocation of families to family support services.

4.6 SCAN Meeting

SCAN (Suspected Child Abuse and Neglect) meetings are multi-disciplinary professionals-only meetings attended by RCH staff, child protection practitioners and police. The purpose of SCAN meetings is to share information, plan investigations and plan the multiagency response.

The allocated social worker convenes these meetings which are chaired by the General Medicine Consultant paediatrician. The meeting should occur no later than the next business day following a report by the RCH to Child Protection or Police (or on the next possible business day). Minutes are taken and circulated to all attendees.

5. Steps for Responding to suspected child abuse

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5.1 Step 1 - Consider the baby, child or young person

Do you have concerns that the baby, child or young person has been, or is likely to be, harmed by abuse or neglect?

5.2 Step 2 - Consult

Concerned staff member to consult with;

- Own manager, supervisor or person in charge
AND if following this you have concerns refer to;
- Professionals who have specific expertise in the management of suspected child abuse, child protection and forensic paediatric medicine. These are:
 - suspect a child has been neglected -Victorian Forensic Paediatric Medical Service (VFPMS) and RCH Social Work
 - suspect physical assault -Victorian Forensic Paediatric Medical Service (VFPMS) and RCH Social Work
 - suspect sexual assault -Victorian Forensic Paediatric Medical Service (VFPMS) and RCH Gatehouse

(See Section 8 for department's contact details during business hours and out of hours).

Where an Aboriginal or Torres Strait Islander child is the subject of concern, staff should also consult with an RCH Aboriginal Liaison Officer at the commencement of the assessment process.

5.3 Step 3 - Assess

Decide if the child requires admission to the hospital on medical grounds or to ensure safety through consultation with General Medicine Consultant. NB: Children admitted to hospital because of suspected abuse or neglect must be admitted under the Department of General Medicine or Adolescent Medicine as appropriate. In cases where the child is admitted to a speciality unit (e.g. Burns or Neurosurgery) a referral should be made to the Department of General Medicine who will co-ordinate the child's care, unless the unit has expertise to deal with the child's vulnerability (e.g. Adolescent Medicine).

Report to Child Protection to ensure safety immediately if you form a reasonable belief that a child has suffered, or is likely to suffer significant harm as a result of physical injury or sexual abuse, or if parents refuse to allow the child to be admitted or wish to remove the child from hospital against medical advice.

Under the Children, Youth and Families Act 2005 a 'belief on reasonable grounds' is formed if a reasonable person in the same position would have formed the belief on the same grounds. (s. 184(4), CYFA)

Consultation with VFPMS will help determine the best time, place and person to conduct forensic medical examination.

A full assessment is to be completed and documented as soon as possible by the most relevant professional/team. To include:

- Medical assessment
- Psychosocial and risk assessment
- Specialist forensic assessment
- Other specialist assessments (e.g. Child and Adolescent Mental Health Service)

If the patient is an inpatient, assessment reports will be shared with the Department of General Medicine and recommendations made to them for further investigations required.

5.4 Step 4 - Plan

If the child is assessed as being at risk or vulnerable, then a multi-disciplinary discussion needs to occur with all the relevant professionals to determine:

- Who will report to Child Protection (if not done already) or Child FIRST or Police
- Whether a SCAN Meeting is required (for inpatients, see Section 6 below)
- Who will make appropriate service referrals
- Plans for ongoing care and treatment, admission or discharge
- Allocated responsibility for follow up

The report to child protection should be made by the person who has the most relevant information in relation to the child and the reasons for the report.

Ensure the outcome of plan and decisions for action are documented in the patients file and relevant clinical team members are informed.

5.5 Step 5 - Act

Implement the plan for ongoing care and treatment and:

- Report to Child Protection (if not done prior) OR
- Refer to Child FIRST or other support service OR
- Manage ongoing health needs if no child protection concerns persist

6. Reporting to Child Protection and Police

6.1 Child Protection has a statutory responsibility under the Children Youth and Families Act 2005 (CYFA) (to provide Child Protection services for identified at risk children in Victoria under the age of 17 years or, when a protection order is in place, children under the age of 18 years). Child Protection also accepts reports on unborn children who may be at risk upon birth. Link to CYFA:

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/15A4CD9FB84C7186CA2570D00022769A/\\$FILE/05-096a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/15A4CD9FB84C7186CA2570D00022769A/$FILE/05-096a.pdf)

6.2 Section 162 of the CYFA details the circumstances when a child is in need of protection. These include; physical abuse, sexual abuse, abandonment, the child's parents are dead or incapacitated or the child has suffered, or is likely to suffer emotional or psychological harm. As per the CYFA the harm may be constituted by a single act, omission or circumstance or accumulate through a series of continuing acts, omissions or circumstances.

6.3 Reporting to Child Protection needs to be in accordance with the CYFA. Section 184 of the Act states that certain professionals (mandatory reporters) must report to Child Protection when, in the course of their professional duty they form the belief that a child is in need of protection on a ground referred to in section 162(c) or 162(d) of the CYFA, that is;

1. The child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
2. The child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;

6.4 Nurses, doctors, teachers and the police are mandatory reporters. Other (non-mandated) professionals are encouraged to notify Child Protection when the professional believes that a child is in need of protection. Section 183 of the CYFA allows that any person who believes on reasonable grounds that a child is in need of protection may report that belief to a protective intervener.

6.5 The Child Protection reports are accepted by the Intake Team with coverage for the region within which the child ordinarily resides. Intake Teams operate on business days between the hours of 8.45am to 5.00pm. Outside these hours, hospital staff can report to the statewide After-Hours Child Protection Emergency Service (AHCPEs) when a child is considered to be at significant and immediate risk of harm or when this is a significant crisis involving the child's protection. (AHCPEs Phone number: 131287. There is also a hospital priority phone number 9843 5422).

<http://www.dhs.vic.gov.au/for-individuals/children-families-and-young-people/child-protection/child-protection-contacts>

6.6 Child FIRST - Child and Family Information and Referral Support teams

Child Protection has a clear role and statutory responsibility for children in need of protection. Child FIRST provides a central intake and referral service, on a sub regional basis, for families and professionals wishing to access family support services. In instances where there are no protection issues but a professional holds concern about a child's wellbeing a

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referral to Child FIRST should be considered.

<http://www.dhs.vic.gov.au/for-individuals/children-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information-referral-and-support-teams>

6.7 Reporting Criminal Offences to Victoria Police. Where Child Protection receives a report under section 183 or 184 of the CYFA, from a source other than Victoria Police regarding a child in need of protection due to sexual abuse, physical abuse or neglect, Child Protection will notify Victoria Police at the point of intake in order to facilitate joint planning of an appropriate response.

Any adult who has a reasonable belief a sexual offence has been committed by an adult against a child under the age of 16 must report that information to police, unless:

- the matter has already been reported to Child Protection or otherwise reported to Police;
- the victim is over 16 years of age at the time they disclose the offence to you, and they have the capacity to make a decision regarding disclosure and do not want the offence to be disclosed to police;
- the information was obtained from the child by a registered medical practitioner or counsellor while providing treatment and assistance to the child in relation to sexual abuse (but note that you still have an obligation to report to Child Protection in these circumstances if you reasonably believe the child is at risk);
- you reasonably fear for your safety or the safety of another person if the offence is disclosed to police (for example, this may apply if the wife of an abuser fears for her safety and the safety of her child); or the information is privileged (i.e. it was obtained during the course of providing legal advice, to a journalist by an informant, or during a religious confession)

A disclosure to the police in these circumstances is not a breach of privacy obligations under section 141 of the Health Services Act 1988 or section 346 of the Mental Health Act 2014.

7. SCAN Meetings

7.1 If a child is admitted to the hospital and a report to Child Protection is made a SCAN (Suspected Child Abuse and Neglect) meeting should be held and documented to share information and make plans for safe discharge. This should occur within 24 hours of admission or on the next business day.

7.2 The meeting should be convened by the nominated Social Worker for the case and chaired by the Consultant for whom the patient is admitted under. The meeting usually includes;

- Medical Staff Nursing staff
 - Social Work
 - VFPMS
 - Gatehouse (sexual assault cases only)
 - DHS Child Protection or Child FIRST
 - Police
- But could also be extended to include;
- Community Maternal Child Health Nurse
 - General Practitioner
 - Community Service Agency (e.g. disability service, drug and alcohol service)

Formal minutes of the meeting will be documented by the RCH General Medicine Registrar and provided to attendees of the meeting within 24 hours.

See [SCAN Meeting Resources](#) (SCAN meeting procedures, Medical Information Summary for SCAN patients, agenda and minutes proformas).

8. Information Sharing

8.1. The timely, purposeful and coordinated exchange of information between RCH departments is critical to the immediate and ongoing protection and well-being of children.

8.2. Information exchange and communication with Child Protection, Police and other professionals will be guided by the child's best interests and professional responsibilities, with due reference to the family's privacy rights and relevant legal obligations.

8.3. Where the report to Child Protection is made by an RCH staff member, RCH will liaise with Child Protection to ensure that it has all the information it requires to consider the report.

8.4. Where information is sought by Child Protection from RCH, preferred practice is for Child Protection to obtain parental consent for release of medical information about their child. However, the Children Youth and Families Act (CYFA) provides for information exchange for the purposes of assessment of a report and the release of information by the RCH to Child Protection in accordance with the CYFA does not constitute a breach of privacy and confidentiality or professional ethics if made in good faith. Information given to Child Protection without parental consent will be given only in accordance with the CYFA.

The CYFA Section 192 (1) states 'If the Secretary believes on reasonable grounds that an information holder or a person in charge of, or employed in, a registered community service has information that is relevant to the protection or development of a child in respect of whom the Secretary has received a protective intervention report, the Secretary may ask that person to provide that information to the Secretary'. Section 192 (2) further states 'A Person who is asked under sub-section (1) to provide information to the Secretary may provide that information to the Secretary'.

Furthermore, under Section 193, 'A disclosure made under Section 192 in good faith -

1. Does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made; and
2. Does not make the person by whom it is made subject to any liability in respect of it;
3. Without limited paragraphs (a) and (b), does not constitute a contravention of-
 - (i) section 141 of the Health Services Act 1988; or
 - (ii) section 346 of the Mental Health Act 2014.

Additionally under Section 200 (1) 'It is not a reasonable excuse for a person to refuse or fail to give information or produce documents to an authorized officer under this Division on the ground of medical professional privilege'.

Finally, 'refusal or failure to comply with the requirement of an authorized officer under this Division' may result in penalty under Section 197.

Child Protection staff may require medical information, written or oral from RCH staff to:

- assist in the risk assessment/investigation
- present as evidence to legal proceedings
- assist with decision-making and care planning.

8.5. Requests for information sought by Child Protection regarding RCH patients are to be directed to the RCH Social Work Department. In situations where there is uncertainty regarding the release or exchange of information staff should obtain advice from the RCH legal department.

The Memorandum of Understanding between RCH and DHHS (Child Protection) establishes processes and practices to ensure ongoing effective communication between the organisations.

8A. Reporting suspected child abuse at RCH

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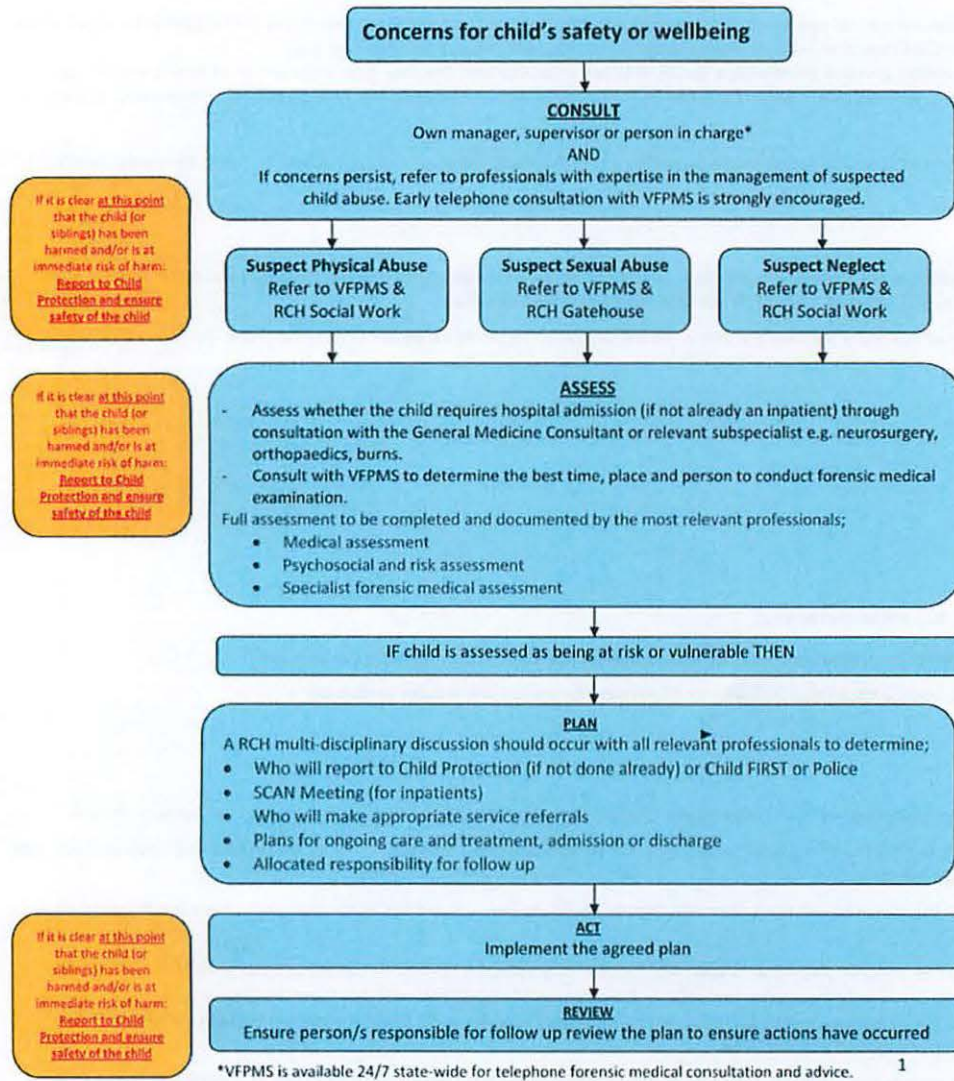
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RCH is committed to protecting children and young people at RCH from child abuse. RCH Executive has a responsibility to take action against any person associated with the hospital who poses a risk of abusing a child or young person at RCH.

If you suspect any person at RCH (including a staff member, volunteer, contractor or visitor) has abused a child or young person, you should immediately report the suspicion to your manager, who will immediately escalate the matter to the relevant Executive Director. The Executive Director will report the matter to the CEO and will consult with other members of the Executive, as required, to ensure appropriate investigation and reporting is undertaken.

Flowchart of Steps for Responding to Suspected Child Abuse - [.pdf of Flowchart also available [here](#) for download]

8. Flowchart of Steps for Responding to Suspected Child Abuse



[Download a PDF of the Suspected Child Abuse flowchart.](#)

*VFPMS is available 24/7 state-wide for telephone forensic medical consultation and advice.

9. Contact Information

- Victorian Forensic Paediatric Medical Service (VFPMS) - (24 hours a day 7 days a week)
Tel: 1300 66 11 42. www.vfpms.org.au
- RCH Social Work - In hours call Extension 56111 / After Hours contact Social Work On Call via RCH switchboard. www.rch.org.au/socialwork
- RCH Gatehouse - In hours call Extension 56391 / After hours Gatehouse Oncall via RCH switchboard. www.rch.org.au/gatehouse

10. Resources

- Children at Risk Learning Portal - A free training resource in protecting vulnerable children for health professionals: <http://vulnerablechildren.e3learning.com.au/>
- Department of Human Services <http://www.dhs.vic.gov.au/for-individuals/children-families-and-young-people/child-protection/about-child-abuse>
- Child FIRST <http://www.dhs.vic.gov.au/for-individuals/children-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information-referral-and-support-teams>
- Victoria Police Sexual Offences and Child Abuse Investigation Teams (SOCITs) http://www.police.vic.gov.au/content.asp?Document_ID=36222
- Commission for Children and Young People <http://www.ccyv.vic.gov.au/>

11. References

- Child, Youth and Families Act. 2005.
[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/15A4CD9FB84C7196CA2570D00022769A/\\$FILE/05-096a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/15A4CD9FB84C7196CA2570D00022769A/$FILE/05-096a.pdf)
- Crimes Act 1958.

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http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt9.nsf/DDE300B846EED9C7CA257616000A357176D18A4F31EF8F3DCA257D87008018DD6231aa249A%20authorised.pdf

- Vulnerable babies, children and young people at risk of harm. Best practice framework for acute health services. Victorian Government Department of Human Services. 2006.
<http://www.health.vic.gov.au/childrenatrisk/framework.htm>
- Monash Health Vulnerable Babies, Children and Young People Management Protocol. Sept 2008.
- Monash Health Guidance Information Management of Vulnerable Babies, Children and Young People. Sept 2008.

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