

**PD 2013_007 Child Wellbeing and Child Protection Policy & Procedures for NSW Health
Implementation Actions from the Child Wellbeing & Child Protection Reference Group
Updated 17th April 2015**

No.	Issue	Policy Location	Policy Requirement	Actions Taken	Officer Responsible	Progress	Date complete
1	Review of intake and assessment procedures	4.6.1, p11	1. All Health services need to have intake and assessment procedures that consider the safety, welfare and wellbeing of children and young people, including those in the care of adult clients	Local Child at Risk Committees briefed on the Policy Directive.	Child Protection Manager	Complete	June 2013
			2. All Health services need to have intake and assessment procedures that prioritise service access for children and young people at risk of significant harm, particularly those referred by CS	Distributed a questionnaire to key LHD services via representatives at the Child Protection Reference Group, asking service managers to report back to the Committee on their service's intake and assessment procedures, and whether they currently align with Policy Directive requirements.	Child Wellbeing Coordinator	Complete	March 2014
		8.3, p49	3. All Health services need to have intake and assessment procedures that prioritise service access for pregnant women who have been identified under SAFESTART as having significant vulnerabilities and who are the subject of a High Risk Birth Alert (HRBA)	Advocacy undertaken to reintroduce standard forms that facilitate Mental Health Drug & Alcohol recording of patient's children's details at intake.	Mental Health Service representative to the Reference Group	Awaiting feedback from MHDA.	Expected June 2015
			4. Prior consent is not a prerequisite to offering a service to a family, particularly when vulnerabilities have been identified. In some circumstances, Health workers can contact a family to offer a service following initial				

			referral from another worker, knowing that the young person/family/carer is not aware their details have been provided.				
2.1	Training	4.6.2, p11-12	Health workers working directly with children and young people or with adults who have children in their care and whose parenting capacity may be in question require more detailed information and guidance on responding to vulnerable children and young people and their families. These health workers should attend a minimum of one day face-to-face training by the LHD. This training should occur at orientation or as soon as possible thereafter.	Full-day Child Protection training included on the Mandatory Training Matrix.	Child Protection Educator	Complete	2014
				Pathlore report regarding training attendance 2010-2013 completed.	Child Wellbeing Coordinator	Complete	Nov 2014
				NSLHD training policy developed.	Child Protection Educator & Manager	Draft complete	Sept 2015
				NSLHD full-day training sessions increased from 6 in 2013 to 14 in 2014 & 2015.	Child Protection Educator	Complete	Jan 2014
2.2	Training	4.6.2, p11-12	Particular attention to the training needs of junior medical staff working in these services needs to be given.	Meetings undertaken to develop Child Protection, Domestic Violence & Sexual Assault Training modules for Emergency Department (ED) staff.	Child Protection Educator in partnership with ED & Social Work reps	In development	May 2015

				Training routinely provided to Junior Medical Officers in NSLHD hospitals.	Child Protection Educator	Ongoing	Ongoing
2.3	Training	4.6.2, p11-12	As a minimum requirement, all Health staff who conduct child wellbeing and child protection training should attend Child Protection Facilitator training, provided by Education Centre Against Violence.	Child Wellbeing Coordinator attended Child Protection Facilitator Training	Child Wellbeing Coordinator	Complete	June 2014
3	Helpline Feedback Letters	4.6.9, p14 9.3.1, p61	A local procedure is required for the receipt, response and follow-up of Child Protection Helpline feedback letters, particularly where Health workers are on shift or move to other areas within Health in the course of their duties. Local Health Districts and Health Service Managers are responsible for developing procedures for the above.	Child Protection Helpline followed up regarding some letters not arriving. Helpline reviewing missing letters on a case-by-case basis & improving systems for ensuring letters are successfully sent.	Child Wellbeing Coordinator	Complete	June 2014
				Health Information Services (HIS) engaged by Reference Group Chair to explore feasibility of a central contact point to receive & file Helpline feedback letters.	Reference Group Chair & LHD Manager HIS	In development	Sept 2015
				HIS engaged to ensure feedback letters are scanned into the electronic Medical Record (eMR).	Child Wellbeing Coordinator	In development	2015
				Child Wellbeing Coordinator nominated to attend Helpline Behavioural Insights Working Group, looking at improving feedback letter processes.	Child Wellbeing Coordinator	Awaiting meeting time	June 2015
4	Case Manage-	4.6.11, p15	A local policy is required for appropriate case management and services to children and young	Child Wellbeing Coordinator working with other LHD counterparts to develop	Child Wellbeing Coordinator	In develop-	December 2015

	ment	4.6.12, p15	<p>people where child wellbeing concerns have been raised.</p> <p>A local protocol is required to support health workers working with other government and non-government agencies and private providers (including GPs) to plan and provide services for the safety, welfare and wellbeing of children and young people, and to strengthen and support families.</p>	a consistent statewide policy.		ment	
5	Case review	4.6.11, p15	A local policy is required for reviewing the management of child abuse and neglect cases with Health workers.	Standard IIMS (Incident Management) policy, RCA (Root Cause Analysis) & London Protocols in current use to review adverse events in relation to child protection.	All NSLHD	Ongoing	Ongoing
				Child protection specific policy being developed by the Child Wellbeing Coordinators Network.	Child Wellbeing Coordinators Network	In development	2016
6	Management of clinical differences of opinion	4.6.10, p14 4.10.4, p18	A local pathway is required for health workers to escalate child wellbeing and protection concerns and differences of opinion with other health workers or agencies.	Clinical and Workforce Governance Units consulted: no policy currently in existence that governs the resolution of clinical disputes.	Child Wellbeing Coordinator	Complete	2013
				<i>Procedure Management of Differences of Opinion in Child Protection Matters</i> drafted & comment sought from Reference Group.	Child Protection Manager & Child Wellbeing Coordinator	Draft complete; currently in consultation	Sept 2015

7	File flagging	4.7.1, p16	Flag client files where a High Risk Birth Alert (HRBA) or general alert from Community Services or the NSW Police Force has been received regarding a child or young person at risk of significant harm.	Child Protection Manager & Child Wellbeing Coordinator engaged in NSLHD/CCLHD Child Protection Alerts working group to update Alerts Policy in light of the PD.	Child Protection Manager & Child Wellbeing Coordinator	In development	June 2015
				<i>Unborn Child High Risk Birth</i> to be added to electronic Medical Record Social Alerts.	Child Protection Manager & Child Wellbeing Coordinator	In progress	June 2014
				HIS, ICT & Child Protection Service collaborated to develop draft procedure <i>NSLHD Management of High Risk Birth Alerts</i> , final feedback currently being sought from Maternity & Neonatal Network.	Child Protection Manager & Child Wellbeing Coordinator	Draft complete; currently in consultation	Sept 2015
8	Information Sharing	6.1, p26 6.3, p25	Organisations should at a minimum advise children, young people and their families that information may be shared with other organisations... Health workers should discuss the possibility of exchanging information under Chapter 16a at the earliest possible stage.	NSW Health Privacy brochure reviewed to ensure it provides information about Chapter 16A.	Child Wellbeing Coordinator	Complete	June 2013
				Youth-specific privacy brochure <i>we keep it zipped</i> now available for youth regarding confidentiality & information sharing.	Youth Health CNC	Complete	Oct 2014
				Chapter 16A section of full-day Child Protection training strengthened.	Child Wellbeing Coordinator & Child Protection Educator	Complete	Jan 2014

9	High Risk Birth Alerts (HRBA)	Table 15. p68	<p>The Northern Sydney Central Contact point needs to review data fields for recording HRBA's on their log (PD suggests 24 data fields).</p> <p>NSSCP needs to review processes for sending HRBA's out to services other than maternity services, when appropriate.</p> <p>Ensure LHD processes are in place to ensure HRBA's or prenatal information is recorded in the free text alert section on FirstNet where the pregnant woman is registered in the system.</p>	See <i>File Flagging</i> above.			
10	Medical Assessment	9.10.2, p74	<p>Suspected Child Abuse & Neglect (SCAN) protocols should be used for recording the results of s173 medical examinations.</p> <p>In accordance with NSW Health policies and procedures, Health workers undertaking medical assessment must make sure that all information is accurately recorded in the client health record, including:</p> <ul style="list-style-type: none"> - time of presentation 	Email sent to Ministry of Health for clarification around SCAN. Ministry advised that local medical assessment processes are acceptable to use (not just formal SCAN Protocol), provided they cover what the policy says they need to cover (as listed left).	Child Wellbeing Coordinator	Complete	July 2013
		13.10, p91	<ul style="list-style-type: none"> - languages spoken and need for interpreter 	Paediatric Executive briefed on SCAN.	Child Protection Manager	Complete	2014

			<ul style="list-style-type: none"> - physical injury, size, colour, shape of markings, type, etc—use body maps - history given by child in the course of a medical examination - clinical observations and whether these are consistent with the history given by the child and family - social, emotional, developmental and nutritional assessment of child and family - all treatment given, for example drugs prescribed, referral for x-ray, admission and reason, blood tests, and - growth percentiles 	SCAN Protocol and Guideline released. Paediatric Network involved in communication regarding this.	Child Protection Manager	Complete	2014
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