**NAME OF DOCUMENT**  | Child Protection Policy  
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**TYPE OF DOCUMENT**  | Policy  
**NUMBER**  | SESIAHS PD 039  
**DATE OF ISSUE**  | November 2007  
Updated June 2009  
**REPLACES**  | November 2006  
**FORMER REFERENCE**  | Former Illawarra CGOV-09 Child Protection Policy.  
Former SESAHS Child Protection Kit.  
**EXECUTIVE SPONSOR**  | Director of Clinical Operations  
**SUMMARY**  | The Child Protection Policy details the responsibilities of SESIH management and staff for the recognition, reporting and management of suspected risk of harm to children and young persons.  
All staff must be aware of mandatory reporting requirements for suspected child abuse and neglect and the responsibility for inter-agency sharing of information in these matters.  
Section 2 – 4 of the Policy relates to the management of  
- Overview of the management of a child who presents that may be at risk of abuse, harm or neglect.  
- Contacting DOCS  
- Responding to Section 248’s  
- Responding to “Best Endeavour “requests from DOCS  
Child related allegations against employees must be referred through line management structures to the Area Professional Practice Unit. These allegations will be managed in accordance with NSW PD2006_025 Child Related Allegations, Charges and Convictions against Employees.  
The SESIH Code of Conduct also details appropriate conduct of all employees of the health service.
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**Note:** The document is marked as **INTERNAL ONLY** and contains sensitive information.
SECTION 1 – CHILD PROTECTION POLICY

1. PURPOSE & SCOPE

- To outline the responsibility of SESIH staff in the recognition, reporting and management of suspected risk of harm to children and young persons.
- To ensure all staff are aware of mandatory reporting requirements for suspected child abuse and neglect and the responsibility for inter-agency sharing of information in these matters.
- To define the process for managing child protection for first and subsequent child presentations.
- To detail actions required if assessed as “at risk”.
- To inform all staff of the process of contacting DOCS during normal and after hours.
- To define the levels of responsibility of staff working within the health service.
- To inform staff of SESIH of their responsibilities to respond to requests for information (Section 248’s) from the Department of Community Services.
- To describe the process of responding “Best Endeavours” (Sections 17, 18 or 85) request from the Department of Community Services (DOCS).

2. RESPONSIBILITIES

Chief Executive, Directors, Facility General Managers and Service Directors, All staff employed within SESIH.

3. REFERENCES

3.1 Legislation

- Children and Young Persons (Care and Protection) Act 1998
- Commission for Children and Young People Act 1998
- Ombudsman Amendment(Child Protection & Community Services) Act 1988
- Privacy and Personal Information Act 2002 (PPIA)
- Health Records & Information Privacy Act (HRIP)
- Crimes Act 1900
- Summary Offences Act 1988

3.2 External References

- [NSW Health Policy Directive PD2005_100 Child Care Policy](#)
- [NSW Health Frontline Procedures for the Protection of Children and Young People - Dec 2000](#)
- [NSW Health Policy Directive PD2005_299 Protecting Children and Young People](#)
Child Protection Policy

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- NSW Health Policy Directive PD2005_177 Employment Screening of Staff and Other Persons in Child Related Areas
- NSW Health Policy Directive PD2005_552 Employment Screening Using Criminal Record Checks
- NSW PD2006_025 Child Related Allegations, Charges and Convictions against Employees.
- NSW Health Policy Directive PD2006_030 Incident management policy
- NSW Health Policy Directive PD2005_109 Procedures for Recruitment of Staff and Other Persons - Vetting and Management of Allegations and Improper Conduct
- NSW Health Policy Directive PD2006_084 Domestic Violence – Identifying and Responding
- Interagency Guidelines for Child Protection Intervention_ revised 2005

3.3 Internal references
- Area Policy Directive PD 061 Code of Conduct
- Area Policy Directive PD 040 Incident Management
- Area Policy Directive PD 036 Computer Use, Email, Intranet and Internet
- Area Policy Directive PD 032 Disciplinary process- management of
- Area Policy Directive PD 043 Recruitment and Selection
- Area Policy Directive PD 044 Probity

4. DEFINITIONS

- DOCS – Department of Community Services

- Section 17- to exercise a genuine and considered effort to respond to a request for services from the Department of Community Services or the Children’s Court Clinic under sections 17, 18, or 85 of the Act. (Refer Front Line Procedures P32 Sect. 11)

- Section 248- Requirement to provide information to the Department of Community Services under the Act. (Refer Frontline Procedures pp 27-29)
Risk of Harm - A child or young person is at risk of harm if a current concern exists for the safety, welfare or well-being of the child or young person. (Refer Frontline Procedures P9)

5. POLICY

5.1 Policy commitment

The South Eastern Sydney Illawarra Health (SESIH) has a responsibility to provide a range of services for children and families where child protection issues have been identified. The management and staff of SESIH believe that children and young people have the right to grow and develop in an atmosphere that is conducive to nurturing their physical, intellectual, emotional and social growth. The health service are committed to ensuring that children and young people are protected from situations of physical, emotional, sexual abuse and neglect including domestic violence. Basic principles include that

- the safety, welfare and well-being of the child are paramount
- children have a right to have their views taken into account
- families should be given the opportunity to participate in decision making
- intervention should intrude as little as possible in the life of the child and/or family, but enough to achieve the safety and well-being of the child.

To ensure staff are fully aware of their responsibilities the health services provides:

- Ongoing child protection and neglect training for all staff to ensure staff are aware of the indicators of child abuse and neglect and the relevant Area Child Protection Policies and that exist to assist staff in the reporting of children and young persons who are at risk of harm.
- Comprehensive employment procedures and screening of staff who are not suitable to work with children through reference checking, pre-employment screening and detailed interviews
- Information for staff, children and young people on their rights and avenues for lodging any complaints or concerns.

5.2 Recruitment, Selection, Induction and Staff Training

SESIH Area Workforce Policy Directives provide comprehensive instructions that govern all aspects of recruitment. All applicants for employment within SESIH undergo criminal record checks and working with children checks.

All new staff commencing employment within SESIH are required to attend (generic) mandatory child protection training that includes informing staff of their legal responsibilities in relation to the protection of children and young people.

Mandatory Child Protection training includes:
5.3 Key Responsibilities of Staff for reporting children and young people at risk or harm

**Managers** - [Refer to NSW Health Frontline Procedures Sect.17 P.47](#)

- Managers are required to report suspected abuse and neglect of children less than 16 years to the Department of Community Services.
- If staff consider there are grounds of suspected child abuse or neglect that require reporting to DOCS the Manager has a responsibility to support staff in making the report.
- Managers have a responsibility to ensure staff have adequate training in the recognition of child abuse and neglect and reporting to the Department of Community Services.

**Staff**

As a healthcare worker in SESIH you are required to make a report to DOCS if there are reasonable grounds to suspect that a child or young person under 16 years is a risk of harm from abuse or neglect.

Staff do not need to get permission from their Manager, Supervisor or Caregiver in order to report any concerns to DOCS, but consultation with the Line Manager or a child protection specialist is encouraged.

Where staff have identified possible indicators of risk of harm to a child/ren but have assessed, in consultation with the line manager, that a report is not required, this decision, with reasons, must be recorded in the client record. (Frontline Procedures S7, P23).

5.4 Response to allegation of child abuse against an employee of SESIH

Where an allegation of abuse does occur against an employee of the health service, a full and comprehensive investigation will be conducted by relevant Managers and the Professional Practice Unit in accordance with **NSW PD2006_025 Child Related Allegations, Charges and Convictions against Employees** and [**SESIAHS Policy Directive PD 032 Disciplinary process- management of**](#).

5.5 Legal obligations

5.5.1 Children under the age of 16 years.

All staff within the South Eastern Sydney Illawarra Health are required by law and/or ministerial directive to make a report to DOCS if there are reasonable grounds to suspect that a child under 16 years is at risk of harm from abuse or neglect.
Staff are not required to get permission from their supervisor or the caregiver in order to report their concerns to DOCS.

5.5.2 Legal obligations in relation to young people aged 16-17 years of age.

Under the Children and Young Persons (Care and Protection Act a health worker may also make a report to DOCS if there is risk of harm from abuse or neglect.

5.5.3 Female Genital Mutilation (FGM)

In NSW FGM is a crime. The Crimes (Female Genital Mutilation) Act 1995 states that anyone who is found guilty of practising female genital mutilation or who aids, abets, counsels or procures someone else to practise female genital mutilation on another person is liable to penal servitude of up to seven years.

It is also illegal for FGM to be practised outside NSW, on anyone who is normally a resident of NSW. Workers in health services who suspect that a child has been subjected to or is at risk of female genital mutilation have a duty to report to the Department of Community Services.

5.5.4 Legal obligations in relation to children and young people who are homeless

Under Section 120 of the Children and Young Persons (Care and Protection) Act 1998, a Health worker may report homelessness of a child. Under Section 121, a Health worker may report homelessness of a young person, with the consent of the young person.

5.5.5 Legal obligations in relation to a class of children or young people

Under Section 24 of the Children and Young Persons (Care and Protection) Act 1998, a Health worker may report concerns about risk of harm relating to a class of children or young persons. A 'class of children' refers to group of children or young people who may be at risk of harm from abuse because of a person or a situation. An example could be the children in a school or recreational group where a person in charge is suspected of abuse or known to have abused a child.

5.5.6 Legal obligations in relation to pre-natal reports.

Under Section 25 of the Children and Young Persons (Care and Protection) Act 1998, a Health worker who has reasonable grounds to suspect, before the birth of a child, that the child may be at risk of harm after her or his birth, may make a report. The intention of pre-natal reporting is to provide an opportunity for early support and assistance to pregnant women where their child, when born, may be at risk of harm, and to reduce the likelihood of the need for out-of-home care after the child is born.

Pre-natal reporting should only occur where there are clear indications that an infant may
be at risk of harm for example, there may be a greater risk of harm where domestic violence or illicit drug use are present, or where other children in the family have previously been removed. The principle is that of supportive intervention rather than interference with the rights of pregnant women.

5.6 Protection for Health workers who report or exchange information

The Children (Care and Protection) Act 1987 made provision for the safeguarding of the identity of the person who makes the report. The making of a report does not breach professional standards or make the person making the report liable for defamation or other similar proceedings.

The Children and Young Persons (Care and Protection) Act 1998 maintains the same provisions for the safeguarding of the identity of the person who makes the report.

Reporting or furnishing information to the Department of Community Services in accordance with the provisions of the Children (Care and Protection) Act 1998 will:

- Not be held to constitute a breach of professional etiquette or ethics or a departure from acceptable standards of professional conduct
- Not constitute grounds for liability for defamation
- Not constitute a ground for civil proceedings for malicious prosecution where the information is provided in good faith and with reasonable care.

The report or its contents are not admissible in any proceedings as evidence against the person who made the report.

A person cannot be compelled to provide the report or give any evidence as to its contents.

NOTE: These protections may be overridden on rare occasions where information about the report is crucial to court proceedings.

No agency may disclose to a parent, alleged perpetrator, employer or other person the identity of a person who makes a report to DOCS.

Grievance proceedings cannot be initiated or allowed to progress against any person in relation to that person’s report of suspected child abuse to the Department of Community Services.

If as a result of making a report to DOCS a person is threatened or fears personal violence, this should be reported to the police, who may apply for and pursue on their behalf, an apprehended violence order.

5.7 Role in Sharing Information with Other Agencies

The safety, welfare and well-being of a child will only be successful if agencies share information relevant to the safety of the child.

The sharing of this information makes it possible for agencies to co-ordinate and work in the best interests of the child.
Client’s Consent is not required in Child Protection Matters; normally before exchanging information about a client with a third party staff should seek the consent of the client. However, where the safety, welfare and well-being of a child is in question, relevant information must be exchanged and may be exchanged without consent. Staff are protected by relevant legislation. Staff do not need the consent of the parent or caregiver to make a report to the Department of Community Services.

Under Section 248 of the Children and Young Persons (Care and Protection) Act 1998, the Department of Community Services has the power to direct prescribed agencies to provide the Department with information about the safety, welfare and well-being of a child or young person, or class of children or young persons. A ‘prescribed body’ includes the NSW Department of Health and public health organisations within the meaning of the Health Services Act 1997.

### 5.8 Key Steps in reporting child abuse and neglect
Consult with others /Service manager, relevant colleague or other support person to:

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<tbody>
<tr>
<td>1</td>
<td>Clarify issues if needed.</td>
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<td>2</td>
<td>Ensure management accountability by the Health Service.</td>
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<td>3</td>
<td>Ensure protocols are followed.</td>
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<td>4</td>
<td>Specialist child protection services staff are available for consultation.</td>
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<td>5</td>
<td>Staff should seek support if necessary.</td>
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<td>6</td>
<td>Deal with barriers and concerns about reporting.</td>
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<td>7</td>
<td>Gather relevant information</td>
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<td>8</td>
<td>Contact the Department of Community Services Helpline 13 36 27 or 13 DOCS</td>
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<td>9</td>
<td>Document relevant health records</td>
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<td>10</td>
<td>Decide whether to inform or not inform the parent or caregiver.</td>
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<tr>
<td>11</td>
<td>Address immediate safety needs of the child.</td>
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<tr>
<td>12</td>
<td>Staff should ensure their own safety.</td>
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<tr>
<td>13</td>
<td>Debrief if necessary.</td>
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</table>

### 5.9 Failure to report
There are a range of circumstances when SESIH staff may become aware of another staff member's failure to report 'Child at Risk' concerns to the Department of Community Services (DOCS). These can include, but are not limited to:

- Review of files in response to Section 248 Requests for information from the Department of Community Services
- At point of intake / new referral / admission
- General file reviews or audits.

Appropriate actions will be taken and / or education as required.

5.10 Client health record

A report made to the DOCS Helpline must be documented in the client Health record. Documentation should be written within the Health record, or may occur using the form entitled “Recording Form for the Report of Suspected Risk of Harm Related to the Abuse or Neglect of a Child or Young Person” This form, when completed, is filed in the client’s record.

When Health workers document the report within the Health file, a separate entry should be made for this purpose. Documentation of a report should not solely appear within, for example, a social work assessment.

Documentation on the form should include the date and time contact was made, the name of the officer spoken to, the nature of concerns reported, the reference number allocated by the DOCS Helpline, and the response from the Department of Community Services if known.

6. DOCUMENTATION

- Response to requests for Information from DOCS - Area Form F021 (adapted from NSW Health Frontline Procedures Appendix 6)
- Section 248 Action Sheet - Area Form F 020
- NSW Health form for responding to Best Endeavours requests
- NSW Health Checklist “Making a Report to DOCS “-Appendix 4 Frontline Procedures
- NSW Health DoCS Risk of Harm Report Form

7. REVISION & APPROVAL HISTORY

<table>
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<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tr>
<td>2000</td>
<td>0</td>
<td>Area Child Protection Officer</td>
</tr>
<tr>
<td>September 2004</td>
<td>1</td>
<td>Reformatted and released without change by the Office of the Manager Systems Integration and Improvement.</td>
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<tr>
<td>Date</td>
<td>Revision Number</td>
<td>Description</td>
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<tr>
<td>September 2005</td>
<td>Draft</td>
<td>Former Illawarra Area Health Service Policy and Former SESAHS Child Protection Policy and Procedure Kit, Sept 2001 revised by Rose Gavin, Manager Systems Integration in consultation with John Parker, PANOC Co-ordinator and Area Director Child Protection Sydney Children’s Hospital and PANOC Co-ordinators.</td>
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<tr>
<td>November 2005</td>
<td>2</td>
<td>Rose Gavin, Manager Systems Integration in consultation with John Parker, PANOC Co-ordinator and Area Director Child Protection Sydney Children’s Hospital and PANOC Co-ordinators. Approved by the Executive Management Committee 22 November 2005</td>
</tr>
<tr>
<td>July 2006</td>
<td>3</td>
<td>Rose Gavin, Manager Systems Integration, no change to content, updating to links and external references – NSW Health Policy Directive PD2006_030 Incident management policy</td>
</tr>
<tr>
<td>November 2006</td>
<td>4</td>
<td>Minor changes throughout document to reflect changes in Organisational structure and links to published area policies.</td>
</tr>
<tr>
<td>December 2006</td>
<td>5</td>
<td>Changes to Section 1 References to reflect new form in NSW Health PD2006_109 for reporting Risk of Harm to Children and Young People and addition of NOTE: to Section 5.4 relating to allegations of child abuse against an employee. Updating forms in Section 3 - Contacting DoCS</td>
</tr>
<tr>
<td>November 2007</td>
<td>6</td>
<td>John Parker, PANOC, changed Section 5.2 to replace reference to “Staff Guidelines Manual” with “The NSW Health Frontline Procedures for the Protection of Children and Young People”.</td>
</tr>
<tr>
<td>June 2009</td>
<td>7</td>
<td>M Savage, Professional Practice Unit (PPU) – modified to include coordinating role of PPU in child related allegations, charges and convictions against employees.</td>
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SECTION 2 - HEALTH SERVICES RESPONSE TO CHILD PRESENTATION

Client Presentation
First & subsequent presentations for case management and ongoing treatment

With children present
- Observe interactions between parent/carer and children
- Make inquiries as to children in their care and document response
- Assess living situation and support systems
- Document assessment
- Concerns indicated

With no children present
- Make inquiries as to children in their care and document response
- No concerns. No further action at this time

Child at risk screening
As per procedures and document

Depending on concerns:
- Discuss concerns with clients
- Discuss with team supervisor / DOCS/PANOC
- Keep accurate documentation

Child at risk
- Report to DOCS 133627
- Case plan

Child not at risk
- Management plan for monitoring
- Keep records
- Discuss available resources

Serious concerns requiring immediate report to DOCS:
- Intoxicated beyond being able to care for their child with no other support available.
- Obvious physical abuse known or witnessed including exposure to domestic violence.
- Evidence or disclosure of sexual abuse.
- Other concerns, neglect with babies and infants.
SECTION 3 - CONTACTING DOCS HELPLINE

5.1 Methods of contact

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<tbody>
<tr>
<td><strong>1. Telephone</strong></td>
<td>Health workers are able to report children and young people at risk of harm through this central state-wide number to the DOCS Helpline</td>
</tr>
<tr>
<td></td>
<td><strong>DOCS HELPLINE – Telephone:</strong> 13 36 27 or 13 DOCS</td>
</tr>
<tr>
<td><strong>2. Facsimile</strong></td>
<td>Where the Helpline are unable to respond to the call in a reasonable time, NSW Health has implemented an Interim Faxing procedure. This number should only be used after making a reasonable attempt to contact the telephone number</td>
</tr>
<tr>
<td></td>
<td><strong>02-9633-7666</strong></td>
</tr>
<tr>
<td><strong>3. Pager Service</strong></td>
<td>In <em>urgent situations</em>, healthcare workers may request that a Senior Health Worker, designated by each Area Health Service, contact the DOCS Emergency Paging service where an urgent response is required</td>
</tr>
</tbody>
</table>

**NOTE:** Refer to Child Protection Website for designated list of Senior Health Workers for SESIH

5.2 Telephone

DOCS Helpline staff are managing a large volume of calls. Their role is made easier by health staff providing all of their available information relating to their concerns for a child or young person. This information may also include giving suggestions of services that may be useful for the child, young person or family who is the subject of the report.

DOCS recognise that Health workers possess knowledge with regard to indicators of risk of harm. As a result, all reports made by mandated reporters are logged by the Helpline.

The Helpline has introduced a new telephone system called the “Interactive Voice Recognition System” (IVR). This allows persons reporting to either remain in the telephone queue or to leave a message after a ten-minute period for Helpline staff to ring them. When using this system, it is advisable for health workers to leave a voice message with the following information:

- Name & contact telephone number
- Area Health Service and
- Time available.
The Health worker should also document in the Health record that a message has been left with the Helpline, and whether they intend to also fax a report.

The new telephone system allows for those with a tone pulse telephone to dial in their contact number rather than leaving a voice message. This enables the DOCS Helpline to automatically redial the number. Health staff should check that their telephone system is able to use this system. If in doubt, or if the health worker’s contact number reverts to switchboard if unanswered, Health workers should leave a voice message rather than dialling in their number.

Where health workers have immediate concerns, the DOCS Helpline telephone system offers that a number may be pressed for the call to be prioritised. DOCS have advised that these calls will be assessed by the DOCS officer answering the urgent call as to the urgency and seriousness of the matter. Calls not assessed to meet these criteria will be returned to the telephone queue.

5.3 Facsimile

Health workers should only fax the Helpline after first making a reasonable attempt to contact the Helpline by telephone when faxing the Helpline, Health workers must use both pages of the NSW Health Interim faxing form, and fill in all sections possible. The legibility of the information on the form is also important for DOCS staff.

5.4 Emergency Pager

In urgent situations only, designated Senior Healthcare workers are able to access the DOCS Helpline by using the Emergency Paging procedure. Area Health Procedures for using the Emergency Paging Procedure have been distributed by Area Health Services.

Please contact your manager or the Child Protection Unit at Sydney Children’s Hospital for more information about this procedure. In Southern Sector (Illawarra) contact the Manager of the Emergency Departments who have access to this number.

6. RELATED FORMS

- NSW Health DoCS Risk of Harm Report Form
- NSW Health Checklist for making a report to DOCS
SECTION 4: RESPONSE TO SECTION 248’S

5.1 General principles

Under Section 248 of the Children and Young Persons (Care and Protection) Act 1998 the Department of Community Services (DOCS) may request information from Health Services relating to the safety, welfare and well-being of a child or young person.

All health employees have a legal obligation to comply with this request under Section 248 of the Act.

Before responding the health worker should ensure that the S248 request is be made on the Department of Community Services “Section 248 Information Request” form.

Information may be requested about:
- The child/ren or young person/s
- Their parents/ caregivers or family
- Other relationships
- The capacity of the parent to adequately care for the child/ren which may include information on domestic violence, use of alcohol or other drugs or mental health concerns

NOTE: Maintaining client confidentiality is not sufficient reason for failing to respond to a Section 248 request for information.

5.2 Receipt of a Section 248

SESIH has set up centralised monitoring systems for S248 requests for information. When a health employee receives a request for information under Section 248 of the Act from DOCS they must:
- immediately forward the request to the Section 248 Designated Medical Records Officer (DMRO) for the site and inform the Line Manager or Senior Manager on duty
- The Senior Manager may need to confer with the DMRO to ensure the request meets Department of Health guidelines
- The DMRO must ensure that the response is prepared in accordance with NSW Health Frontline Procedures for the Protection of Children and Young People using the Area Form F-020 “Response to an Information Request” form within the required time frame:
  - Urgent requests, within 24 hours
  - Standard requests within working 5-10 days
  - Requests for written reports within 15 working days (Section 9, page 28 Frontline Procedures)
If information is required on more than one person DOCS must provide a S248 Request for Information form for each person. Where this is not done the DMRO must contact the DOCS caseworker making the request for separate forms.

5.3 Health Service response to receipt of Section 248

Refer to Flow Chart attached

**NOTE:** A copy of the clinical record cannot be provided under Section 248 requests which are for specific information relating to concerns about the safety, welfare or well-being of a child or children. A copy of the Clinical Record may only be obtained by subpoena. The DMRO should inform the DOCS caseworker of this.

Northern and Central Networks

Staff who receive a request for S248 in the Northern and Central Networks (Sydney region) contact the nominated central point of contact **02 9382 7860**

Southern Network

Staff who receive a request for S248 in the Southern Network (Illawarra) contact the nominated central point of contact **02 4228 4177**

The response is then forwarded to DOCS and is accompanied by the form “Response to Requests for Information from the Department of Community Services” (Appendix 6 of the NSW Health Frontline Procedures for the Protection of Children and Young People).

A copy of the request and a summary of the response are then forwarded to the SESIH central point of contact for the Network. Contact persons within SESIH are:

- Northern and Central Network: Karen Edwards  **Fax: (02) 93827873**
- Southern Network: Peter Orr  **Fax: (02) 42852480**

5.4 Urgent after-hours requests.

These apply ONLY to hospitals and after hour’s crisis centres.

Northern and Central Network

After hours requests are forwarded to the Social Worker on Call at Sydney Children’s Hospital. They can be contacted through the Randwick campus switchboard on **02 9382 1111**.
The Social Worker on Call will liaise with the Executive Director of the health service from which the information is requested, and provide a response to DOCS as per the SESIH Child Protection Policy.

**Southern Network**

After hours requests are managed by the After Hours Hospital Manager who will call the Social Worker on Call at Wollongong Hospital if an urgent written report is required. The Hospital Manager will liaise with the relevant service that information is requested from. The Social Worker on call will prepare the response to DOCS as per SESIH Child Protection Policy.

5.5 **Managing records**

Copies of Section 248 requests and response summaries are retained by the persons nominated as Central Points of Contact (CPC)

The Central Points of contact will provide reports to NSW Health as requested and reports on the performance of SESIH in relation to the Section 248 Request for Information provisions.

6. **DOCUMENTATION**

- [Response to requests for information from DOCS - Area Form F021](#) (Adapted from Appendix 6, NSW Health Frontline Procedures)
- [Section 248 Action Sheet - Area Form F020](#)
FLOWCHART – Section 248 Response

S248 Request received by Clinician or treating facility

Clinician informs their Line Manager of S248 Request

Clinician immediately forwards a copy of the S248 to Designated S248 Medical Records Officer for their site

Central Contact Point determines appropriate Service to respond to S248 if Service is not specified on S248

Medical Records forwards S248 to Designated S248 Medical Records Officer

Contact Point forwards request to Designated S248 Medical Records Officer for the appropriate Service

Designated S248 Medical Records Officer ensures S248 Request meets NSW Health Guidelines – Only one person named on S248, requests existing information only, relates to the welfare, well-being and safety of a child, is on the standard S248 Request Form and the date the S248 Response is required is on the S248 Request form.

If S248 does not meet NSW Health Guidelines, Designated S248 Medical Records Officer contacts DoCS caseworker who has made the S248 Request and assists DoCS to amend the S248 Request so that it does meet the guidelines

Designated S248 Medical Records Officer forwards S248 Response to DoCS Caseworker

Designated S248 Medical Records Officer ensures that the information provided in the S248 Response complies with the Child Protection Act and the Privacy Act

Designated S248 Medical Records Officer forwards S248 Request and Response Forms, any other documents generated to provide DoCS with the Area S248 Response, Action Sheet Area F020 and Fax Transmission Record in client’s record, i.e. in the client record about whom the information was sought

Designated S248 Medical Records Officer ensures that the information faxes Action Sheet to Central Contact Point

Central Contact Point maintains a central register of S248 Action Sheets, i.e. a data collection point, to ensure compliance with Health policy

S248 Request meets NSW Health Guidelines

Designated S248 Medical Records Officer organises preparation of the S248 Response in consultation with the Service Manager/Line Manager as required

Central Contact Point maintains a central register of S248 Action Sheets, i.e. a data collection point, to ensure compliance with Health policy
SECTION 5 - BEST ENDEAVOUR REQUESTS

Under Sections 17, 18 & 85 of the “Children and Young Persons (Care and Protection) Act” 1998, the Department of Community Services may make a 'request for assistance' to any health service within SESIH and the health service is obliged to use its 'Best Endeavours' to comply with this request.

The request must be made by the Department of Community Services (DOCS) using a "Request for Service Form". The request must be send to the health service manager from which the service is sought.

The health service manager must determine if a service can be provided. In some instances the manager may decide that the service would be better provided by an alternative health service. It is the responsibility of the service manager who received the original request to negotiate this.

The service manager completes a "Response Form for Best Endeavours Request" and returns this to the DOCS officer who is requesting the service within 2 days in accordance with the Area Child Protection Policy

In Northern and Central Network a copy of the request and the response is then forwarded to the office of the Area Director of Nursing and Midwifery Services for collation of the data

Within the Southern Network (Illawarra) a copy of the request and the response should be sent to the PANOC Coordinator.

Copies are to be retained by the originator.

Contact details

<table>
<thead>
<tr>
<th>Northern and Central Network</th>
<th>Southern Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing and Midwifery Service</td>
<td>PANOC Co-ordinator</td>
</tr>
<tr>
<td>Phone: 9382 7872</td>
<td>Phone 42284177</td>
</tr>
<tr>
<td>Fax: 9382 7873</td>
<td>Fax 42273149</td>
</tr>
</tbody>
</table>

6. DOCUMENTATION

- Response Form for Best Endeavours Request
- Updates to Best Endeavours Requests for Service