

Guideline

Document Number # QH-GDL-948:2015

Reporting a Reasonable / Reportable Suspicion of Child Abuse and Neglect

1. Purpose

This Guideline provides consistency and best practice for reporting in relation to formulation of a reportable / reasonable suspicion of child harm.

2. Scope

This Guideline provides information for all employees, contractors and consultants within Queensland Health and Hospital and Health Services (HHS).

3. Related documents

Procedures, guidelines and protocols:

- Guideline for Conducting Child Sexual Assault Examinations
- Guideline for Care and Treatment Order for a Child
- Guideline for Consent in Child Protection and Management of Complex Care Cases and End of Life Decision Making
- Guideline for Health Professionals Child Safety Capability Requirements
- Guideline for Information Sharing in Child Protection
- Guideline for Responding to an Unborn Child High Risk Alert

4. Mandatory reporting

4.1 Who is a mandatory reporter?

- 4.1.1 Section 13E (1) of the *Child Protection Act 1999* provides that a doctor and a registered nurse are mandatory reporters. (Refer to definition of register nurse)

4.2 A reportable suspicion

- 4.2.1 A reportable suspicion is defined at s13E(2) of the *Child Protection Act 1999* as a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and may not have a parent able and willing to protect them from harm.
- 4.2.2 Section 13E(3) of the *Child Protection Act 1999* provides that a doctor or a registered nurse must give a written report to the Department of Child Safety, Youth and Women (Child Safety Services) if that person forms a 'reportable suspicion' in the course of their employment.
- 4.2.3 Under s13G(2) of the *Child Protection Act 1999*, this written report must contain the following details:
- a) state the basis on which the person has formed the reportable suspicion; and
 - b) include the information prescribed by regulation, to the extent of the person's knowledge.
- 4.2.4 Mandatory reporters should still report to Child Safety Services a reasonable suspicion that a child or unborn child may be in need of protection where the harm or risk of harm relates to any other type of abuse or neglect under s13A of the *Child Protection Act 1999*.

5. Non mandatory reporting

5.1 A reasonable suspicion

- 5.1.1 Any Queensland Health staff member should inform Child Safety Services in accordance with s13A of the *Child Protection Act 1999* where the staff member reasonably suspects:
- a) a child may be in need of protection; or
 - b) an unborn child may be in need of protection after he or she is born.
- 5.1.2 The information given under s13A of the *Child Protection Act 1999* may include anything the person considers relevant to the person's suspicion.
- 5.1.3 The reporting under this Guideline relates only to reasonable suspicions that staff have formed in the course of their professional practice.

6. Considerations when forming a reasonable suspicion

6.1 Considerations for identifying significant harm

- 6.1.1 Section 13C of the *Child Protection Act 1999* provides matters which the staff member may consider in forming a 'reasonable suspicion' about significant harm:
- whether there are detrimental effects on the child's body or the child's psychological or emotional state that are evident or likely to become evident in the future
 - the nature and severity of the detrimental effects
 - the likelihood that the detrimental effects will continue

- the child's age

6.1.2 Staff shall use their professional judgement to form a reasonable suspicion regarding harm to children. In forming a reasonable suspicion, staff members may consult with a senior staff member, child protection liaison officer or child protection advisor. Section 13H of the *Child Protection Act 1999* provides for staff to consult with another health professional to assist in the formulation of a reasonable suspicion of child harm.

4.2 Determining parent able and willing

6.2.1 In determining whether a child may not have a parent able and willing to protect them from harm, staff members should consider:

- a parent may be willing to protect a child, but not have the capacity to do so - that is they are unable to protect the child from harm
- a parent may have the capacity to protect a child, that is they are able to protect the child from harm, but may choose not to do so – that is, they are unwilling to protect the child from harm.

7. Unborn child

7.1 Reporting an unborn child

7.1.1 It is not mandatory for staff (including doctors, registered nurses and other health professionals) to report child protection concerns relating to an unborn child. This does not constrain staff from reporting their concerns about the potential risk of harm to a child following their birth to Child Safety Services.

7.1.2 If staff do report such concerns then they are protected from liability under s197A of the *Child Protection Act 1999* provided they acted honestly in making that report.

8. Sexual activity in a young person

8.1 Reporting regarding sexual activity relevant to a young person

8.1.1 A staff member on becoming aware of sexual activity in a young person may report the sexual activity to Child Safety Services on the basis of this activity being considered to have reached the threshold of significant harm, if they reasonably suspect the sexual activity:

- is non-consensual and/or
- occurs between family members and/or
- is not fully comprehended by the young person and/or
- constitutes a significant age gap (five years or more) between the young person and partner and/or
- suggests an inappropriate power differential and/or

- involves coercion to engage in any unlawful sexual activity, including prostitution and/or
 - exposes them to, or uses them in pornographic performances or material.
- 8.1.2 There will be circumstances when the criteria listed above may not be met, but staff are concerned the young person may still be at risk of significant harm. The absence of specific indicators is not intended to restrict reporting concerns to Child Safety Services.
- 8.1.3 Specific consideration must be given to the age of the child as well as the presence of developmental (especially intellectual) delays and or disabilities which may reduce the young person's ability to identify, report and/or consent to the sexual activity.
- 8.1.4 Staff should undertake an appropriate assessment of the young person and document the basis for their decision making in relation to the sexual activity.

9. Reporting a reasonable / reportable suspicion

9.1 Making a report to Child Safety Services

- 9.1.1 When a staff member forms a reasonable/reportable suspicion, this staff member should:
- immediately report their concerns in writing to an authorised officer of Child Safety Services Regional Intake Service (CSS-RIS) or Child Safety After Hours Service (CSAHS)
 - using a '*Report of suspected child in need of protection*' form.
 - it is recommended that you telephone CSS-RIS or CSAHS and document the date, time and name of the person you spoke to in the client's record.
- 9.1.2 The staff member submitting the report electronically should:
- print and file the report in the client's record
 - forward a copy of the form to their HHS Child Protection Liaison Officer (CPLO).
- 9.1.3 The staff member submitting a paper copy of the *Report of suspected child in need of protection* form should:
- fax or email the form to CSS-RIS or CSAHS
 - file the original form in the client's record
 - forward a copy of the form to their HHS CPLO.
- 9.1.4 If you are unable to access the '*Report of suspected child in need of protection*' form you must provide a written report to CSS-RIS or CSAHS including details of the child, nature of the harm and contact details of the person making the report.
- 9.1.5 A staff member who has made a report of reasonable/reportable suspicion to Child Safety Services shall comply with any request by Child Safety Services for further information in relation to the report.
- 9.1.6 Staff are protected from liability under s13D of the *Child Protection Act 1999* for giving information to Child Safety Services in the context of making a report.

10. Documentation

10.1 Documentation of your actions and conversations

- 10.1.1 The staff member who has formed a reasonable/reportable suspicion should file the written report form in the individual's clinical record.
- 10.1.2 The staff member who has formed a reasonable/reportable suspicion should accurately and objectively record all actions and conversations in the individual's clinical record and recognise that it may be used as evidence in court proceedings.

11. Review

This Guideline is due for review on: 01 June 2020

Date of Last Review: 01 June 2018

Supersedes: Nil

12. Business Area Contact

Strategy, Children and Families Unit, Strategic Policy and Legislation Branch, Strategy, Policy and Planning Division, Department of Health.

13. Definitions of terms used in the guideline and supporting documents

| Term | Definition / Explanation / Details | Source |
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| Child | For the purposes of this document, a child is 'an individual under 18 years of age'. | s.8 <i>Child Protection Act 1999</i> |
| Child in need of protection | A child in need of protection is a child who: a. has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm; AND b. does not have a parent able and willing to protect the child from the harm. | s.10 <i>Child Protection Act 1999</i> |
| Child Protection Advisor | The Child Protection Advisor is a nominated Hospital and Health Service position. They play a key role in the provision of child safety and protection services, both at a Hospital and Health Service and inter-agency level. Persons who hold these positions have expertise in matters of child protection. | Department of Health - Child Safety Fact Sheet |

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| Child Protection Liaison Officer | <p>Child Protection Liaison Officers are Hospital and Health Service employees who provide a single point of contact regarding child protection matters for Hospital and Health Service staff, the Queensland Police Service and the Department of Child Safety regarding Hospital and Health Service clients. Persons occupying these positions can be from a variety of disciplines (e.g. nursing, social work, psychology, medicine).</p> | |
| Clinical assessment | <p>This procedure refers to a physical, psychiatric, psychological or dental examination that result in a judgment being made about the patient. It can include forensic examination and an examination or assessment carried out by a nursing or other appropriately qualified health practitioner. This term also refers to a bio-psycho-social assessment undertaken by a multidisciplinary mental health team.</p> | |
| Department of Child Safety, Youth and Women | <p>Department of Communities Child Safety and Disability Services is the lead government agency and statutory body for all child protection and adoption services. Child Safety Services protects children and young people who have been harmed or who are at risk of harm, and secure their future and wellbeing.</p> | <p>http://www.communities.qld.gov.au/childsafety/about-us/our-department</p> |
| Child Safety After Hours Service | <p>The Child Safety After Hours Service Centre is the 24-hour service of the Department of Communities Child Safety Services and provides after hours responses to clients of Child Safety Services, the community, government departments and community agencies in response to child protection and youth justice matters.</p> | <p>http://www.communities.qld.gov.au/childsafety/about-us/contact-us</p> |
| Department of Child Safety, Youth and Women – Child Safety Regional Intake Service | <p>The Child Safety Regional Intake Service receives information about child protection concerns from community members and other agencies and provides a response to the information in accordance with the responsibilities of Child Safety Services.</p> | <p>http://www.communities.qld.gov.au/childsafety/about-us/contact-us</p> |
| Emotional abuse | <p>Emotional abuse occurs when children are not provided with the necessary and developmentally appropriate supportive environment to develop mentally and/or emotionally. Emotional abuse includes constant criticism, restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, exposure to domestic violence, ridiculing or other non-physical forms of hostile or rejecting treatment.</p> | <p><i>Report of the Consultation on Child Abuse Prevention, Geneva, 29-31 March 1999</i></p> |

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| Harm | <p>Harm, to a child, is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.</p> <ol style="list-style-type: none"> 1. It is immaterial how the harm is caused 2. Harm can be caused by - <ul style="list-style-type: none"> • physical, psychological or emotional abuse or neglect; or • sexual abuse or exploitation. • A single act, omission or circumstance; or a series or combination of acts, omissions or circumstances. | s.9 <i>Child Protection Act 1999</i> |
| Immediately | without delay or intervention; at once; instantly | http://www.thefreedictionary.com/immediately |
| Neglect | Neglect is depriving a child of their basic needs. These include food, clothing, warmth and shelter, emotional and physical security and protection, medical and dental care, cleanliness, education and supervision. | <i>Report of the Consultation on Child Abuse Prevention, Geneva, 29-31 March 1999</i> |
| Parent | <p>A parent of a child is –</p> <ol style="list-style-type: none"> (1) The child's mother, father or someone else having or exercising parental responsibility for the child; or (2) The Chief Executive Child Safety Services, for a child who is in the custody or guardianship of the Chief Executive Child Safety Services under the <i>Child Protection Act 1999</i> (3) a person in whose favour a residence order or contact order for the child is in operation under the <i>Family Law Act 1975 (Cwlth)</i>; (4) a person, other than the chief executive, having custody or guardianship of the child under— <ol style="list-style-type: none"> (i) a law of the State, other than this Act; or (ii) a law of another State; (5) a long-term guardian of the child. <p>The following also applies:</p> <ol style="list-style-type: none"> (1) A parent of an Aboriginal child includes a person who, under Aboriginal tradition, is regarded as a parent of the child. (2) A parent of a Torres Strait Islander child includes a person who, under Island custom, is regarded as a parent of the child. (3) A reference in this part to the parents of a child or to one of the parents of a child is, if the child has only one parent a reference to the parent. | <i>Ss.11;13;23 Child Protection Act 1999</i> |

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| Physical abuse | Physical abuse is any physical injury to a child that is not accidental. It includes any injury caused by excessive discipline, severe beatings, punching, slapping, shaking, burning, biting, throwing, kicking, cutting, suffocation, drowning, strangulation or poisoning. Physical abuse can result in death. | <i>Report of the Consultation on Child Abuse Prevention, Geneva, 29-31 March 1999</i> |
| Reasonable suspicion of child abuse and neglect | This may include suspicion of harm arising from physical abuse and physical neglect, emotional abuse and emotional neglect, and sexual abuse and exploitation. The harm caused to children is often on a continuum from mild to life-threatening. | Department of Health - Child Safety Fact Sheet |
| Registered Nurse | registered nurse means a person registered under the Health Practitioner Regulation National Law— (a) to practise in the nursing and midwifery profession as a nurse, other than as a student; and (b) in the registered nurses division of that profession. | S158 Public Health Act 2005 |
| Reportable suspicion | A reportable suspicion about a child is a reasonable suspicion that the child <ul style="list-style-type: none"> has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical and sexual abuse and may not have a parent able and willing to protect the child from the harm | S13E Child Protection Act 1999 |
| Sexual Abuse | Sexual abuse occurs when a male or female adult, or a more powerful child or adolescent (including a sibling), uses power to involve a child in sexual activity. It can be physical, verbal or emotional and includes any form of sexual touching, penetration, sexual suggestion, sexual exposure, exhibitionism and child prostitution. | <i>Report of the Consultation on Child Abuse Prevention, Geneva, 29-31 March 1999</i> |
| Thermal injuries | These heat-related injuries present as burns and result from contact with heat sources, e.g. hot household appliances (oven, hot plate, iron, heater), car cigarette lighter, cigarette, hot water or steam, and severe or repeated sunburn. | Department of Health - Child Safety Fact Sheet |

14. Approval and implementation

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Version control

| Version | Date | Prepared by | Comments |
|---------|-------------|-----------------|------------------------------------|
| V1.0 | 01/03/2014 | Kyle Fogarty | |
| V1.0 | 07/04/2014 | Joanna Gurd | |
| V2.0 | 14/11/2014 | Sharon McDonald | Queensland Child Protection Reform |
| V3.0 | 11/12/2014 | Sharon McDonald | Consultation feedback incorporated |
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| V4.1 | 1 May 2016 | Joanna Gurd | Final |
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