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Protecting Queensland Children

How to complete the Queensland Health
'Report of a Reasonable Suspicion of
Child Abuse and Neglect' form (SW010)

Snapshot



Queensland
Government

Key child protection contacts:

District Child Protection Liaison Officer	Name:	
	Phone:	
	Pager no:	
	Fax:	
District Child Protection Advisor	Name:	
	Phone:	
	Pager no:	
	Fax:	
Child Safety Regional Intake Service	Phone:	
	Fax:	
Child Safety After Hours Service Centre	Phone:	1300 681 513
	Fax:	3235 9898



Introduction

This *How to complete the Queensland Health 'Report of Reasonable Suspicion of Child Abuse and Neglect' form (SW010)* guide reflects Queensland Health's commitment to our staff and to children and young people who have been harmed, or who are at risk of harm, and their families. We recognise that our staff play a vital role in recognising, responding to and reporting child abuse and neglect.

This guide provides a framework and reference for all Queensland Health staff when they are completing a 'Report of Reasonable Suspicion of Child Abuse and Neglect' form (SW010).

In addition, there are key positions within each Health District that have been appointed to support staff in recognising, responding to and reporting child protection concerns – Child Protection Liaison Officers and Child Protection Advisors.

Doctor Michael Cleary

DEPUTY DIRECTOR-GENERAL, POLICY, STRATEGY AND RESOURCING DIVISION

**Please read this guide carefully to assist you
in completing the report form.**



How to make a report to Child Safety Services

1. During office hours

Telephone your local Child Safety Regional Intake Service (RIS) to make a verbal report. The telephone number is located on the Department of Communities, Child Safety Services internet site: <http://www.childsafety.qld.gov.au/>

After hours

Telephone Child Safety After Hours Service Centre on 1300 681 513. Fax: 3235 9898.

2. Complete the 'Report of Reasonable Suspicion of Child Abuse and Neglect' form (SW010).

3. Fax a copy of the SW010 form to the RIS that received your verbal report within 7 days.

4. File the original copy of the SW010 form in the correspondence section of the child's hospital record.

5. Forward the yellow copy of the SW010 form to your District Child Protection Liaison Officer. Contact details are available on the QHEPS site:

<http://qheps.health.qld.gov.au/csu/districtcpacplo.htm>



Flow chart

Health professional suspects child abuse and neglect

To assist in formulation of a reasonable suspicion of child abuse and neglect, health professionals are **encouraged to consult** with a senior staff member, Child Protection Liason Officer or Child Protection Advisor.

(PLEASE NOTE: if you have a suspicion that an unborn child may be at risk of harm after birth you are required to consult with a Child Protection Advisor before reporting.)

YES

If you have formed a reasonable suspicion of child abuse and neglect you are **required** to immediately report to Child Safety Services



NO

Document your decision making process in the child's record



When reporting you are **required** to immediately complete the QH form 'Report of a Reasonable Suspicion of Child Abuse and Neglect' (SW010 v4.00)



- ▶ You are **required** to telephone your Child Safety Regional Intake Service* (details available on the QH Child Safety Unit QHEPS site)
- ▶ You are **required** to fax the original form to your Child Safety Regional Intake Service*
- ▶ You are **required** to file the original form in the correspondence section of the child's record
- ▶ You are **required** to forward the self-carbonated copy to the nominated Child Protection Liaison Officer in your District

* **Please note:** After hours you are **required** to contact the Child Safety After Hours Services.



Disagreement about the need to report should not prevent the staff member reporting their reasonable suspicion to Child Safety Services

It is your responsibility to document all actions and conversations in relation to this report in the child's record.

Flow chart



How to complete the 'Report of a Reasonable Suspicion of Child Abuse and Neglect' form (SW010)

Attach a patient identification label, or complete all details in the box in the upper right area of page 1.

Section 1

Details of child subject to report

Please fill in this section completely using one report form per child.

- Include any known aliases of the child or family
- 'Current location of the child' if the child is a hospital inpatient this should be identified in this section
- 'Indigenous status' indicate if the child is Aboriginal and or Torres Strait Islander, both, neither, not stated or unknown
- Identify any other cultural or language background, and if an interpreter is required
- Identify any known disabilities.

Section 2

Child's usual care arrangements

This section is intended to capture the usual residence of the child, and to identify alternate addresses where the child may live.

- 'Primarily lives with' refers to the usual residence of the child
- 'Other parent/carer' should be completed if the child regularly stays with another parent/carer, for example if parents are separated and the child spends alternate weekends with one of the parents.

In this section you are requested to identify the name of the child care facility or school that the child attends.

- 'Name of school or child care facility attended by the child' refers to any family day care, child care, kindergarten, preparatory school or school attended by the child.

Any relevant orders that are in place related to the child or family should be listed.

- 'Are there any relevant orders in place' refers to any type of order, for example child protection, domestic and family violence, or family court orders.

Section 3

Persons other than parents/carers living with the child

This section should include all other persons who reside at the same address as the child. NOTE: If these other persons are children and are also deemed to be at significant risk of, or suffering harm, separate reports of reasonable suspicion should be completed. The following information should be included:

- The name of the other person/s, including as much detail as is known about the other person/s, for example date of birth or age, and relationship to the child subject to the report
- If the child resides between two residences with separate groups of other persons, including children, then this section should include details of all persons residing at each of the residences, indicating in which residence the person/s reside.

Section 4

Abuse type being reported

This section requires the identification of the abuse type that is being reported. A child may be subject to more than one abuse type. If so, you will need to tick more than one box.

Section 5

Detail of the report

This section provides a free text area to identify/describe your concerns of the harm or risk of harm to the child. There are a series of questions to assist you with this section. Please consider the following points when providing information:

- The use of jargon, medical terminology or abbreviations is **not** recommended. Child Safety Service's authorised officers are not familiar with health service abbreviations
- Ensure all of your notes are legible
- Information you provided in your verbal report to child safety regional intake service should also be included.

In this section it is important to:

- Be child focused—identify the risk, and/or your child abuse and neglect concerns
- Identify any known protective factors
- Be specific regarding your concerns for the child—dot points are recommended.

If further space is required you are encouraged to attach 'additional information' pages available at: <http://qheps.health.qld.gov.au/csu/reportingforms.htm>

Section 5 continued

Are you aware of any *harm* to the child?

Information about signs/symptoms/indicators of abuse and/or neglect—such as physical injuries and the appearance of these injuries; severity of injuries; delays in presentation; inconsistent history of injury; emotional and/or behavioural impacts; and/or disclosures made by the child or another person (identify in your report the person responsible for the disclosure) should be included here.

Further examples of indicators of *harm* or *risk of harm* can be found in the Child Safety Fact sheets (section 4) available at: <http://qheps.health.qld.gov.au/csu/Factsheets.htm>

Are you aware of any *risk of harm* to the child?

Information on emotional/behavioural presentation; a history of harm; a child who is dependent and unable to protect themselves; a child with special needs which increases their vulnerability; a parent's admission that they fear they may injure their child; and/or parental reluctance or inconsistency in explaining the injury should be included here.

Further examples of indicators of *harm* or *risk of harm* can be found in the Child Safety Unit Fact sheets (section 4) available at: <http://qheps.health.qld.gov.au/csu/Factsheets.htm>

Can you provide details of the *parents'/carer's circumstances*?

Information about whether the capacity of the parent/carer to meet their child's protective needs is impaired; domestic or family violence; a mental health illness; financial stress; and/or a history, including the present time, of substance misuse that impairs a parent/carer to act protectively for their child should be included here.

Further examples of indicators of parental risk factors can be found in the Child Safety Unit Fact sheets (section 4) available at:

<http://qheps.health.qld.gov.au/csu/Factsheets.htm>

Are you aware of any *environmental factors*?

Information on risk factors in the child's home (if you are providing a home visiting health service); homelessness or transience of the family; and financial stressors that impact on the capacity of the parent/carer to provide a safe and protective environment for the child should be included here.

Further examples of environmental factors can be found in the Child Safety Unit Fact sheets (section 4) available at:

<http://qheps.health.qld.gov.au/csu/Factsheets.htm>

Section 5 continued

Are you aware of any protective factors and/or family/child strengths?

Information about the presence of a known protective caregiver; an extended protective and supportive network of family or friends; and/or the ability of a child to seek external help, if required, should be included here.

Further examples of protective factors can be found in the Child Safety Fact sheets (section 4) available at:

<http://qhps.health.qld.gov.au/csu/Factsheets.htm>

Are you aware of any relevant previous health presentations?

Information about any previous presentations to health services by the child subject to the report, or any other siblings, that may indicate child protection concerns should be included here, **if known.**

Source of information

Information about the presentation to the health service that led to this report, for example: presentation of child to Emergency Department with an injury; home visiting of child and family as per a community home visiting program; and/or the presentation of an adult to mental health service where the health professional has concerns about the safety of the child or the capacity of the parent to provide for the safety, welfare and wellbeing needs of the child should be included here.

Has the parent/carer/child been advised of the report to Child Safety Services?

Identify if the parent/carer/child has been informed of the report to Child Safety Services.

Please note: if you make a decision to inform the parent/carer/child that a report of reasonable suspicion of child abuse and neglect has been made, any reasonable expectation of confidentiality is lost.

Section 6

Details of person(s) allegedly responsible for harm or risk of harm

Include details of the person who allegedly may be responsible for the harm or risk of harm, if known/disclosed to you.

- If the child or any other person discloses details of the person allegedly responsible, record the name of the person who has made the disclosure and the person who is alleged to be responsible for the harm
- If you are unaware of who is allegedly responsible for the harm, tick the box marked 'not known'.

Section 7

Queensland Health's response

Include details of any Queensland Health services that the child may be a client of, if known to you e.g. Child Health, social worker.

- If, as a response to this report, you have referred the child/family to a support service, identify the referred service, facility and contact details for the service e.g. Lifeline, ATODS.

Section 8

Details of contact with the Child Safety Regional Intake Service

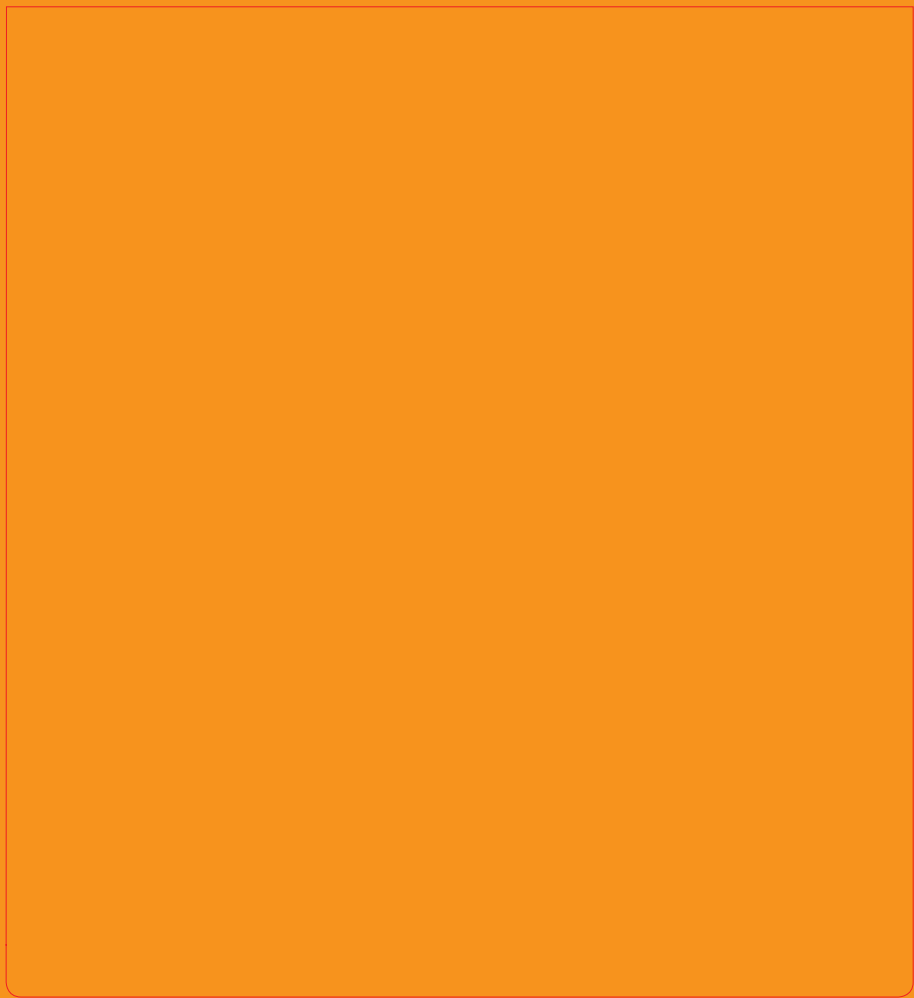
When you phone the Child Safety Regional Intake Service with your immediate verbal report—you **should** complete this section with all of the following details:

- The full name, including surname of the **authorised** person who you spoke to at the Child Safety Regional Intake Service;
- The name of the Child Safety Regional Intake Service contacted;
- The date and time of your phone call;
- The fax number, the date and time that you faxed the written report to the Child Safety Regional Intake Service.

Section 9

Details of Queensland Health officer making the report

This section is required to be fully completed by the Queensland Health staff member who is making the report.





Legislation

- Under the *Public Health Act 2005* it is mandatory for registered nurses and doctors to report reasonable suspicions of child abuse and neglect directly to the Department of Communities Child Safety Services (please note mandatory reporting does not apply to unborn children).
- The *Child Protection Act 1999* enables any person, acting honestly, to report that they suspect a child has been, is being or is likely to be harmed; or an unborn child may be at risk of harm after he or she is born.

Protections for persons who report child abuse and neglect

Section 22 of the *Child Protection Act 1999* provides protection from liability for notification of, or information given about, alleged harm or risk of harm for a person, who acts honestly, in notifying or giving information to the Chief Executive of the Department of Communities Child Safety Services, another officer of the Department of Communities Child Safety Services or a police officer. The person is not liable, civilly, criminally or under an administrative process, for giving the report. In doing so, the person cannot be held to have breached professional etiquette or ethics, or departed from accepted standards of professional conduct.

Section 186 of the ***Child Protection Act 1999*** protects the identity of a person who reports a reasonable suspicion of harm to the Department of Communities Child Safety Services.

Information sharing

Under the ***Child Protection Act 1999*** a service provider (meaning a person providing a service to children or families—section 159E) may give relevant information about a child in need of protection, the child's family or someone else to a prescribed entity. The relevant information may be comprised of facts or opinions but does not include information about a person's criminal history to the extent that it relates to a conviction for which the rehabilitation period under the ***Criminal Law (Rehabilitation of Offenders) Act 1986*** has expired.

Section 195 of the ***Public Health Act 2005*** provides protection to a person from liability for giving information to a doctor or registered nurse, if that person is acting honestly. This section provides protection to: fellow professionals seeking help about whether or not reasonable grounds for suspicion are justified; a health professional or administrative worker in a health practice; emergency services officer; teacher or other person who in the course of the person's employment observed something that raised a suspicion a child has been harmed; or a relative or friend of the child.



Common definitions that will guide you in completing the report form

- **Immediately**

If an action is to be done immediately, it must be done as soon as possible in the circumstances, having regard to the nature of the act to be done, and all the circumstances of the particular case.

Abuse types

- **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. (<http://www.yesican.org/definitions/WHO.html>)
- **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, scape-goating, threatening, scaring, discriminating, and exposure to domestic violence, ridiculing or other non-physical forms of hostile or rejecting treatment. (<http://www.yesican.org/definitions/WHO.html> and Report of the Consultation on Child Abuse Prevention, Geneva, 29-31 March 1999, World Health Organisation.)

- **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.
(<http://www.yesican.org/definitions/WHO.html>)
- **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.
- **Intra-familial abuse** is where children and young people are harmed by parents, caregivers, family members or someone from within the household in which they live.
- **Extra-familial abuse** occurs when the child or young person is harmed by a person or persons outside the child's family.



Risk factors that are associated with child abuse and neglect

Child

- Child unborn
- Child under 5 years
- Emotional/behavioural concerns
- Exposure to domestic and family violence
- Physical/intellectual disability
- Previous reports of concerns to Child Safety Services
- Previous Child Safety Services involvement

Family

- Domestic or family violence
- Physical/intellectual disability
- Substance abuse
- Compromised parenting ability
- Mental health concerns
- Social isolation/limited support networks
- Previous injury/concern to a sibling

Environment

- Relevant socio-economic factors
- Unsafe living circumstances
- Family/individual stressors
- Family moves frequently
- Homelessness

These risk factors are not considered to be a comprehensive list of all harms, behaviours or presentations that may give rise to a reasonable suspicion of abuse and neglect. Similarly one risk factor in isolation does not indicate abuse and neglect. Each risk factor needs to be considered in the context of the child's and family's presenting circumstances.



Informing the parent/carer/child of a report made to Child Safety Services

It is not a requirement of the reporting process to inform the parent/carer/ child that a report of suspected child abuse and neglect has been made to Child Safety Services. It is the health professional's decision as to whether the parent/carer/child is informed. When making your decision on whether or not to advise the parent/carer/child of the report, you need to take the following into consideration:

- Safety of the child
- Potential impact on the family
- Safety of staff within the health service.

Please note: If you make a decision to inform the parent/carer/ child that a report has been made, any reasonable expectation of confidentiality is lost.

Support for parents/carers/child

A report of a reasonable suspicion of child abuse and neglect is considered to be stressful for both the child and the parent/carer. Health professionals need to be aware of the potential emotional impact that this situation may have on the family as a whole. If the parent/carer/child are/is advised that a report has been made, they may require additional support. Therefore, it is the health professional's duty of care to ensure that a referral to a support agency is offered to the parent/carer/child.

Support agencies which may assist families include:

- Lifeline 24 hr Counselling Service 13 11 14
- Salvo Care Line (Salvation Army) 1300 363 622
- Centacare Catholic Family & Community Counselling Service (Counselling and Relationship and Parenting Education) 3252 4371
- Local services–Mental Health Service, ATODS, Child Health.



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