



For GPs...
Antenatal,
Baby &
Child health
services in Brisbane's North
Saturday July 11, 2009
Royal Children's Hospital, Herston

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SHARING THE CHALLENGES OF CHILD PROTECTION



Queensland Government
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Who is the Child Advocacy Service?

The Child Advocacy Service (CAS) is part of Queensland Health, Children's Health Services District

Services Offered

- Multidisciplinary clinical team for assessment of suspected or substantiated child abuse and neglect. For the most part this assessment occurs after Child Safety Services and Queensland Police Service have commenced an investigation into the abuse or neglect allegations. Assessment includes medical, developmental and emotional aspects.
- Paediatric health care to children in alternative care placements.
- Consultation and liaison to health practitioners and others regarding all aspects of child abuse.
- Health representation on Suspected Child Abuse and Neglect (SCAN) teams based at Chermside, Fortitude Valley and Pine Rivers.

Contact Criteria

- Children aged 0-18 years and their families where there are child protection concerns.

How to Contact Us

- Phone Intake Officer during business hours on 3636 9180
- Clinical details should be provided by phone.
- For emergency after hours contact phone and page the Paediatric Medical Registrar on call available at all times 3636 8111

Outcome

- Children and families requiring assessment will be offered an appointment at a suitable clinic or seen on an urgent basis as required.
- Other child protection agencies (i.e. Child Safety & Qld Police Service) will be involved under legislative guidelines.
- Communication will be provided to the referring GP

Mandatory Reporting

- **Under the *Public Health Act 2005*, all Medical Officers and registered nurses are required to report a reasonable suspicion of abuse and neglect DIRECTLY to Child Safety Services both verbally, and in writing within seven (7) days.**
- It is important to remember that if, at the time of the consultation with the child, you form a reasonable suspicion of abuse or neglect, you **MUST directly report** that suspicion to Child Safety Services.
- Child Safety Services are the statutory agency that receipts all reports of suspected child abuse and neglect. They will assess and investigate cases that reach the threshold of a notification being raised.
- Referring the child to Child Advocacy Service or to an Emergency Department is not sufficient to discharge your responsibilities as prescribed in legislation.
- If you have concerns about abuse do not send the child directly to the Emergency Department with a referral letter
- Information is available for all medical practitioners through their Divisions of General Practice and the Medical Registration Board.

How to report

- You must report your concerns to the **Child Safety Service Centre** nearest to where the child resides. In an emergency, outside business hours, contact the **After Hours Child Safety Service Centre**. The **After Hours Child Safety Service Centre** provides a referral service and is responsible for assessing urgent reports. You may also contact your local **police** station or the **Child Protection Investigation Unit at Police HQ**.

Who can help you?

- Children's Health Services District, **Child Advocacy Service** can provide medical practitioners and nurses with advice about child abuse concerns. However, you **MUST** report all reasonable suspicions of abuse or neglect to Child Safety Services.

Report of a Reasonable Suspicion of Child Abuse and Neglect

1. DETAILS OF CHILD SUBJECT TO REPORT

Family name: Given names:

Address of usual residence: Date of Birth: Sex: Male Female

Address of usual residence: Occupation of parent: Telephone no.:

Temporary services if applicable, no if child subject to care:

Indigenous status: Aboriginal but not Torres Strait Islander origin Torres Strait Islander but not Aboriginal origin
 Both Aboriginal and Torres Strait Islander origin Neither Aboriginal or Torres Strait Islander origin
 Not stated / inadequately described

Does the child speak English? No Yes

If no, specify the child's preferred language: Is an interpreter required? No Yes

Does the child have a disability? No Yes, if yes please specify:

Parents' details:

Name:	Name:
Address of usual residence:	Address of usual residence:
Telephone no.:	Telephone no.:

State the child's primary care giver (given and surnames):

Are there any relevant orders in place (e.g. Child Protection, Domestic Violence)? Yes No Unknown

If yes, please specify:

2. DETAILS OF CARERS, SIBLINGS, OTHERS LIVING AT THE CHILD'S USUAL RESIDENCE (if known)

Name (including aliases)	Date of birth / Age	Relationship to child

3. ABUSE TYPE BEING REPORTED (more than one may be ticked) refer to Guide for assistance, if required

Suspected: Physical abuse Emotional abuse Sexual abuse Neglect

At risk of: Physical abuse Emotional abuse Sexual abuse Neglect

Form continues over page ▶

Next steps...

- Report concerns to local Child Safety Service Centre. You can utilise the standard report form.
- Contact Child Advocacy Service Intake Officer on 3636 9180 who will coordinate radiologic investigations and orthopaedic management of the fracture (via the emergency department).

Outcomes...

- Orthopaedic team and Child Advocacy Consultant review patient.
- Psychosocial assessment undertaken by social worker.
- Skeletal survey reveals bilateral non-displaced radial fractures and rib 4-7 posterior rib fractures; normal CT head scan and ophthalmology review.
- Child Safety Services conducts investigation.
- QLD Police Service conducts investigation including interview and site visit.
- Child Advocacy Services liaises with QPS and DChS to collate all relevant information.

Case Scenario 2

- Annemarie brings along her 4 year old daughter, Molly, to see you. Annemarie and Trevor have been separated for a year now. Molly has fortnightly weekend stays with her dad. Annemarie is concerned that for the last 2-3 months, Molly has been complaining of a 'sore wee-wee'. She has seen Molly rubbing her genital area on several occasions. Her behaviour over this time has also become very challenging, including refusal to sleep in her own bed. Annemarie is concerned that Molly 'may have been interfered with'. Molly has not made any disclosures.
- Your brief inspection of her perineum reveals mild vulval erythema consistent with vulvovaginitis. Annemarie is not reassured by your examination.

What next?

- **Your considerations...**
 - Mother's concerns that her behaviour is sexualised
 - Change in behaviours
 - Maternal anxiety about possible sexual abuse

Next steps...

- Advise Annemarie about the appropriate management of vulvovaginitis
- Reassure Annemarie that these behaviours can be developmentally normal
- Contact Child Advocacy Service for further advice and to discuss whether there are indicators for police/Child Safety Services involvement
- If Molly makes any clear disclosures of sexual abuse, suggest to Annemarie that she reports them to the police/ Child Safety Services
- If you form a reasonable suspicion of sexual abuse you must also make a report

Outcomes...

- If Molly makes a disclosure to QPS/Child Safety, they will coordinate a Medical appointment at the Child Advocacy Service

The Child Advocacy Service is an expert multidisciplinary Child Protection Service that is there to assist and provide advice when you have child protection concerns in your clinical practice.