ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Department for Child Protection and Family Support

Hon Stephen Dawson MLC asked:

1) Why are the legislative amendments to the Working with Children (WWC) Act taking so long after the statutory review of the WWC Act – (tabled in parliament September 2013)?

   Answer:
   There are a number of reasons including the following:
   - Many of the 23 recommendations were to undertake further consideration which required research and consultation with stakeholders; and
   - the Royal Commission into Institutional Responses to Child Sexual Abuse began considering the WWC Check and released its final report in August 2015. It was important to ensure that legislative changes were also mindful of possible national directions.

   Approval has been given to draft the amendments and drafting instructions are currently with Parliamentary Counsel.

Hon Stephen Dawson MLC asked:

2) How long does it take for Working with Children (WWC) Checks to be approved?

   Answer:
   The information provided is in relation to how long it takes to determine a final outcome. In most cases this is a WWC Card, but for some it could be a Negative Notice; or the person's application may not proceed for various reasons such as it was made in error, for example the person applied for new WWC check whereas a replacement for a lost card was needed, or the person was not undertaking child-related work.

   This table includes all finalised WWC outcomes for the financial year to 30 April 2016.

Table – Calendar days taken to finalise WWC Applications 1/07/15 – 30/04/16

2015/2016 to 30 April 2016		
Days to finalise	**Criminal Record**	**No Criminal Record**
<= 2 days	3%	53%
<= 4 days	8%	72%
<= 7 days	27%	86%
<= 14 days	61%	95%
<= 30 days	90%	99%
<= 60 days	97%	100%
<= 90 days	98%	100%
<= 180 days	99%	100%
Average Days	18	4

Notes to explain the process and data

In 2015/16 to the end of April

- ***Where the applicant had no criminal record,*** the average time taken to finalise the application is four calendar days (down from 10 days in 2014/15 and 20 days in 2013/14). Many decisions are made in one or two days. The table shows that where there is no criminal record, 95 per cent of WWC cards are approved within two weeks of application.
- Those that take longer include where the Working with Children Screening Unit must follow up applicants who have not provided sufficient information about their identity or child-related work, or where there is delay beyond the control of the Screening Unit in receiving confirmation that the record is 'clear'.
- When the WWC check is approved, the applicant is notified by email, if the WWC Screening Unit has an email address. The card manufacturer then posts the WWC card to the applicant as well as a letter advising the employer (if the person is not self-employed). Applicants can also track the progress of their applications on the website.

- ***Where the applicant had a criminal record,*** the average time to make a final decision is 18 calendar days (down from 36 days in 2014/15 and 39 days in 2013/14). Over 61 per cent of decisions where there were criminal records were made in 14 calendar days and 90 per cent finalised in a month from application. Where the criminal record and other information received about behaviour does not indicate a child may be harmed, a WWC Card is issued as described above.
- Where there are criminal records of concern a substantial assessment process requires consideration of all information that is relevant to risk. This can include obtaining information from a variety of sources in Western Australia and elsewhere such as prosecution agencies, courts, corrective services, child protection, mental health and employer disciplinary records.
- Only one percent of applications take six months or longer. These are often unusual or complex cases including where the person has not been convicted but

the information about the person's behaviour has been difficult to obtain and is concerning.

- Those cases where there is obvious immediate risk, such as convictions for sexual or violent offences against children, are given priority. Other cases are queued in a similar way to triaging in a hospital.
- If a Negative Notice is proposed, the WWC Act requires natural justice to be accorded to the applicant who must be given at least 28 days to make a submission. This then requires follow up and possible sourcing of further information.
- If there is an immediate risk of harm while the assessment is underway, an Interim Negative Notice is issued, for example when the criminal record includes sexual convictions or pending charges involving children or violence that may put a child in immediate danger.
- In 2015/16 to 31 May 2016, 65 Interim Negative Notices had been issued and this has the effect of immediately prohibiting child -related work.
- If the person who previously had a WWC Card is issued with an Interim or final Negative Notice, the WWC Card must be returned and the person commits an offence if this does not occur. This, and other suspected breaches of prohibitions are followed up and where necessary investigated by compliance staff.

Hon Nick Goiran MLC asked:

3) Is there a Memorandum of Understanding between the Department for Child Protection and Family Support and the Department of Health specifically about pre-birth assessment and planning for unborn children?

Answer:
Please see attached bilateral schedule between the Department for Child Protection and Family Support and the Department of Health.

Hon Nick Goiran MLC asked:

4) ..pursuant to that Memorandum of Understanding and that notification process, in the past year has the Department been advised of any instance of a child born alive after an abortion process?

Answer:
No. The Memorandum of Understanding relates to concerns for unborn children.

Hon Peter Katsambanis MLC asked:

5) ..Do you break down these notifications by age cohorts? For instance, zero to three, three to six, six to 12 and 12 to 18?

Answer:
The age breakdown for 18,602 notifications of children at risk of abuse and harm during 2014-15 is as follows:

Age of child	Number of children
Unborn	596
0-2	3522
3-5	3429
6-11	6589
12-17	4466
Total	18602

Hon Stephen Dawson MLC asked:

6) …can you give me a length of time that each of those people have been without a current Working with Children (WWC) Check card? Are you able to identify the numbers for those people who had a card previously and are without the current card and also those who have never had a card before, how long have they not had a card for and had their child in care?

Answer:
Since this question was asked there has been a reduction in the number of carers without valid WWC cards which is due to the continuous activity that occurs with carers and processing of WWC card applications. As at 15 June 2016 there were 48 carers with children placed that do not currently have a valid WWC card. Of these:

- Four have children are in emergency placements under section 79(2)(b) of the CCSA.
- The other 44 carers have overdue WWC card renewals.

Hon Alanna Clohesy MLC asked:

7) What is the total number of women and children that were assisted by refuges, recorded separately, for the first nine months of the last financial year and the first nine months of this financial year?

Answer:
Data is unable to be provided for the first nine months of the current financial year, as this will not be provided the Department by the Australian Institute of Health and Welfare (AIHW) until July 2016. For the purpose of comparison, the Department has provided data for the periods July to December 2014 and July to December 2015.

In July to December 2014, family and domestic violence specialist homelessness services provided accommodation to:

- approximately 1,670 adults; and
- approximately 1,703 children.

In July to December 2015, family and domestic violence specialist homelessness services provided accommodation to:

- approximately 2,052 adults; and
- approximately 1,877 children.

Note: The data for July to December 2014 and July to December 2015 is unpublished preliminary AIHW data, and services have the capacity to change/correct information in the AIHW data collection system if required.

Hon Alanna Clohesy MLC asked:

8) How many women and children were unable to access a bed in a refuge last financial year, and do a comparison for this financial year?

Answer:
For the purpose of comparison, the Department has provided data for the periods July to December 2014 and July to December 2015. The data provided by AIHW does not breakdown the number of instances of accommodation not being available by age, therefore the Department is unable to provide separate data for women and children.

In July to December 2014 there were approximately 2,100 instances of requests for accommodation with family and domestic violence specialist homelessness services where there was no accommodation available at the time of the request.

In July to December 2015 there were approximately 1,800 instances of requests for accommodation with family and domestic violence specialist homelessness services where there was no accommodation available at the time of the request.

Note: The total number of unassisted requests does not represent the total number of individuals requesting accommodation, as an individual could make multiple requests.

Hon Alanna Clohesy MLC asked:

9) How many women were experiencing domestic violence incidents and were unable to access refuge accommodation, and therefore were given alternative accommodation, for 2014 and a comparison for 2015-16?

Answer:
The data provided to the Department by the AIHW does not identify where a woman has requested but was unable to be accommodated at a refuge and received alternative accommodation, either at another refuge or through a non-family and domestic violence service.

Hon Alanna Clohesy MLC asked:

10) How much is allocated, and what new refuges will be funded out of this budget, and into the forward estimates?

Answer:
In 2016-17, the Department will provide additional recurrent funding of $375,000 per annum to the Aboriginal Alcohol and Drug Service Inc for the Wooree Miya Women's Refuge. The additional funding will commence when the service has re-located to the new site in Kenwick (scheduled for post August 2016). The new site will double the capacity of the service to accommodate women and children.

Hon Stephen Dawson MLC asked:

11) Why has the number of child protection workers not kept up with the demand in the number of children entering state care?

Answer:
The Department has been allocated additional funding to address the anticipated increase in demand for departmental services. This funding and equivalent FTE increase has been calculated using an approved cost and demand funding model and incorporates the expected demand increases in departmental activities such as safety and wellbeing assessments and case management of children in care.

MINISTER FOR CHILD PROTECTION

Department for **Child Protection** and **Family Support**

Department of **Health**

GOVERNMENT OF WESTERN AUSTRALIA

BILATERAL SCHEDULE

INTERAGENCY COLLABORATIVE PROCESSES WHEN AN UNBORN OR NEWBORN BABY IS IDENTIFIED AS AT RISK OF ABUSE AND/OR NEGLECT

BETWEEN:

THE DEPARTMENT FOR CHILD PROTECTION AND FAMILY SUPPORT

and

WA HEALTH[1]

1. PURPOSE

- This Schedule facilitates inter-agency collaborative processes between WA Health and Department for Child Protection and Family Support (DCPFS) when an unborn or newborn baby is identified as at risk of abuse and/or neglect.
- This Schedule is attached to the Strategic Bilateral Memorandum of Understanding (MOU) between DCPFS and WA Health and should be read in conjunction.

2. LEGISLATIVE BASIS

Children and Community Services Act 2004:

- Division 2 General principles relating to children
- Division 3 Principles relating to Aboriginal and Torres Strait Islander children
- Section 22 Cooperation and assistance
- Section 23 CEO etc. may disclose or request relevant information
- Section 24A Authorities other than the Department may disclose or request information
- Section 29 Provisional protection and care, meaning and effect of
- Section 33A CEO may cause inquiries to be made before child is born
- Section 33B CEO's duties if action needed before child born to safeguard etc. child after birth
- Section 37 Taking a child into provisional protection and care without a warrant to safeguard etc.
- Section 40 Power to keep child under 6 years of age in hospital
- Section 127 CEO may give consent in lieu of parent in some cases
- Section 129 Protection from liability for giving information.

[1] WA Health incorporates the following entities: Department of Health, Metropolitan Health Services, WA Country Health Service, Peel Health Service, Child and Adolescent Mental Health Services

13/7/16

The legislation supports and promotes the sharing of confidential client information between both agencies provided it is relevant to the assessment and decision making processes regarding the wellbeing of the unborn baby or newborn. In the case of professional differences of opinion regarding what information is understood to be relevant, clarification should be sought from line managers. Consideration may also be given to consultation with respective Departmental legal units.

3. ROLES AND RESPONSIBILITIES

WA Health and DCPFS have a joint responsibility for achieving safe outcomes for newborns and families.

- **WA Health:** is primarily concerned with the health needs of the pregnant woman and her unborn baby or newborn. The health needs of the mother include her psychological and physical health needs and how these impact on the pregnancy and birth outcome.

- **Department for Child Protection and Family Support:** is the statutory agency with the ultimate decision-making responsibility for assessing and responding to allegations of abuse and neglect, and is primarily concerned with the wellbeing, safety and protection of the unborn baby or newborn. DCPFS are focussed on the immediate and longer term safety and wellbeing of the unborn baby and where possible, how this can be facilitated within the family system. The health and welfare needs of the mother are given consideration in planning.

4. PRACTICE PRINCIPLES

- The best interest of the child is the paramount consideration.
- Interagency collaboration that promotes effective decision making is essential to encourage access to antenatal care to improve the obstetric outcome and safeguard the newborn.
- A newborn's vulnerability requires extra vigilance when assessing their safety needs.
- Wherever possible the newborn will remain in the care of his or her parents/family.
- Wherever possible consent should be obtained prior to sharing information between agencies.
- Parent(s) should be given clear and appropriate information to promote transparency and accountability.
- Ethical practice should inform whether information to be shared with parent(s) is appropriate at that time.
- Parent(s) should be involved in planning and participating in the decision making process.
- Parent(s) should have safety plans identified antenatally where possible and these should be adequately resourced.

5. COLLABORATIVE PROCESSES

The purpose of early interagency assessment and planning is to identify and share the concerns in relation to the mother, father and unborn baby as early as possible. The discussion also enables professionals with particular expertise (even if they are not currently working with the family) to share information. DCPFS will assess all relevant information available to support the family, safeguard and promote the wellbeing of the unborn/newborn baby and identify next steps.

5.1 Referral

- Written referrals between WA Health and DCPFS regarding concerns for an unborn baby must be made in all instances as early as possible once the pregnancy is known.
- Early identification, planning and support is the responsibility of both agencies.
- DCPFS requests for information from WA Health will meet a prioritised response from the social work department or Director of Nursing and/or Maternity Service Manager.
- WA Health will be provided with all relevant information to ensure effective planning for the safety of the unborn baby or newborn.

5.2 Pre-birth interagency meetings

Inter-agency pre-birth planning should follow the format of:

- **Initial meeting** to be held as close as possible to 20 weeks gestation.
- **Second meeting** to be held as close as possible to 26 weeks gestation.
- **DCPFS decision stage** prior to final meeting.
- **Final meeting** to be held as close as possible to 32 weeks gestation.

These processes will be compressed in circumstances when concern for the unborn baby is not known until the pregnancy is advanced. If at any stage DCPFS has assessed that there are no safety concerns the case is closed and collaborative pre-birth planning stops.

All interagency meetings include the following:

- **Chair**: DCPFS facilitator, with no case or line management responsibilities for the newborn/family, documents the meeting discussion, resultant plans and outcomes and distributes to all invitees.
- **Invitees**: should include parents and their nominated relevant supports, WA Health social worker or Director of Nursing and/or Maternity Service Manager, other agencies involved with the family including any legal representatives.

The decisions arising from meetings concerning risk and safety for the unborn baby should be inclusive and transparent and copies of minutes should be given to all invitees.

5.2.1 Initial interagency meeting

Purpose: to share and assess all relevant information in order to reach a common understanding of risk to the unborn baby. To consider interventions focused on promoting the unborn baby/newborn's health, safety and wellbeing, and support for the mother and family.

5.2.2 Second interagency meeting

Purpose: to outline the reasons why DCPFS is concerned in order to clarify any changes in circumstances relevant to the risks to the unborn baby identified from the initial meeting. To reach a common understanding of the level of risk, and to plan accordingly. Consideration is given to interventions focused on promoting the unborn baby/newborn's health, safety and wellbeing, and supporting the mother and family.

5.2.3 DCPFS decision stage prior to final meeting

- DCPFS, prior to the final review meeting, must analyse the information and reach one of the following decisions:
  - **No further action:** DCPFS has assessed there is no risk to the newborn.
  - **Sufficient safety for newborn to go home**: a safety plan is developed with the family including their extended family and their support network. DCPFS may or may not remain involved with the family.

- **Sufficient safety for newborn to go home under a protection order (supervision):** a safety plan is developed with the family and their support network. DCPFS remains involved with the family.
- **Insufficient safety for newborn to go home**: newborn is taken into provisional protection and care at birth.

- The DCPFS district director must endorse the decision and DCPFS will advise the parent(s) (where appropriate).
- DCPFS will advise the relevant hospital social worker and/or Director Nursing and/or Maternity Service Manager of the decision who is responsible for advising other relevant staff.
- The meeting document and safety plan will be distributed to the mother/parents, WA Health and relevant persons and will detail the names and contact details for the case worker, team leader and Crisis Care, decisions made, the reasons for decisions and outline ongoing review and monitoring processes.
- DCPFS is the statutory agency for the protection of children and has the ultimate decision making responsibility.

5.2.4 Final inter-agency meeting

Purpose: to plan how to progress the post-birth decision made by DCPFS with consideration given to the wellbeing of the unborn baby/newborn, the mother and family members.

5.2.5 Medical treatment for a newborn while in hospital and under the care of DCPFS

Both DCPFS and WA Health are responsible for meeting the health and safety needs of the newborn as well as the psychological and physical needs of the newborn's mother.

Under section 29 and section 127 of the *Children and Community Services Act 2004* DCP has the responsibility for day-to-day care, welfare and development of the child. This includes giving consent for any medical examination, treatment and procedure in respect of the child. DCPFS procedures for the approval of medical treatment including operative procedures and anaesthetic consent must be followed.

The following will occur to support good decision making:

- Regular information regarding the health of the newborn will be provided to DCPFS by WA Health via the Social Work Department/Director of Nursing and/or Maternity Service Manager.
- DCPFS will seek the parents' views and wishes, where possible, and these views will be considered in making the final decision for medical treatment.
- When DCPFS is considering making medical treatment decisions, senior DCPFS officers should consult with the treating Paediatrician in order to make a fully informed decision and clarify any areas of concern.
- To ensure informed medical decision making the Senior Social Worker/Director of Nursing/Maternity manager will facilitate meetings between treating clinicians, DCPFS and other agencies as required.

5.2.6 Management plan when the decision has been made to take a newborn into provisional protection and care from the hospital (insufficient safety for newborn to go home).

If issues cannot be addressed as part of the Final Interagency Meeting then a meeting can occur between DCPFS and WA Health to clarify the outstanding issues. To promote transparency and openness with the mother, it is expected that, where possible, issues

should be discussed at the Final Interagency meeting. This meeting can be convened as a teleconference.

Interagency protection and care planning meeting

- **Chair**: WA Health Social Worker or Director of Nursing or Maternity Service Manager.
- **Purpose**: to plan how to progress the post-birth decision made regarding care and management of the newborn and mother within the hospital setting in a manner which causes the least distress possible to the newborn, mother, other patients and staff.
- **Invitees**: Health staff, child protection staff including the DCPFS team leader and any other relevant agencies involved including legal representative.

The physical removal of the newborn will be planned in line with the medical needs of mother and newborn and managed within the ongoing business of the maternity unit, including the neonatal nursery unit if the newborn requires this facility. Appendix 2 identifies the factors to incorporate into planning.

6. DISPUTE RESOLUTION

Informal and formal complaints should be handled in line with each agency's complaints management process. This will also provide an opportunity for service improvement.

Resolution of disputes should be resolved at the local level wherever possible. Disputes should be referred to:

- DCPFS: relevant District Director; if unresolved to the relevant Case Practice Director; and where matters still remain unresolved to the Executive Director, Metropolitan Services.
- WA Health: Head of Department, Social Work KEMH or the Director of Nursing/Midwifery at the Hospital where the woman plans to deliver; and where matters remain unresolved to the relevant Executive Director.

7. TIMEFRAME AND REVIEW (if different to the MOU)

This bilateral schedule will operate from 2013 to 2016. This bilateral schedule will continue to be effective until both parties endorse a revised schedule. Agencies will be consulted and agreement sought for any variation.

8. COSTS

The parties agree to bear any of their own costs (if any) arising out of this agreement.

9. STATUS OF SCHEDULE

WA Health and Department for Child Protection and Family Support agree that this bilateral schedule is not intended to, and does not create any legally binding obligation between the parties.

10. CONTACT OFFICERS

Department for Child Protection and Family Support:	Director, Case Practice Unit (Metropolitan or Country)	
Telephone:	(08) 9222 2555	
Facsimile:	(08) 9222 2953	

Department of Health:		Head of Department, Social Work King Edward Memorial Hospital
	Telephone:	(08) 9340 2777
	Facsimile:	(08) 9340 2775
Or		Manager Statewide Protection of Children Coordination Unit
	Telephone:	(08) 6216 7700
	Facsimile:	(08) 6216 7711

11. ATTACHMENTS:

1. Flowchart: Interagency Collaborative Processes When An Unborn Baby Or Newborn Is At Risk Of Abuse And/Or Neglect
2. WA Health planning considerations for when a newborn is taken into provisional protection and care from the hospital setting.
3. Healthcare and documentary procedures post birth when a newborn is to be taken into care
4. Department for Child Protection: procedures when taking a newborn into provisional protection and care
5. DCPFS Signs of Safety Child Protection Practice Framework
6. Supporting Documents And Policies

12. SIGNATURE OF RESPECTIVE CHIEF EXECUTIVE OFFICERS

This Bilateral Schedule is signed by:

MR TERRY MURPHY
DIRECTOR GENERAL

DEPARTMENT FOR
CHILD PROTECTION AND FAMILY SUPPORT

DATE: 29/7/13

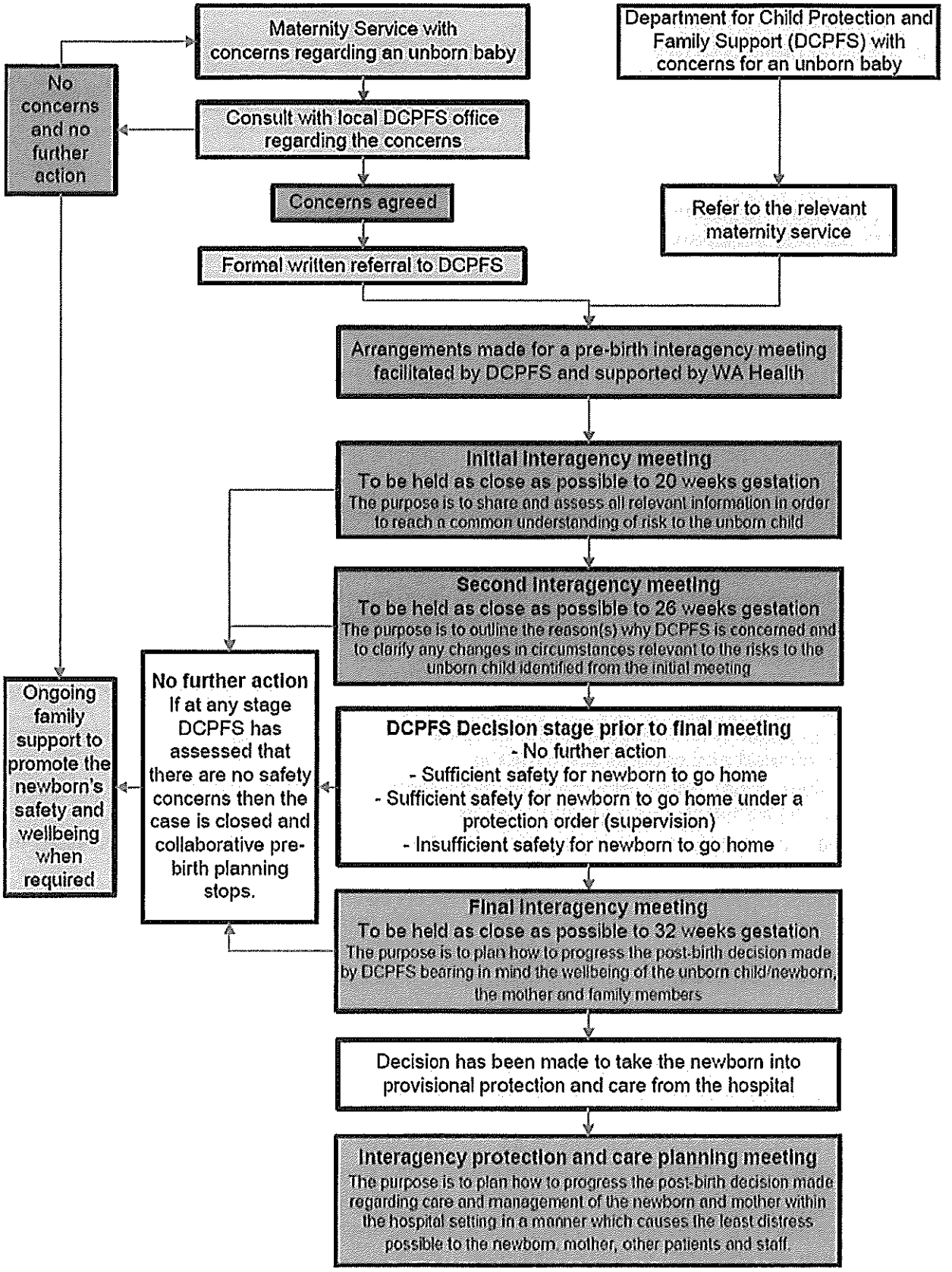
PROFESSOR BRYANT STOKES
ACTING DIRECTOR GENERAL

DEPARTMENT OF HEALTH

DATE: 12.8.2013

Appendix 1

INTERAGENCY COLLABORATIVE PROCESSES WHEN AN UNBORN OR NEWBORN BABY IS IDENTIFIED AS AT RISK OF ABUSE AND/OR NEGLECT



Appendix 2

WA Health planning considerations for when a newborn is taken into provisional protection and care from the hospital setting

The following processes will be facilitated by WA Health via the Social Work Department or Director of Nursing and/or Maternity Service Manager in facilities without a social work department. This is a management process to facilitate the removal of the newborn from his/her parent/s in a manner which causes the least distress and trauma for the newborn, mother, father, family and other families and staff in the hospital.

Other healthcare procedures and documentation post birth when a newborn is taken into care are outlined in Appendix 3.

Safety and health of mother and newborn

- Consider relevant obstetric, psychiatric and social circumstances of the mother which may impact on management within the hospital.
- Assess and provide psychosocial support for the mother.
- Minimise the impact of removing the newborn on the physical and psychological wellbeing of the newborn's mother.
- Time frame for taking the newborn into care - considers the health needs of the newborn.
- Identify information or signs that the parent may be at risk of absconding with the newborn.
- Where the newborn requires ongoing hospital care, consideration may be given to transferring the newborn to another suitable health service for ongoing safety reasons.
- Whether the mother/father/mother's partner/family member/carer pose a physical risk to others.

Minimising disruption for patients and staff

- Where possible the newborn shall be taken into care during working hours when hospital support and security are available.
- Discussions must occur between the two agencies to agree on the plan (including timeframes) for taking the newborn into care.
- Consider the safety requirements for WA Health and DCPFS staff, other patients, relatives and visitors.
- After hours process for planned removal must be documented.
- If removal of the newborn is prior to the mother's discharge, WA Health will determine the venue for removal to minimise the impact on staff and other patients.
- Transfer of newborn and mother from the labour ward to be managed by hospital staff.
- Consideration should be given to the security arrangements of the maternity ward, or nursery if the newborn remains in hospital, where the mother/father/mother's partner/ family or carer may pose a security threat to hospital staff or the unwell newborn.
- Sighting of the newborn by DCPFS - coordination of DCPFS sighting of the newborn to be facilitated by WA Health with consideration given to the health needs of the child.

Processes following DCPFS taking a newborn into provisional protection and care

- Management of contact between mother and father and the newborn.
- Breastfeeding, or provision of breast milk for the newborn, needs to be discussed with mother, health and DCPFS child protection worker.

- Support the opportunity for the mother to continue breastfeeding where appropriate. Health Service to discuss the support required for breastfeeding with DCPFS when planning for the discharge of the mother and/or newborn.

Discharge plans

- Develop discharge plans for mother from the hospital.
- Develop discharge plans for newborn from the hospital.
- Include WA Health follow-up of mother and newborn post discharge. This may exclude home visits where there are safety risks for staff, and if so, the mother/newborn will require support to re-attend the hospital for follow-up care.
- Include documented plans for parental contact with the newborn if the newborn is to remain in hospital.
- Include the provision of information to the child protection worker, where necessary, regarding special health needs of the newborn and the available supports.

Appendix 3

Healthcare and documentary procedures post birth when a newborn is to be taken into provisional protection and care

The immediate post care of the mother and newborn should, as far as possible, follow normal procedures and until such time as DCPFS take the newborn into provisional protection and care, the mother will be regarded as the newborn's guardian.

If the newborn has special medical needs, the newborn may be transferred to the Special Care Nursery in-line with normal procedures. The decision to admit a newborn to Special Care Nursery is made in the usual process and is based, as usual, on the newborn's medical/health needs.

There can be no expectation by DCPFS that discharge will be delayed for reasons other than the medical needs of the newborn or obstetric needs of the mother.

Responsibilities of the nurse/midwife:

- Post birth care should occur before DCPFS attend to serve the letter to take the newborn into provisional protection and care. Post birth care can include sutures, shower, observations and special medication (e.g. the administration of Rh(D))– the minimum clinical requirement for stay immediately post - vaginal birth is 4-6 hours; caesarean is usually at least 48 hours.
- Obtain Vitamin K and Hepatitis B consent from the mother. However if the newborn is in provisional protection and care, the Social Worker must liaise with DCPFS to obtain consent from the Chief Executive Officer (CEO).
- Ensure all medical discharge checks are complete - the newborn's fitness for discharge is to be determined by a Consultant Paediatrician or the senior physician if the hospital has no paediatrician.
- When completing STORK (obstetric postnatal summary which has personal maternal details) include in the "Special Child Health" referral (located in Stork Tab 4 – Follow-up referrals) an annotation about the newborn going into provisional protection and care.
- Give the newborn's personal record (purple child health nurse book) with the STORK General Practitioner (GP) discharge summary (mother's health details to be deleted) to the social worker. The social worker will give this to the carer or DCPFS worker. The STORK Child Health Summary (which will have personal maternal details) is to be placed in a sealed envelope, marked 'to be opened by CHN only' and sent to the CHN
- Send one copy of the GP's STORK discharge summary to the GP nominated by the DCPFS/carer for follow up with newborn's health and one copy to the mother's GP.
- If the mother is discharged prior to day five post-birth, or she requires ongoing physical care after discharge, then arrange for post-natal midwifery follow-up via home visits. However, if there is a staff safety concern or a security risk is identified then mother is to be advised to attend her GP or KEMH Emergency Centre (KEMH patients only) or the local maternity ward for postnatal follow-up.
- Request the Ward Clerk change the newborn address on the hospital patient management information system to the address of the DCPFS office involved unless the newborn is to remain with the parents or is placed with a family member.

Responsibilities of the Social Worker or Director of Nursing and/or Maternity Service Manager:

- To negotiate with the ward, obstetric and paediatric staff to determine the newborn's discharge and liaison between DCPFS and health services.

- Liaise with DCPFS child protection worker to obtain consents for Vitamin K and Hepatitis B if the newborn has been taken into provisional care immediately.
- Assist the mother to complete the Birth Registration Form if appropriate or refer to DCPFS.
- Take photographs, cot card, name tag and other mementos and give these to the mother directly. Copies of photographs should also be given to the DCPFS worker.
- Complete a 'special child health referral' informing that the newborn has been taken into care.
- Liaise with DCPFS regarding the mother's Hep C, Hep B and HIV status. This information may be relevant to the foster carer and for providing care for the newborn. Social Worker will liaise directly with the paediatric staff regarding the implications and inform DCPFS with full regard to patient confidentiality and the privacy law.
- Obtain the Birth Registration Form and the Centrelink Maternity Allowance Form. Social Worker or other to assist the mother to complete Birth Registration Form. Both forms to be given to DCPFS worker unless the parents insist they want these forms.
- Give the address of the carer to the Midwife so that follow-up of the newborn via Home Visiting Midwife/Nurse can occur. If the newborn is in a placement advise the DCPFS officer that the carer will need to attend the Child Health Centre with the newborn as the address may not be provided. If the carer's address is not provided the Social Worker will give the Midwife the name of the DCPFS child protection worker and District Office contact details.
- Breastfeeding, or provision of breast milk for the newborn, needs to be discussed with mother, health and DCPFS child protection worker. Reasonable efforts to support breastfeeding if the mother chooses this for her baby. The benefits to the baby's health of breast milk are well documented.
- The mother may need assistance to obtain a breast pump and be given advice on expressing milk. Social Worker to discuss with the midwife and DCPFS workers.
- Facilitate the mother's discharge and leaving of the hospital, with attention to her emotional state. Ensures support systems are made known and offered to, both mother/father/family/carer. Ensures DCPFS has provided a taxi voucher for leaving the hospital if required.
- Alert street doctor (free outreach medical service in metropolitan area), the mother's GP or emergency psychiatric services if there are risks of self-harm by mother or father.

Newborn items (clothes, rugs, capsule and infant formula) will be provided by DCPFS.
Ward Clerk to change the newborn's address on TOPAS to the address of the DCPFS office involved.

Appendix 4

Department for Child Protection and Family Support: procedures when taking a newborn into provisional protection and care (without a warrant)

Taking a child into provisional protection and care (without a warrant) involves a number of DCPFS operational and legal processes that are complex which can require a number of child protection workers to undertake separate tasks alongside each other.

If the decision to take the newborn into provisional protection and care is made within the pre-birth planning process, where there is adequate time, an application should be made to the Court for a warrant (provisional protection and care).

Responsibilities of the child protection worker

Prior to taking intervention action

- Input all relevant information onto DCPFS's data management system Assist.
- Complete a safety and wellbeing assessment to determine if there is an immediate and substantial risk to a newborn's wellbeing and whether the newborn is in need of protection.
- Consult with the team leader and obtain approval from the district director to take the child into provisional protection and care.
- When relevant, consult with the Aboriginal practice leaders, or relevant Aboriginal officers in the district office, for assistance in developing an effective assessment, client engagement and case management plan which takes into consideration cultural issues.
- When relevant consider the Aboriginal and Torres Strait Islander child placement principle or the CALD child placement principle
- Consult with DCPFS Legal Practice Services when a newborn is to be taken into provisional protection and care without a warrant.
- Explore suitable placement options for the newborn, including family or non-relative foster care.
- Consider the impact on any other children of the mother/ parents affected by the decision to take the newborn into provisional protection and care.
- If family foster care arrangement is planned, complete an interim emergency assessment.
- Complete a Record of Child Information.
- Complete a Child Information Form (if required) to request a placement from the non-government agencies.
- Determine the ongoing contact needs for the newborn including supervision and assess if the placement can support the contact plan.
- Discuss the option of breast milk for the newborn with the team leader and consider:
    - transference of alcohol and drugs to the newborn;
    - current case plan, including contact;
    - mother's lifestyle and vulnerabilities;
    - hygiene, storage and delivery of milk; and
    - impact on the placement.
- Complete a 'Letter to Parents' to advise the parents of the Department's decision to take the child into provisional protection and care. Clarify that the parents have sufficient capacity and English language levels to comprehend the information or provide assistance via an interpreter.
- In conjunction with WA Health discuss whether police assistance is required.

- Determine whether equipment or items are required by the carer to meet the newborn's needs such as nappies, an age-appropriate car seat, clothing, bottles and specialised food.

Taking a newborn into provisional protection and care

- Work with WA Health to manage the child's health needs, alongside the requirement to sight the child.
- Inform the parents (if appropriate) and birth hospital in writing of the Department's concerns and intention to take a newborn into provisional protection and care.
- Arrange a meeting with the parents to discuss the plan for their newborn.
- Arrange the first contact for the parents with their newborn as soon as possible.
- Discuss options available to support the parents.

After taking a newborn into provisional protection and care (without a warrant)

- Check with the foster carer(s) regarding how the newborn has settled or discuss with the hospital to find out the newborn's wellbeing.
- Discuss the reasons why the newborn has come into care and the plan for the newborn with the foster carer(s).
- Determine if the Department is making a protection order application.
  - If yes, make a protection application in respect of the child to the Children's Court within two working days.
  - If no, arrange for the newborn to be returned to the care of a parent, a person providing day-to-day care, or with parental consent, any other person.
- Meet with the parents to discuss how their newborn is doing, the reasons why the newborn has come into care of the CEO and the plan.
- Provide parents with information with:
  - a contact number for support;
  - information about their rights and where to attain legal assistance; and
  - an outline of the DCPFS's role and legal processes.
- Discuss the provisional care plan with the parent(s), including contact, and ascertain their views.

Appendix 5

DCPFS Signs of Safety Child Protection Practice Framework

DCPFS uses the *Signs of Safety Child Protection Practice Framework* (the Framework) to undertake assessment and planning where there are concerns for an unborn or newborn baby. The Framework aims to maximise family involvement and support, sharing of information, planning for the safety of an unborn baby, collaborative decision making and sharing of responsibilities.

The framework is used to determine:

- what supports are needed for families to care for their unborn baby;
- whether there is sufficient safety for the child once born to stay within the family;
- whether the situation is so dangerous that the newborn must be removed at birth; and
- if the newborn is in the care of the Chief Executive Officer (CEO), whether there is enough safety for the newborn to return home.

At its simplest this framework can be understood as containing four domains for inquiry:

- What are we worried about? (Past harm, future danger and complicating factors)
- What's working well? (Existing strengths and safety)
- How safe is the newborn? from 0 (very dangerous for newborn) to 10 (newborn is safe).
- What needs to happen? (Future safety)

Danger statement

A danger statement articulates what the Department is worried will happen to the child in the future if the person who caused the harm or is likely to, does not change their behaviour.

Where the Department has determined that a child is likely to suffer significant harm (future danger), child protection workers must only develop a danger statement (a harm statement is not required because actual harm is yet to occur).

The danger statement should describe what the impact on the child will be and:

- Relate the statement to past harm (what has happened to the child, who did it, what was the impact of the harm and what DCPFS's concerns are in relation to the child if the behaviour does not change).
- Use straight-forward language that both the family and professionals understand.
- Clarify future danger if no action is taken.

Safety planning and safety goals

A safety plan is a written agreement based on the safety goals developed with the family, safety network and DCPFS that establishes how foreseeable danger and threats to an unborn baby or newborn will be managed.

The safety goals are developed out of the danger statement and include what DCPFS need to see the parents doing to keep the newborn safe in their care. The family will also have the opportunity to develop a family safety goal which is what the parents think they need to be doing to demonstrate to DCPFS that the child is safe in their care.

Appendix 6

SUPPORTING DOCUMENTS AND POLICIES

This document is to be read in conjunction with the following documents:

- Level 1 Strategic Bilateral MOU Between WA Health and Department for Child Protection and Family Support
- *Children and Community Services Act 2004*
- Signs of Safety Pre-Birth Meetings – Frequently Asked Questions
- Joint guideline on the mutual exchange of relevant information between WA Health and the Department for Child Protection and Family Support for the purpose of promoting the safety and wellbeing of children

Department of Health

- Health Act 1911
- Operational Directive 0218/09 Guidelines for Protecting Children 2009
- Guidelines for Protecting Children 2009
- Guidelines for Responding to Family and Domestic Violence
- Operational Procedure 2050/06: Patient confidentiality and divulging patient information to third parties
- Operational Procedure 2102/06 Child Protection - *Children and Community Services Act 2004*
- Women's and Newborn's Health Network: Baby Friendly Health Initiative – hospital breastfeeding policy December 2010

Department for Child Protection and Family Support

- Aboriginal Services Framework
- Signs of Safety Child Protection Practice Framework
- Family Support Services and Practice Framework
- Policy on neglect
- Policy on child sexual abuse
- Policy on Signs of Safety
- Policy on assessment and investigation processes
- DCPFS Casework Practice Manual entry 11.7: Medical or Dental Treatment – Including Immunisations
- DCPFS Casework Practice Manual entry 11.2: Operative Procedures and Anaesthetic Consent