

Information for GPs about Child Protection Services

DISABILITY, CHILD, YOUTH AND FAMILY SERVICES

Child Abuse and Neglect

Children and young people have the right to be emotionally and physically safe. All adults in the community share the responsibility for ensuring the safety and wellbeing of children and young people in their family, neighbourhood and general community.

Abuse or neglect includes sexual abuse and/or physical or emotional injury to the extent that the child has suffered, or is likely to suffer, harm detrimental to his/her wellbeing or development. Neglect can take many forms and is extremely damaging to children.

Mandatory Reporting

Under the *Children, Young Person's and Their Families Act (1997)*, members of certain professions are required to report known or suspected abuse or neglect of children to Child Protection Services, or to a Gateway Service. (see also the information sheet on Mandatory Reporting, available on the DHHS website at:

www.dhhs.tas.gov.au/dcyfs/legislation/cyptfa)

The Act states,

"If a prescribed person, in carrying out official duties or in the course of his or her work (whether paid or voluntary), believes, or suspects, on reasonable grounds, or knows

(a) that a child has been or is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004 [an "affected child" means a child whose safety, psychological wellbeing or interests are affected or likely to be affected by family violence]; or

(b) that there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides

– the prescribed person must inform the Secretary of that belief, suspicion or knowledge as soon as practicable after he or she forms the belief or suspicion or gains the knowledge" (Section 14).

What are 'reasonable grounds' for suspecting abuse?

- A child tells you he/she has suffered non-accidental physical injury, neglect, sexual abuse and/or emotional abuse.
- Someone tells you that a child has been abused.
- Your own observations of the child's physical condition or behaviours lead you to believe that the child has suffered non-accidental physical injury or sexual abuse or neglect.
- You have serious concerns about health and well-being of an unborn child.

How is risk of significant harm to an unborn child recognised?

The Act states that health, safety and wellbeing concerns should be considered significant risks if the child, once born,

"is reasonably likely to suffer abuse or neglect"

or

"is reasonably likely to require medical treatment or other intervention as a result of the behaviour of the woman, or another person with whom the woman resides or is likely to reside before the birth of the child."

What are some of the risk factors that may lead to a notification of an unborn child?

Any concerns regarding the safety, welfare or wellbeing of an unborn child after their birth should be reported. What constitutes a risk to the unborn child upon their birth will often be guided by the professional judgement of the person reporting the concern, and will include the perceived extent of risk to the child. Some key risk factors that may lead to concerns for the unborn child upon their birth may include, but are not limited to:

- Significant alcohol or other drug abuse by caregiver/s*;
- Intellectual disability of caregiver/s to the degree that it significantly impairs the potential parenting capacity;
- Mental illness of caregiver/s to the degree that it impairs on their potential parenting capacity;
- Domestic/family violence involving the caregiver/s; or

- Previous abuse or neglect of another child/ren by someone who the child will reside with once born.
- *NB: In this context the term ‘caregiver/s’ includes the pregnant woman and/or any other adult living in the home of the pregnant woman or who is intending to provide care for the child once born.**

Reporting an incident may:

- uncover serious hidden abuse;
- prevent serious injury or death through early intervention;
- assist professionals by allowing them to tell families that they are required by law to report;
- understand the extent and nature of the problem.

Disability, Child, Youth and Family Services

Disability, Child, Youth and Family Services (DCYFS) consists of four Area Teams and one Program Development and State-wide Services team. The Area Teams are situated in the Northern, North Western, Southern Western and South Eastern regions, the boundaries of which align with the Departments of Education (DoE) and Police & Emergency Management's (P&EM) boundaries. Each Area Team aims to provide services to children, families and people with a disability located within their region. Services range across the three service platforms - universal, secondary and tertiary level services - from child health and parenting services through to statutory child protection services.

Gateway Services

Gateway Services are able to connect vulnerable children, young people and their families to the services they need to protect and promote their healthy development. They also provide Integrated Family Support Services (IFSS). The services provided through the Gateway service are voluntary and their aim is to alleviate the need for statutory intervention with these families. Significant concerns about the child's wellbeing and development are highlighted by how often issues are occurring, how serious the issues are and most importantly how the issues are affecting the child's development. A community-based Child Protection practitioner works in each of the Gateway Services and is able to act on reports of serious neglect and abuse where appropriate.

Child Protection Intake

Child Protection Intake receives enquiries and reports made during business hours Monday to Friday. Outside normal working hours, calls to Intake are automatically transferred to the Emergency After-hours Service for urgent child protection notifications or serious issues affecting children in care only.

Child Protection Response Teams

Child Protection Practitioners in Response provide time-limited response to children and young people which includes, responding, assessing and planning. Short-term protective intervention may also include application to the Court for legal orders.

Case Management Teams

Case Management provide longer-term protective intervention and focus on safety, stability and enhancing developmental wellbeing.

Out of Home Care (OOHC)

OOHC Provides services to children in need of placement away from their birth family. Care options include kinship care, foster care, family group homes and rostered care.

Making a Notification to Child Protection Intake or a Gateway Service

In your initial contact with Intake:-

- Provide comprehensive information about the suspected abuse or neglect;
- Contribute knowledge, insight and experience to a collaborative discussion and risk assessment (see risk factor warning list).
- Consult and clarify issues around informing parents, police etc.
- Intake will provide follow-up information about what will happen next.

Requesting information from GPs

During the course of a child protection investigation the Child Protection Practitioner may need to request information from a medical practitioner. Request no longer have to be made in writing under section [53\(b\)](#) of the Act. A written report can also be required by the Secretary where necessary.

It is important that GPs fulfil their requirements under the Act and provide the information requested promptly to ensure that Child Protection can conduct a thorough risk assessment of a child/young person.

When a written report is required, Section 18 of the *Children, Young Persons and their Families Act 1997* states;

18. (2) For the purposes of an assessment, the Secretary may require by written notice –
- (a) any person who has previously examined, assessed, carried out tests on or treated the child; or
 - (b) the employer of that person –
- to provide the Secretary with a written report on the examination, assessment, tests or treatment.

Gateway Services may also request information

GPs are also able to provide information to Gateway Services, and any other organisation involved with providing support to a child who may be at risk. Section 3 of the Act provides the definition of an “Information Sharing Entity”. (See also the Information Sheet called Information Sharing, available on the DHHS website at:

www.dhhs.tas.gov.au/dcyfs/legislation/cyptfa)

Key Contacts

Contact number for Gateway Services: 1800 171 233	
From 9am-5pm Monday – Friday, this number will divert you to your regional Gateway Services office.	
South West Gateway is run by Baptistcare	South East Gateway is run by Mission Australia
Northern Gateway is run by Baptistcare	North West Gateway is run by Mission Australia

Contact number for Child Protection: 1300 737 693	
This Statewide number can be used 24 hrs a day to report concerns about children. However, outside of usual business hours (9-5) it should only be used to report emergencies or urgent concerns regarding risk of immediate harm.	
Website: http://www.dhhs.tas.gov.au/service_information/information/making_a_notification_to_the_child_protection_advice_and_referral_service	
Additional Contact numbers for Child Protection Intake	
South West Tasmania Contacts	South East Tasmania Contacts
Child Protection Services PH: 6230 7650 (business hours only)	Child Protection Services PH: 6230 7833 (business hours only)
Northern Tasmania Contacts	North West Tasmania Contacts
Child Protection Services PH: 6336 2376 (business hours only)	Child Protection Services PH: 6434 6246 (business hours only)
Website: www.dhhs.tas.gov.au	

Tasmanian Risk Framework (TRF)

The TRF is a guided 'professional judgement model' which supports Child Protection Practitioners through the stages of gathering information, analysis and making a judgement about both the immediate safety of the child and the future risk of harm. The risk factor warning list is used to quickly build a picture of the circumstances surrounding a child and to clarify if an urgent response is required. It is useful for professionals to review the risk factor warning list when they are working with at-risk families and when considering making a notification.

Risk Factor Warning List

Child/Young Person	Opportunity for Harm	Pattern & History	Parenting Factors	Beliefs & Relationships	Isolation or Supports
<ul style="list-style-type: none"> • Under 2 years • Evidence of physical abuse/shaking • Born drug dependent • Difficulty feeding, sleeping, cries a lot • Currently underweight • Premature • Chronically ill child • Developmental or other delay • History of multiple separation/placements • No stable day program • No effective guardian/homeless • Mental health issue • Recent significant behaviour change • Violent behaviour • Offending • Sexual offending • Unsafe or age inappropriate sexual activity including prostitution • Substance abuse problems • History of self harm/suicide (talk or attempt). 	<ul style="list-style-type: none"> • Alleged perpetrator has access to child • Imminent exposure to harm • No protective adult present • Young person not self protecting 	<ul style="list-style-type: none"> • Escalating concern or contact with child protection • Other child removed, or died in parent(s) care <p>Carer(s) have:-</p> <ul style="list-style-type: none"> • physically abused a child (past or present) • a history of sexual assault • any history of violence 	<p>Carer(s):-</p> <ul style="list-style-type: none"> • Under 20 at birth of first child Under 20 now • Abused as child(ren) • Have poor health • Have history and/or current mental health issues • Have intellectual disability • Have self esteem issues, depression • Not biological parent • Have current alcohol/drugs use • Is/has been perpetrator of domestic violence and/or has a history of DV • Have history of sexual assault • Transient/homeless 	<p>Carer(s):-</p> <ul style="list-style-type: none"> • High criticism/low warmth family • Have poor understanding of the needs of the infant/child • Use excessive or inappropriate discipline • Describe or act toward child predominately negatively • Failed to cooperate satisfactory Views concerns less seriously than child protection 	<ul style="list-style-type: none"> • Young person is socially isolated • Family is severely fragmented Family is chaotic • Family or YP have not engaged with services in the past