

# Disability, Child, Youth and Family Services<sup>1</sup>

## Information Sheet for GPs about Child Protection 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 the Department of Health and Human Services (DHHS). 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.

### 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.

### Children and Family Services

Children and Family Services (CAFS) 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 and families 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.

### Child Protection Intake

Child Protection Intake is the 'entry point' for the statutory child protection service in Tasmania and staff receives enquiries and reports ('notifications') 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

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<sup>1</sup> Please note that as of 1 November 2008 the name "Children and Families Services" changed to "Disability, Child, Youth and Family Services" as part of an organisational restructure relating to reforms relating to the delivery of Human Services by the Department of Health and Human Services within Tasmania.

protection notifications or serious issues affecting children in care only. As part of the reform of Family Services, there will also be a proactive Community Intake point coordinated by the non-government sector in collaboration with Children and Family Services. More information about the Community Intake will be provided as it is available on the Department's website:

[http://www.dhhs.tas.gov.au/future\\_communities/reform\\_implementation\\_unit](http://www.dhhs.tas.gov.au/future_communities/reform_implementation_unit).

### Child Protection Response Teams

Child Protection Workers 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.

### Early Support Program (ESP)

A family may be referred to the ESP Program which provides support to families through the community sector where children are vulnerable or at risk when a notification has been made. The aim is to alleviate the need for statutory intervention with these families.

### Making a Notification to Child Protection Intake

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 Worker may need to request a written report from a medical practitioner. Any request must be made in writing and quote the section of the Act under which the information is required. It is important that GPs fulfil their requirements under the Act and respond promptly to ensure that Child Protection can conduct a thorough risk assessment of a child/young person.

Section 18 of the *Children, Young Persons and their Families Act 1997* states;

*18. (1) If the Secretary believes, or suspects, on reasonable grounds that a child is at risk, the Secretary may carry out an assessment of the circumstances on the child.*

*(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.*

### Key Contacts

#### South-West Tasmania Contacts

Child Protection Services PH: 6230 7650 or 1300 737 639 (business or after-hours)

#### Northern Tasmania Contacts

Child Protection Services PH: 6336 2376 or 1300 001 219 (business or after-hours)

**Website:** [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)

#### South East Tasmania Contacts

Child Protection Services PH: 6230 7833 or 1300 737 639 (business or after-hours)

#### North West Tasmania Contacts

Child Protection Services PH: 6434 6246 or 1300 001 219 (business or after-hours)

## Tasmanian Risk Framework (TRF)

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