PROTOCOL

Clients of concern management

Scope (Staff):	Community health
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

CAHS and WACHS commit to being child safe organisations by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

To describe the operational processes required to identify and support families with complex needs when there are concerns for child health, wellbeing and/or safety.

Risk

Failing to identify or to act on concerns for a child may result in lost opportunities to interrupt a trajectory towards poor health, development, safety and wellbeing outcomes. In some cases, it may result in serious harm to or death of a child.

Background

In Western Australian, community health services are based on a platform of universal services for all, with a focus on children and young people, providing more support for those who need it most. Three levels of services are available including; Universal, Universal Plus and Partnerships. Children and families with additional needs are identified and offered an appropriate level of service.[1,2]

Parents and family environments are highly influential in shaping the experiences and development of infants, children and adolescents.[3,4,5,6] The quality of these experiences have lasting impacts on children's lives. Community health nurses can help families to build sensitive and responsive parenting capacity, and to create home environments that support children to grow and flourish.[3]

Nurses play highly important roles in creating trusting relationships with families and supporting parents to optimise child health and development, including families with complex needs. This support can help to break the circuit of adversity and to disrupt a child's trajectory towards poor life outcomes.[3]

Parents experiencing significant health issues, for example; mental ill-health, intimate partner violence, or alcohol or drug addiction, are likely to require referral and support to address their own health issues, as well as interventions to build parenting capacity.[6] Families experiencing poverty and disadvantage are likely to need referrals to social services to access basic resources such as safe housing, food and financial support.[7]

The WA Sustainable Health Review recognised that children at risk and their families are often frequent users of government, community and social services. A priority action in Recommendation 8 relates to agency collaboration to support children and families, including with Department of Education, Department of Communities and others.[8]

Community health nurses have statutory, legal and professional responsibilities to act when they suspect a child under the age of 18 years is the subject of or at risk of child abuse. These responsibilities are outlined in *Guidelines for Protecting Children 2020.*

Definitions

Child	Anyone under the age of 18 years.
Client of concern	A child for whom a deterioration of health, wellbeing or safety is identified, or a risk of deterioration is identified.
Child abuse	All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (GPC2020)
Parent	In relation to a child, means a person (parent or primary caregiver) who has parental responsibility for that child.
Universal services	Universal services include a schedule of community health nurse contacts and assessments offered for all children and families.
Universal Plus services	Universal Plus services offer additional and flexible contacts providing support to help families manage or resolve a particular concern or issue. Additional contacts provide opportunities for ongoing monitoring, minimising risk factors for children and building protective factors and resilience in families.
Partnership services	Partnership services are for children and families who require help to manage or resolve increasingly complex physical, developmental, psychosocial, behavioural and health concerns, which may be complicated by socioeconomic, social and environmental factors. In addition, there is a level of risk for children, if concerns are not addressed.

Principles

- Care is centred on the child and their current, emerging and future needs.

- Staff work in partnership with families, acknowledging and building on child and family strengths.

- Services are provided flexibly and are responsive to family circumstances.

- Teams are integrated, using strong communication processes to oversee and optimise the care of children at risk.

- Collaborations are developed with external agencies so that children and their families can be linked to appropriate community services.

- Service planning and delivery is culturally secure, ensuring the rights, views, values and expectations of Aboriginal people and those of other cultures, are recognised and respected.

- Staff use sensitive client-focused ways of working, mindful of the possible impacts of trauma experienced by children and families.

- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

Procedure / Process

Steps	Additional Information
1. Identify health and development concerns • Follow processes described in the relevant policy documents. • Consider the circumstances, protective and risk factors of child and family.	• Assessment of risk level will include professional judgement about; o Health background, current or recent presentations o Reason for contact o Family circumstances and factors impacting on child health and development o Existence of an Alert on client record.
2. Wellbeing or safety concern identified • Use the *Guidelines for Protecting Children 2020* to assist in recognising, responding, recording and reporting concerns to ensure the best interests, safety and wellbeing of the child are prioritised.	

Steps	Additional Information
• For school-aged children, communications are to involve the school principal or delegate. • Include child on the **clients of concern list** if a deterioration of child health, wellbeing or safety is identified, or there is a risk of deterioration. • If a belief is formed that the child has been harmed or is likely to be harmed, a formal report to the Department of Communities is required as soon as possible. See Step 8 for more detail.	
3. Plan and deliver care to support child's needs • Offer additional contacts as required to address child health and development concerns. • Build capacity with parents to provide responsive parenting that enhances parent-child relationships. • Consider parent and family needs that impact on child(ren). • Refer to other health and social services to link parent and family to supports as required. • Work with the family as per agreed plan and timeframes. • Remain alert to any changes in risk status and the need to take additional action. • Promptly inform line manager or CNS of any significant changes or concerns.	• Care planning may be informed by other health or agency partners involved in providing support for the family. • Staff are to deliver services within their scope of practice and must seek support and/or refer when clients require support that is outside their scope of practice. • Seek support for decision-making and care planning from line manager, CNS, social worker (WACHS only) or delegated senior, as required. • Where possible, offer flexible modes of service delivery to meet the needs of each family and support engagement. • In WACHS, clients of concern (under 5 years of age) are to be offered the Enhanced Child Health Schedule. • To refer adult to family and domestic violence services. See, the [Family and domestic violence protocol](#).
4. Communications – Internal • Use a **clients of concern list** to monitor engagement and continuity of care with community health services and the need for referral to and liaison with other agencies.	• The aim of clients of concern meetings is to plan timely and appropriate care for children at risk and their families. o High priority children to be discussed at least monthly.

Steps	Additional Information

• Monthly meetings to be conducted for staff working with clients of concern.
 	
• Nurses will present new and/or existing clients requiring discussion at monthly meetings. Not every client of concern may need to be discussed.
 	
• Consider discussion in the following circumstances and significant events:
 	
  ○ Key transition points for child such as starting school or changing schools.
  ○ Clients known to be transferring between CAHS, WACHS or AMS.
  ○ Clients known to be moving within CAHS or WACHS.
  ○ Child overdue for child health contact or immunisation.
  ○ Referrals and recommended actions outstanding.
  ○ Child overdue for annual child in care review.
  ○ Other significant concerns as per clinical judgement.
 	
• Create or update a risk alert if criteria are met for an alert.
 	
• Clients may be removed from the clients of concern list when the nurse and line manager or CNS agree the identified risks have been resolved.
	○ Other children at risk to be discussed as per circumstances.
	
	• Clients of concern meetings and communications are to be conducted as per local (CAHS and WACHS) processes.
	
	• Principles for conducting internal communication:
	
	  ○ There is clear articulation and documentation of care planning, including actions required by staff
	
	  ○ Actions are timely and escalated for children for whom there are imminent safety concerns
	
	  ○ Confidentiality and information sharing are managed appropriately
	
	  ○ Meetings are run effectively and efficiently.
	
	• Risk alerts provide clinicians with point of care awareness that they are working with a child at risk. Extra care and support are required by the clinician.
	  ○ WACHS - WebPAS Child at Risk Alert
	  ○ CAHS - CDIS alert flag

5. Communications – External • Participation by managers (or designated others) in regular inter-agency meetings, such as Child at Risk or Local Child Safety meetings, is strongly recommended. • Use interagency meetings to exchange information about clients of concern and their service engagement across agencies. • Share critical information between agencies to jointly plan and improve	• Families with complex needs often require support to negotiate and access one or more health or social services. • Interagency meetings are important to support families with complex needs to access multiple services in a coordinated way. • Interagency meetings enhance communication and better enable best use of resources across agencies.

Steps	Additional Information

safety and wellbeing for those children who are at significance risk.
 	
• WACHS staff are to refer to Appendix B to guide communications with schools in relation to clients of concern.
 	
• Clinical handover is required when transferring care to other health providers.
	• For clinical handover (internal or external):
	
	   ○ CAHS-CH refer to Clinical Handover - Nursing procedure
	
	   ○ WACHS refer to Child Health Clinical Handover for Vulnerable Children procedure.

6. Escalations of concern for a child • As a matter of priority, discuss escalations of concern and plan of action with a manager, CNS or delegated senior. • Safety risks requiring an immediate response are to be escalated immediately. • Follow the processes in *Guidelines for Protecting Children 2020* when managing child abuse concerns. • Inform the Department of Communities of escalating situations. See *Guidelines for Protecting Children 2020* (page 51-52) • Access debriefing and support for health staff as required.	• The Child Protection Unit (PCH) and the Department of Communities local office can be consulted when assessing the level of concern. • Consider completing the *Child Wellbeing Guide (CHS470)*, and store with client record.

7. Communications with Department of Communities
 	
• In all instances where a WA Health staff member has identified that a child may have been harmed or is at current risk of harm through child abuse, a report must be made to the Department of Communities by completing using the *Child Protection Concern Referral* form online portal.
 	
• Mandatory reports by nurses, doctors and midwives of child sexual abuse are made through the dedicated portal.
	• The *Child Protection Concern Referral form online portal* is used to report:
	
	   ○ Physical abuse
	
	   ○ Emotional abuse
	
	   ○ Family and domestic violence
	
	   ○ Neglect
	
	   ○ Sexual abuse by non-mandatory reporters.
	
	• Prior to submitting a *Child Protection Concern Referral* form nurses can contact the Central Intake Team on

Steps	Additional Information
Mandatory Reporting (communities.wa.gov.au). • Health staff making reports can expect some feedback from the case worker, however feedback may be limited by Department of Communities confidentiality requirements. • WA Health staff should request acknowledgment of receipt when information is shared with Department of Communities staff. • Ongoing communication between nurse or CNS and case worker will assist in coordination of care for the child who is the subject of a report. • Regular local interagency meetings, including Department of Communities staff, are essential to support families' coordinated access to health or social services. • In cases of unresolved concerns and disputes with Department of Communities. Refer to Appendix A.	1800 273 889 or local office number to discuss the client. • Completed forms such as the *Child Wellbeing Guide (CHS470)*, can be attached to the *Child Protection Concern Referral Form.* • The best outcomes for children are based on open and transparent practices that facilitate a trusting relationship between nurse and parent. • It is important to support families to maintain ongoing engagement with community health services. • Staff are to use professional judgement about how or whether they will inform the family they are making a notification to the Department of Communities. Factors influencing this decision include possible (increased) risk of danger to the child, and risks to safety of staff and others.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making, actions and evaluations according to CAHS-CH and WACHS processes.

Training and development

Recommended:

Approved Family and Domestic Violence training.

Approved training relating to working with clients who have experienced trauma.

Training by the WA Health Statewide Protection of Children Coordination (SPOCC) Unit.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the *Integrity Policy Framework* issued

pursuant to section 26 of the *Health Services Act 2016* *(WA)* and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring for clients of concern management includes:

- Line managers maintain regular oversight and monitoring of the clients of concern list.
- Senior Community Health officers review related clinical incidents.
- Clinical Nurse Managers oversee annual health record/documentation audits.
- Line managers maintain oversight of mandatory and other training completed by staff.

References
1. CAHS *Child health services policy*
2. CAHS *School-aged health services policy*
3. Commissioner for Children and Young People WA. *Improving the Odds for WA's vulnerable children and young people.* April 2019
4. George P, Monks H & Cross, D. (2020). *The critical role of parenting in early childhood development.* CoLab Evidence Report, Perth Western Australia.
5. Centre for Community Child Health, (2018). *Place-based collective impact: an Australian response to childhood vulnerability. Policy Brief Number 30.* Murdoch Children's Research Institute/The Royal Children's Hospital Melbourne, Parkville, Victoria
6. Van Uzendoorn M, Bakermans-Kranenburg M, Coughlan B & Reijman S. Umbrella synthesis of meta-analyses on child maltreatment antecedents and interventions: differential susceptibility perspective on risk and resilience, *Journal of Child Psychology and Psychiatry, Annual Research Review.* October 2019
7. Hunter A & Flores G. Social determinants of health and child maltreatment: a systematic review. *Pediatric Research vol 89*, 269–274 (2021)
8. Sustainable Health Review (2019). *Sustainable Health Review: Final Report to the Western Australian Government.* Department of Health, Western Australia.
9. *WA Country Health Service Mental Health and Wellbeing Strategy 2019-24.* WACHS: Perth, Western Australia.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CAHS CH Clinical Nursing Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Child health services
Children in Care

Clinical handover – nursing (CAHS only)
Factors impacting child health and development
Family and domestic violence
Growth – static or downward trajectory
Partnership – child health service (CAHS only)
School-aged Health services
Universal Plus – Child health
Universal Plus – School health
The following documents can be accessed in the CAHS Policy Manual
Child and Family Centred Care
Child Safety and Protection
The following documents can be accessed in the WACHS Policy Manual
Child Health Clinical Handover of Vulnerable Children
Engagement Procedure
Enhanced Child Health Schedule
Identifying and Responding to Family and Domestic Violence
Neonatal Special Referrals to Child Health Services
WebPAS Child at Risk Alert
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP 0095)
Consent to Treatment Policy (MP 0175/22)

Related external legislation, policies, and guidelines
Children and Community Services Act 2004 – Section 124A
Guidelines for Responding to Family and Domestic Violence

| **Related internal resources (including related forms)** |
| Guidelines for Protecting Children 2020 |

This document can be made available in alternative formats on request.

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Printed or personally saved electronic copies of this document are considered uncontrolled			

Healthy kids, healthy communities
Compassion | Excellence | Collaboration | Accountability | Equity | Respect
Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix A: Unresolved concerns and dispute resolution with Department of Communities

- Health staff making reports, or subsequently sharing information, can expect feedback from the case worker. Feedback may be limited by Department of Communities confidentiality requirements.

- WA Health staff should request acknowledgment of receipt when information is shared with Department of Communities staff.

- If a nurse does not receive feedback or is not satisfied with the feedback, this needs to be addressed in the first instance at the local level by the line manager.

- Where a community health staff member has informed the Department of Communities of concerns about a child and believes the child remains at risk, this should be escalated following the processes outlined in the *Guidelines for Protecting Children 20*20.

- Where a dispute arises between community health staff and the Department of Communities, this will be resolved according to the processes outlined in the *Guidelines for Protecting Children 2020* (see p.64-65).

- If the issue remains unresolved within the nominated timeframe, the nurse should raise the concern (in consultation with line manager) with the Department of Communities team leader of the local district office or the Central Intake team.

- If the issue remains unresolved the nurse will escalate to their line manager who will raise the issue with the local Department of Communities District Director.

- If the issue remains unresolved the line manager will follow the formal Communities complaints process and complete an online Complaint form.

- Line manager to keep the nurse informed.

- Senior management should also be advised that a formal complaint has been made, to determine if further escalation is required.

- At each step in the process, community health staff will document and date actions taken and inform their line manager and the relevant Coordinator of Nursing (CAHS-CH) or Population Health Director (WACHS).

- Wherever concerns are raised verbally, written confirmation should be forwarded to the person contacted as soon as practicable, and a copy retained in the client record.

Appendix B: **Communications with schools – WACHS staff ONLY**

Sharing information about children of concern

- The school system has oversight of attendance, learning and wellbeing for each school-aged child.

- Sharing information with the school Principal about children of concern should be considered to support school's health care or risk management plan.

- It is recommended that community health nurses meet with the school principal (or delegated school student service staff) at least once per semester to discuss students/clients of concern and share information to support the school with oversight of attendance, learning and wellbeing for;

  o Children of concern who are newly enrolled at the school,

  o Children of concern who have significant ongoing health service needs.

- Community health assessment, brief intervention, liaison and referral may be needed for individuals in response to observations by school staff.

Specific information to be shared

- Information to be shared relates to the ongoing health, development, learning and safety of an individual in the **school context**.

- Specific information to be shared with school staff may include;

  o Child's name, date of birth, address, parent/guardian name

  o Nature of concern

  o Issues that affect a child's regular attendance at school (e.g. significant health or development issues)

  o Issues that affect child's safety while at school (e.g. behavioural or mental health concerns)

  o A child's family situation that impacts on the child's ability to regularly attend school

  o Concerns about child abuse

  o Agencies involved with the family.

Consent to share information about children of concern

- Seek to obtain consent from the parent/guardian to share information about a child, wherever possible.

- If consent cannot reasonably be obtained, or discussion with the parent could place a child at greater risk, the Chief Executive or delegated authority may authorise disclosure of confidential client information.

- Sharing information with the school principal or delegate, without parental consent is to be considered on a case-by-case basis.

- Sharing specific information with a school principal (or delegate) does not require parental consent where there is significant, imminent risk for a child who is

experiencing child abuse or neglect, attempted suicide or suicide ideation, non-suicidal self-harm, or bullying.

- In many cases children of concern may not necessarily be at imminent risk, however sharing specific information with school staff is deemed important for the ongoing health, development, learning and safety of an individual.

- Consent to share information about children of concern who are not necessarily at imminent risk can be authorised by the WACHS Chief Executive or delegated authority (Tier 6 or above).

- Regional managers and staff are to identify the local positions that are at Tier 6 or higher and that can authorise disclosure.