

CHILD PROTECTION UNIT (CPU) - ROLE AND REFERRALS POLICY®

DOCUMENT SUMMARY/KEY POINTS

- **NSW Health workers** have a key role to play in the protection of children and young people. Health workers are uniquely placed to provide a comprehensive range of services that enhance the health and wellbeing of children, young people and their care givers and help to prevent abuse and neglect.
- In the Sydney Children's Hospitals Network there are two Child Protection Units (CPUs), one at Randwick and one at Westmead. The CPUs are multidisciplinary units.
- The CPUs provide support to staff and an assessment and therapy service to children and young persons (and their families) who are at risk of significant harm if current concerns exist for their safety, welfare or wellbeing from abuse, neglect or domestic and family violence
- The CPUs provide a service 24 hours 7 days a week.
- **Referral to CPU** (See [Flowchart 1](#) in document)
- The CPUs receive referrals from a range of professionals including staff from SCHN, other Health facilities, family members and interagency partners including the Department of Communities and Justice (DCJ), the Joint Child Protection Response Program (JCPRP) and Police.
- Contact can be made to the CPU intake worker as follows:

	Randwick	Westmead
In hours	Switch or 93821412	Switch or 98452434
After hours	Switch	Switch

- The child / family may be seen for assessment or the CPU may provide a consultation service.
- The CPU can assist with and support reports of Risk of Significant Harm (ROSH) to the Helpline (DCJ) and case planning
- **DCJ** is the statutory organisation which has the lead responsibility for providing and coordinating the community response to care and protect children and young people. It accepts and assesses reports about children and young people who are at risk of significant harm

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st March 2021	Review Period: 3 years
Team Leader:	Medical Head of Department	Area/Dept: CPU Randwick and Westmead

CHANGE SUMMARY

- Due for mandatory review. Minor amendments made throughout. Title change to include 'Role'.

READ ACKNOWLEDGEMENT

- All staff should be aware of this policy.
- All staff must undergo mandatory Child Protection Training (see HETI Online)

This policy should be read in conjunction with:

Child Wellbeing and Child Protection Policies and Procedures:

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2013_007

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1 The role of the Child Protection Units

The Child Protection Units (CPUs) are tertiary services located at Sydney Children's Hospital, Randwick and The Children's Hospital at Westmead. They are staffed by multidisciplinary teams of experienced specialist doctors and allied health professionals, who are highly skilled in assessing risk of harm, and providing trauma and violence informed care. They provide 24/7 child centred care to children, young people and families in the context of significant child safety concerns, including sexual assault, physical abuse and domestic and family violence.

2 The role of Health workers – (see [Flowchart 1](#))

- It is the responsibility of all Health workers to identify children or young people who are at risk of harm if current concerns exist for their safety, welfare or wellbeing from abuse or neglect. The Health worker should discuss their concerns with their line manager and may consult with the CPU (Intake worker)
- Under Section 27 of the Children and Young Persons (Care and Protection) Act 1998 the Health Worker is **mandated to recognise and report** to DCJ children and young people who are at suspected risk of significant harm from abuse and neglect, and to provide preventative, therapeutic and educational interventions to improve the health and welfare of children and families.
 - Refer to NSW MoH [Child Wellbeing and Child Protection Policies and Procedures](#) Chapter 7 – Recognising Child Abuse and Neglect
- When Interagency partners (e.g. DCJ and/or Police) become involved for inpatients, their first point of contact is often the CPU. It is therefore helpful to inform CPU if a risk of harm report is made in relation to an inpatient
- It is also important to recognise that children in hospital are particularly vulnerable and diligence is required by all staff to ensure their safety and wellbeing.

All staff should be aware that children, young people and their family members who present to hospital in the context of suspected child abuse or neglect may be experiencing shame, fear, shock or distress and from their initial point of contact, they require responses that are trauma-informed and sensitive to their psychological wellbeing. Things to consider include the use of non-verbal communication (tone of voice, facial expressions and eye contact) and the use of language that is neutral and does not imply judgement.

3 Services provided by the Child Protection Units

The CPUs provide a service 24 hours 7 days a week. This includes telephone consultation, support to staff and response to crisis cases for both inpatient and outpatient children and young people who have experienced significant abuse and/or neglect. A social worker,

paediatric medical officer and paediatrician are on-call. Contact should be made to the CPU on-call Intake Worker via Switch.

The CPUs offer **3 main services**

Sexual Assault: forensic medical and crisis support

The CPUs incorporate a Child Sexual Assault Service

The crisis response for sexual assault is an integrated psychosocial and forensic medical response with the following elements:

- Forensic medical examinations
- Scheduled wellbeing medicals for children outside of the forensic timeframe, for historical sexual abuse.
- Crisis counselling, support and co-ordinated care, to manage the immediate impact of a recent disclosure of child sexual assault

All cases of alleged sexual assault should be referred promptly to CPU. Emergency medical care should be provided as needed, but all child sexual assault assessments and examinations should be provided by the CPU medical officer and counsellor. Timing of the CPU response will be determined on the forensic requirements, medical need, and the emotional wellbeing of the child and family.

Physical Abuse and Neglect of Children (PANOC): forensic medical and psychosocial assessment/case management

- PANOC: Forensic medical and psychosocial assessments, and ongoing case management, where there are significant concerns about physical abuse, neglect, domestic and family violence or medical child abuse (also known as factitious illness).

In these cases, the CPUs provide ongoing liaison with the family, hospital staff and relevant external agencies such as Department of Communities and Justice, NSW Police and NSW Department of Education. The CPU specialist doctors provide expert reports for courts, and attend a number of courts including the Children's Courts and Criminal Courts.

- Consultation and support to SCHN staff around the management of suspected child abuse or neglect, family violence.

Where there are concerns about physical abuse and neglect cases should be referred to CPU for discussion and formulation of a case plan. CPU may complete a full assessment including medical documentation; in other cases after consultation with CPU, documentation of injury may be completed by the referring doctor/team.

Ongoing therapy and support

- Psychosocial assessment and trauma informed sexual assault counselling for children, young people and their families aged 0-16. This includes crisis intervention, liaison with family and relevant agencies, ongoing counselling (individual/group), and court preparation and support and legal reports.

- Consultation, assessment and counselling around problematic and harmful sexualised behaviours in children aged under 10.
- Out of Home Care coordination
- Out of Home Care clinic (SCH)
- Trauma informed occupational therapy (CHW)
- Child Protection education including mandatory and specialised training
- Group-work programs for parents, adolescents and children.

Other Services include:

Review

The CPUs offer review to clients as required.

Consultation

A 24 hour telephone consultation service provides advice and information to members of the public, other departments within the hospital, doctors and other health professionals, the Department of Communities and Justice and other government and non-government agencies.

Staff are available to provide consultation at case meetings and a complex case review can be arranged involving a panel of expert health professionals to discuss complex cases of suspected child abuse and assist in developing a case plan.

Education

The CPU educator supports a team of educators in rolling out mandatory child protection training (see HETI online).

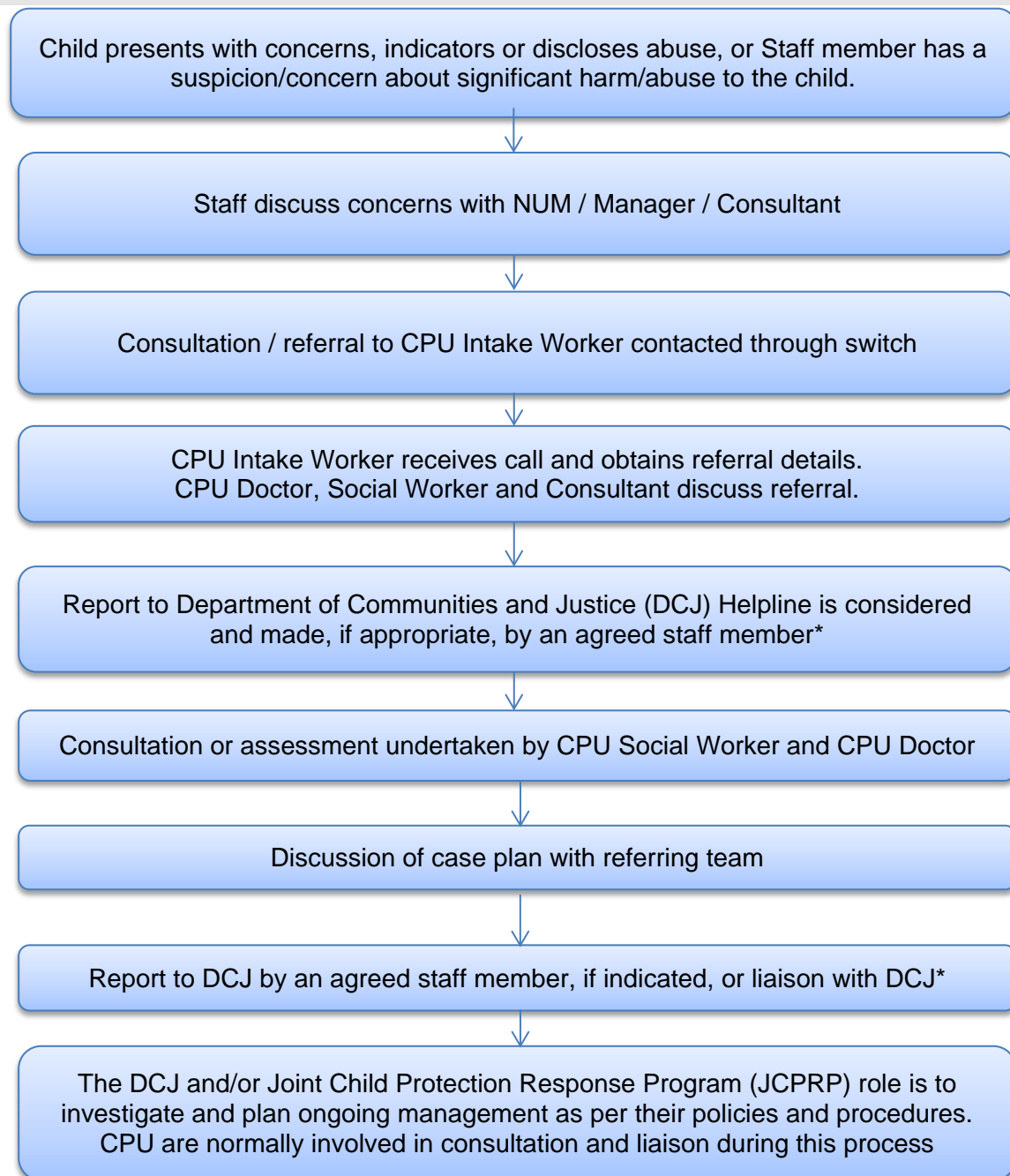
The CPUs at both sites run an RACP accredited forensic course on an annual basis to paediatricians and paediatricians in training

CPU staff also provide education and training to SCHN staff and to interagency colleagues

Research

The CPUs conduct various research and quality improvement exercises to advance knowledge and practice in the area of Child Protection.

Flowchart 1 – Process to refer to the Child Protection Units



*Following a report to the DCJ Helpline there are a number of possible outcomes

- DCJ may not be able to provide a response due to competing priorities. For this reason NSW Health workers need to continue to make plans around the safety and wellbeing of children
- A response may be provided by the local DCJ office
- A referral may be made to JCPRP (tri-agency response by Police, DCJ and Health) if the child protection concerns include possible criminality

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