



PROTOCOL	
Clients of concern management	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To mandate the operational processes relating to the identification and support of families with complex needs in order to safeguard and promote the health and wellbeing of infants and children when there are concerns for the children’s health, wellbeing and/or safety.

Risk

The risk of not following approved operational processes relating to child and adolescent health and wellbeing is significant and may result in serious harm or death.

Background

The Western Australian community health service offers children and families a comprehensive service based on a model of progressive universalism, providing support for all and offering more support to those who need it most.^{1,2} In community health, the three levels of services available include; Universal, Universal Plus and Partnerships. Nurses are required to identify children and families with additional physical, developmental, psychosocial, and/or behavioural and health needs in order to offer the appropriate level of service to meet their needs.

Through assessments undertaken in child, school and refugee health settings, nurses may identify situations which raise concerns about the health, wellbeing and/or safety of infants, children or adolescents. Sensitivity to the child’s age, development, gender, ethnicity, culture and psychological state need to be considered, as this may impact on the child’s ability to engage during any assessment.

The WA Department of Health Guidelines for Protecting Children (2015) outline the responsibility of all WA health system employees to take action whenever they suspect harm or abuse, and provides information on how to identify and respond to concerns of child abuse and neglect. This includes the responsibilities under the Children and Community Services Act 2004 relating to the mandatory reporting of child sexual abuse, which came into effect in 2009. Nurses, midwives, medical practitioners, police officers, boarding school supervisors and teachers are mandatory reporters of suspected child sexual abuse and have an obligation to make a report to the Mandatory Reporting Service if they form a belief that child sexual abuse has occurred.³

This protocol identifies the responsibilities of nurses when risk factors known to be associated with negative child outcomes have been identified, or when abuse or neglect is suspected but there is insufficient information to formally refer to the Department of Communities (previously Child Protection and Family Support). Not all families with

complex needs will be of concern, as the presence of protective factors may reduce adversity. However, it is recognised that the compounding effect of a number of risks may increase a family’s vulnerability to negative outcomes. Refer to Appendix A for more information on child and family risk factors.

The *Child Wellbeing Guide* may be used to assist staff to identify concerns they have in relation to a child’s care and/or lack of care. This is best suited to home visits, however relevant elements of the *Guide* may be completed in any setting. For more information about the *Guide* and additional resources, refer to the *Useful external resources and forms* section at the end of the document.

Key points

- The wellbeing of the child will be at the centre of the care.
- Effective communication tools are required to ensure clients with identified concerns are recorded, in order for them to receive appropriate care planning and follow-up.
- Nurses will be supportive of parents and families and, at the same time, be transparent and clear about health worker responsibilities and any concerns that they have in relation to the safety and wellbeing of a child or children.
- Staff supporting families with complex needs should regularly consult with their Line Manager and practice self-care. This may involve reflective practice, clinical supervision, or seeking support through the employee assistance program when required.³

Process

Steps	Additional information
<p>1. Concern identified</p> <p>1a) Health concern identified</p> <p>The nurse will follow processes described in the appropriate policy guideline (for example, <i>Family and Domestic Violence guideline</i>) to develop appropriate care planning.</p> <p>1b) Wellbeing or safety concern identified</p> <ul style="list-style-type: none"> • The nurse will follow the WA Department of Health <i>Guidelines for Protecting Children (2015)</i> process described in the section titled: <i>What to do – a summary: Identification of and Responses to Possible Child Abuse and Neglect</i>³ to develop appropriate care planning. 	<ul style="list-style-type: none"> • Offer additional Universal Plus or Partnership contacts as required. • A referral to a General Practitioner (GP) will be made where clinically indicated. (See Step 6.) • If a belief is formed that the child has been harmed or is likely to be harmed: <ul style="list-style-type: none"> ○ a report to the Department of Communities is required. ○ consider need for immediate physical examination by Child Protection Unit specialist consultant or emergency department. • If no immediate safety issues are present, however concerns remain, ongoing care planning is required. • The <i>Child Protection Unit (PCH)</i> and

Steps	Additional information
	<p>the <i>Department of Communities</i> local office can be consulted when assessing the level of concern.</p> <ul style="list-style-type: none"> The Line Manager and where available Clinical Nurse Specialist (CNS), social worker and/or medical officer will support the decision making process, which may include contacting others involved with providing care to the family and/or other family members.
<p>2. Communication tools</p> <ul style="list-style-type: none"> The nurse will ensure care planning is in place to support continuity of care for identified clients: <ul style="list-style-type: none"> Clients are to be flagged on the electronic information system and, where used, <i>WebPAS Child at Risk Alert</i> (currently WACHS only) Clients are to be included on local <i>Clients of concern (CofC)</i> communication tools in accordance with local practice. The Line Manager will ensure identified clients receive appropriate ongoing monitoring/care planning to accommodate staff leave and/or absences. 	<ul style="list-style-type: none"> Clinical details should be noted only in relevant electronic data systems. An alert flag is to be used if there is a risk to the safety and wellbeing of the client or clinician. Establish currency of alert flag at each contact and update and/or deactivate as required. CAHS-CH staff can find tipsheets on creating a <i>Clients of Concern</i> group communication tool in the CDIS <i>Common Folders</i> on W drive. Siblings and/or other children residing in the same residence or under the same guardian should be linked on electronic systems and added to <i>Clients of concern (CofC)</i> communication tool. Monthly meetings or phone calls will be conducted with the individual nurses managing clients of concern and/or as a team activity led by Line Manager/CNS.
<p>3. Client review</p> <p>Nurses will review the family within agreed timeframes and inform the Line Manager/CNS of any significant changes in the family that increase risk to the children.</p> <p>3a) Deterioration in the health and physical wellbeing of the child is identified</p> <ul style="list-style-type: none"> A referral to a GP or hospital will be made 	<ul style="list-style-type: none"> All agreed actions, communications and review dates are to be entered into the electronic information system by the nurse. Remain alert to any changes in risk status and the need to take additional action. Inform the Department of Communities of any new information

Steps	Additional information
<p>in accordance with the appropriate guideline. (See Step 6.)</p> <p>3b) Escalation of concerns about, or evidence of abuse, neglect or family and domestic violence is identified</p> <ul style="list-style-type: none"> • A report will be made to the Department of Communities as detailed in the <i>Guidelines for Protecting Children 2015</i> using the Child Protection Concern Referral Form. (See Step 6.) • Complete the <i>Child Wellbeing Guide</i> and where necessary, scan into the electronic information system or maintain in the school health record. 	<p>which will aid them in their assessment of the child.</p> <ul style="list-style-type: none"> • Where the identified family declines services, or are unable to be contacted, inform the Department of Communities and contact Line Manager/CNS for guidance on how to proceed. • Completed forms, such as the <i>Child Wellbeing Guide</i>, can be attached to the Department of Communities <i>Child Protection Concern Referral Form</i> and can be used to highlight the nurse's knowledge of the key deficits in: <ul style="list-style-type: none"> ○ care for the identified child ○ key areas of concern ○ any improvement, and/or deterioration over time.
<p>4. Client discussion</p> <ul style="list-style-type: none"> • At the local level, <i>Clients of concern</i> review meetings will occur monthly or more frequently, if required, by case management meeting. • Nurses will present new client/s and/or existing cases for discussion at the <i>Clients of concern</i> meeting. • Where available, participation in multiagency opportunities, such as, <i>Children at Risk Groups</i> and <i>Local Child Safety Meetings</i>, is supported. 	<ul style="list-style-type: none"> • Where held, meetings are to be scheduled for a maximum of two hours. Other methods of case review may include: by telephone, Scopia, videoconferencing or with individual clinicians and the Line Manager/CNS. • Case presentations ensure clients receive appropriate care planning and follow-up. • Clients can be removed from the communication tools when the nurse and Line Manager/CNS agree the identified risk(s) has/have been resolved or appropriately managed.
<p>5. Documentation</p> <ul style="list-style-type: none"> • Document client concerns, observations, actions and plans for future contacts in the relevant Child Health, School Health records and/or electronic data systems according to local protocols. • Participant names, discussions, outcomes, actions, plan of meetings (including review 	<ul style="list-style-type: none"> • All documentation may be subject to client record audits to ensure that staff record information on client contacts is in accordance with their professional responsibility for compliance with medico-legal, policy, procedure and guideline requirements.

Steps	Additional information
<p>date) and consultations will be documented contemporaneously.</p>	
<p>6. Clinical handover</p> <ul style="list-style-type: none"> • Clinical handover of clients will be undertaken and documented according to local processes. <ul style="list-style-type: none"> ○ CAHS-CH refer to: <i>Clinical Handover- Nursing procedure</i> ○ WACHS refer to: <u>WACHS Clinical Handover (Allied and Community Health) Form</u> • To refer clients to the Department of Communities complete a <u>Child Protection Concern Referral</u> form. Prior to submitting a form nurses can contact the Central Intake Team on 1800 273 889 or local office number to discuss the client. • To refer adult clients to family and domestic violence services, complete the <i>Referral for Family and Domestic Violence form (FDV952)</i>. 	<ul style="list-style-type: none"> • When clients have been referred to the Department of Communities, nurses will continue to offer child health and school health services as required, in a safe setting. • Staff need to use professional judgement regarding whether they will inform the family that they are making a notification to the Department of Communities. There is no legal obligation to advise a family of the referral, however transparent practice is recommended. Factors influencing this decision include possible (increased) risk or danger to the child, and safety of staff and other clients. Any decisions should be documented. • Nurses are entitled to receive feedback from the Department of Communities to maximise the appropriate health service provision for the child/family and should contact the caseworker. <p>If a nurse does not receive this 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.</p>
<p>7. Dispute Resolution and Unresolved Concerns</p> <ul style="list-style-type: none"> • Where a dispute arises between community health staff and the Department of Communities, this will be resolved according to the processes outlined in the <i>Guidelines for Protecting Children 2015</i> (see section 2.4.1). • 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 <i>Guidelines for</i> 	<ul style="list-style-type: none"> • The community health staff member will attempt to negotiate at the lowest and most informal level practicable. • Form 1/CHS850 can be used where the dispute involves non-provision of requested information (see Section 5.3 of the <i>Guidelines for Protecting Children 2015</i>) • If the issue remains unresolved, the nurse should raise the concern with the Department of Communities Team

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<p><i>Protecting Children 2015</i> (see section 2.4.1).</p>	<p>Leader.</p> <ul style="list-style-type: none"> • 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 Department of Communities Complaints process and complete an online Complaint form. • Senior management will determine if further escalation is required. • At each step in the process, community health staff will document 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.

Related policies, procedures and guidelines
<p>The following documents can be accessed in the Clinical Nursing Manual via the HealthPoint link, Internet link or for WACHS staff in the WACHS Policy link</p>
Breastfeeding deviations from normal
Bullying
Child health services
Children in Care – conducting an assessment
Children in Care – managing referrals
Clinical handover - nursing
Family and domestic violence
Growth birth - 18 years

Growth faltering
HEADSS adolescent psychosocial assessment
Mental health in adolescence
Overweight and obesity
Partnership – child health service
Perinatal and infant mental health
Physical assessment 0 - 4 years
Record management
Vulnerable populations
The following documents can be accessed in the CAHS-CH Operational Manual
Deterioration in health status – unexpected and acute
The following documents can be accessed in WACHS Policy
Enhanced Child Health Schedule
Identifying and Responding to Family and Domestic Violence
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 (MP0095)
Guidelines for Protecting Children 2015 (OD 0606/15) currently under review

Related CAHS-CH forms
The following resources can be accessed from the CAHS-Community Health Forms page on HealthPoint
Clinical handover/referral form (CHS 663)
Child Protection Concern Referral form
Referral for Family and Domestic Violence form (FDV952)
WACHS Clinical Handover (Allied and Community Health) Form

Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Clients of concern communication tool tipsheets (CAHS-CH) - W:\CACH\Common Folders\CDIS

Related external resources
Children and Community Services Act 2004 – Section 124A
Guidelines for Protecting Children 2015
Guidelines for Responding to Family and Domestic Violence
Child Wellbeing Guide
Training by WA Health Statewide Protection of Children Coordination (SPOCC) Unit


Appendix A: Risk factors

Risk factors may relate to the child and/or to their family/caregivers. The list below is not exhaustive as determining family functioning and identifying any risks for the infant, child and/adolescent, is an important step in care planning. Considerations include:

- Infant/child/adolescent:
 - Child protection issue – abuse/neglect
 - Physical and developmental delay
 - Mental health issues
 - Exposure to Family and Domestic Violence (FDV)
 - Exposure to alcohol and/or illicit drug use.
- Family:
 - FDV
 - Past and/or current involvement with the Department of Communities
 - Previous child taken into care
 - Attachment difficulties
 - Mental health issues impacting on parenting
 - Social and emotional wellbeing concerns
 - Alcohol and/or drug use
 - Financial stress
 - Social isolation
 - Homelessness
 - Transient clients
 - Aged less than 20 at time of first baby
 - Low intellectual ability
 - Pregnancy and parenthood ambivalence
 - Multiple children in family (more than 7).^{3,4,5}

References	
1.	Australian Institute of Family Studies. What is child abuse and neglect? Child Family Community Australia (CFCA) Resource Sheet. 2015.
2.	Edmond K. The Western Australian Metropolitan Birth to School Entry Universal Health Service Delivery Model. Review of evidence with recommendations for an improved service delivery model. Department of Health Western Australia. 2015.
3.	Department of Health Western Australia. Guidelines for Protecting Children 2015. Perth: Statewide Protection of Children Coordination Unit, Child and Adolescent Community Health, Department of Health; Reprinted with minor revisions May 2017.
4.	National Institute for Health and Care Excellence. Child abuse and neglect: NICE guideline. 2017.
5.	Australian Health Ministers' Advisory Council. National Framework for Child Health and Family Services - secondary and tertiary services. 2015.

This document can be made available in alternative formats on request for a person with a disability.

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