

SA Health

Policy

Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk

Informal Copy When Printed

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Government
of South Australia

SA Health

1. Name of Policy

Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk

2. Policy statement

This policy provides the mandatory requirements to ensure SA Health staff understand and comply with their duty of care and obligations relating to suspicion that a child or young person (including unborn children) is or may be at risk in accordance with the [Children and Young Person \(Safety\) Act 2017](#) (the CYPS Act), and relating to suspected child sexual offences committed by another person employed by their LHN/SAAS in accordance with the [Criminal Law Consolidation Act 1935](#) (CLC Act).

3. Applicability

This policy applies to all employees, students, volunteers, contractors, and all persons otherwise engaged to work (staff) at SA Health, that is the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

4. Policy principles

SA Health's approach to mandatory reporting of suspicion that a child or young person is or may be at risk is underpinned by the following principles:

- > We will act to ensure the safety and welfare of all children and young people in the care of SA Health.
- > We will ensure that all suspicions that a child or young person is or may be at risk are appropriately reported and supported.
- > We will ensure systems are in place to supervise, train and support staff to ensure they fully understand their legal obligations to protect children from harm, including mandatory reporting responsibilities.
- > We will ensure that accurate and up-to-date records are maintained to demonstrate that staff have been provided with all relevant statewide policies and local procedures.
- > We recognise and ensure the right to self-determination for Aboriginal peoples to meet their social, cultural, and economic needs as the First Peoples of Australia.

5. Policy requirements

Requirement to Report Suspected Harm or Risk

- > All staff must report in accordance with [Appendix 1: Reporting Suspicion a Child is or may be at Risk Mandatory Instruction](#), as soon as practicable, if they suspect on reasonable grounds that a child or young person is, or may be, at risk or has been harmed and the suspicion was formed in the course of the person's employment.

Local Implementation

- > LHN and SAAS must review existing and/or develop procedures to support local implementation of this policy.
- > DHW, LHNs and SAAS must:
 - o Ensure volunteers, students on placement and/or work experience are directed to comply with this policy through their agreement/contract of engagement.

- Develop, implement, and monitor local procedures that ensure staff respond to suspicion that a child or young person is, or may be, at risk, in accordance with [Appendix 1: Reporting Suspicion a Child is or may be at Risk Mandatory Instruction](#).
- Keep accurate and up-to-date medical records and be able to demonstrate that they have undertaken actions that contributes to the child's, young person's, or the mother of an unborn child's safety and wellbeing.

Training

- > DHW, LHNs and SAAS must:
 - Ensure relevant staff develop and maintain the necessary skills and understanding to make and submit a report/notification to the Department for Child Protection's (DCP) Child Abuse Reporting Line (CARL) or eCARL, and relevant to any unlawful conduct of a sexual nature committed by another employee to, or in relation to a child or young person, make a report to SAPOL.
 - Ensure all staff successfully complete the foundation level one course, Protecting Children is Everyone's Business, within 3 months of commencing employment, and on changes to content.
 - Ensure staff working directly with vulnerable children, young people, and their families (including pregnant women), successfully complete, and continue to complete every 3 years, the Child Safe Environments Training (modules 1 to 3).
 - Ensure all staff have been provided with information to ensure the accurate and up-to-date medical records and capture the CARL report/notification and SAPOL report using the Record of Mandatory Notification for Suspected Child Abuse or Neglect (MR MNR).
 - Ensure volunteers and students are directed to comply with this policy through their agreement/contract of engagement.
 - Develop and implement local strategies to supervise, train and support staff to understand and execute their mandatory responsibilities to protect children from harm, and to report when they know, suspect, or should suspect a child has been harmed or is at risk, as articulated in Sections 30-31 of the CYPs Act, and Section 64A of the CLC Act.
 - Ensure staff are aware and have confirmed understanding of their relevant legal obligations.
 - Ensure accurate and up-to-date records are maintained relevant to staff training program completion and ongoing compliance requirements.

Documentation

- > DHW, LHNs and SAAS must ensure the capture and documentation of information is compliant with Part 7A of the [Civil Liability Act 1936](#), the [State Records Act 1997](#) and the [State Records Information Management Strategy](#).
 - The MR-MNR (electronic or paper based) must be completed by staff when reporting to DCP through CARL or eCARL.
 - The form must be signed and placed in the child's, young person's or the mother of an unborn child's medical record for future reference; or if there is no child or young person's medical record, then in the relevant adult caregiver's medical record (except in the case of suspected fabricated or induced illness in a child, refer to [Fabricated or Induced Illness is a Child Policy](#)).
 - Records of any risk assessment undertaken, and controls implemented must be documented in the medical record in line with local requirements, including:
 - capture of Child at Risk Assessment in the Emergency Department
 - capture of Ask, Assess and Respond (AAR)

- capture of Domestic Violence Risk Assessment
- All incidents of suspected or alleged criminal offences within a SA Health facility or service must be recorded in the Safety Learning System (SLS).
- Alerts identifying the suspicion of abuse or neglect must be placed in the child or young person's medical record to assist with accurate and consistent recording of vulnerable or at-risk children and young people.

Freedom of Information (FOI)

- > The identity of the person who made the report or notification to DCP must not be released in any circumstance including under the [Freedom of Information Act 1991 \(SA\)](#) by virtue of section 163 of the [Children and Young People \(Safety\) Act 2017](#).
- > When there is a FOI or other request for health information to be disclosed, health records staff must ensure that where a child protection report / notification is detailed in the record, the identity (including name and position) of any person who made the mandated report / notification must be redacted from the record in accordance with section 163 of the [Children and Young People \(Safety\) Act 2017](#).

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Child Safe Environments \(Child Protection\) Policy](#)
- > [Children and Young Person \(Safety\) Act 2017](#)
- > [Clinical Incident Management Policy](#)
- > [Collaborative Case Management of High Risk Infants in Hospitals Policy](#)
- > [Criminal Law Consolidation Act 1935](#)
- > [Freedom of Information Act 1991](#)
- > [Health Record Management Policy](#)
- > [Privacy Policy](#)
- > [Responding to Suspected or Alleged Offences against a Child or Young Person Occurring at a SA Health Facility or Service Policy](#)
- > [Risk Management, Integrated Compliance and Internal Audit Policy](#)

7. Supporting information

- > [Charter on the Rights of Children & Young People in Healthcare Services in Australia \(awch.org.au\)](#).
- > [Closing the Gap](#)
- > [Convention on the Rights of the Child](#)
- > [Information Sharing Guidelines for Promoting Safety and Wellbeing](#)
- > [Mandatory Reporting Guide South Australia](#)
- > [Report child abuse or neglect | Department for Child Protection](#).
- > [State Records Information Management Strategy](#)
- > [Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031](#)

8. Definitions

- > **Alerts** means Precautions in EMR and include the Problem List. Both must be completed in Sunrise.
- > **CARL** is the Child Abuse Reporting Line that DCP is responsible for operating in South Australia. CARL is a 24-hour centralised point of intake and all child protection concerns are to be reported for assessment. Reports to CARL can be made by phoning 131 478. All serious concerns must be reported through CARL and not the online reporting system (eCARL).
- > **Child or Young Person** means a person who is under 18 years of age and includes an unborn child.
- > **eCARL** is the online child abuse reporting system that DCP is responsible for operating in South Australia. Non-urgent matters can be reported through the online reporting system. Information to register, login as well as instructions on how to use eCARL are available at <https://www.childprotection.sa.gov.au/reporting-child-abuse/report-child-abuse-or-neglect>.
- > **Harm** as defined under Section 17 of the *Children and Young People Safety Act 2017*, a reference to harm will be taken to be a reference to physical or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.
- > **Medical Record** encompasses all patient related administration systems (electronic and paper based).
- > **Reasonable** should be taken to mean how an individual, who is properly informed, would be expected to act in the circumstances.
- > **Reasonable grounds to report suspicions of harm** means (but is not limited to):
 - when a child states they have been harmed
 - observations of child behaviour and/or injuries lead to suspicion of harm
 - observations of a particular parent/carer or others' behaviours lead to suspicion, and/or
 - when a child states they know of someone or a friend who has been harmed. They may be referring to themselves.
- > **MR-MNR: Medical Record – Mandatory Notification Record** is the record of Mandatory Notification for Suspected Child Abuse or Neglect that is required to be completed by all SA Health staff when reporting mandatory notification to DCP through CARL or eCARL for suspected child abuse or neglect. This form is available to order through the Oracle Corporate System using Oracle number 19045571.
- > **Risk** as defined under Section 18 of the *Children and Young People Safety Act 2017* a child or young person will be taken to be 'at risk' if:
 - The child or young person has suffered harm (being harm of a kind against which a young person is ordinarily protected).
 - There is likelihood that the child or young person will suffer harm (being harm of a kind against which a young person is ordinarily protected).
 - There is likelihood that a child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of:
 - being subjected to a medical or other procedure that would be unlawful if performed in this state (including, to avoid doubt, female genital mutilation), or
 - taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the *Marriage Act 1961* of the Commonwealth, or

- enabling the child or young person to take part in any activity, or an action to be taken in respect of the child or young person, that if it occurred in this State, constitute an offence against the [Criminal Law Consolidation Act](#) of the Criminal Code of the Commonwealth.
- The parents or guardians of the child or young person:
 - are unable or unwilling to care for the child or young person, or
 - have abandoned the child or young person, or cannot, after reasonable inquiry, be found, or
 - are dead, or
 - the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence, or
 - the child or young person is of no fixed address.
- > **Sexual Abuse of a child** under the CLC Act, includes any unlawful conduct of a sexual nature committed to, or in relation to, a child.
- > **Staff** means all SA Health employees, volunteers, students, contractors, consultants and 'prescribed persons' that provide health services to the population or who have access to children's and young people's health records, and other government employees working at SA Health sites and non-government organisations.
- > **State-wide services:** means State-wide Clinical Support Services, SA Prison Health, SA Dental Service, BreastScreen SA and any other statewide services that fall under the governance of the Local Health Networks.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Risk Management, Integrated Compliance and Internal Audit Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Children's Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Children's Policy Domain

Title: Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk Policy

Objective reference number: A5408467

Review date: 18 March 2029

Contact for enquiries: Staff should contact their local policy unit for advice on implementation of this Policy.

Policy leaders across SA Health are welcome to contact the Child Protection and Policy Unit, Department for Health and Wellbeing by email: health.chiefchildprotectionofficer@sa.gov.au

11. Document history

Version	Date approved	Approved by	Amendment notes
5.0	18/03/2024	Chief Executive, DHW	Updated content and transferred to new SA Health Policy template.

4.0	04/11/2020	CEO, Women's and Children's Health Network	Minor amendments to include new Mandatory Notification Record
3.1	16/05/2019	Director Corporate Governance and Policy	Minor amendments in line with governance changes
3.0	19/10/2018	SA Health Policy Committee	Reviewed in line with legislative change
2.0	09/02/2015	SA Health Portfolio Executive	PE approved version
1.1	01/09/2014	Project Officer, Service Development Branch, Policy and Commissioning	Formally reviewed in line with 1-5year scheduled timeline for review
1.0	16/06/2011	SA Health Portfolio Executive	Original PE approved version

12. Appendices

1: Reporting Suspicion a Child is or may be at Risk Mandatory Instruction

Appendix 1: Reporting Suspicion a Child is or may be at Risk Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.

1. Reporting Requirements – Risk

- > Where staff during the course of their employment suspect on reasonable grounds that a child or young person is, or may be, at risk or has been harmed, they must notify DCP as soon as practicable, unless one of the following applies:
 - They believe on reasonable grounds that another person has reported the matter; or
 - Their suspicion was due solely to having been informed of the circumstances that gave rise to the suspicion by a police officer or child protection officer acting in the course of their official duties; or
 - They believe on reasonable grounds that DCP is already aware of all the information that forms the basis of their suspicion.
- > Staff must report via one of the following pathways:
 - Serious concerns must be reported to DCP through CARL by phoning 131 478 and not via eCARL. Serious concerns include when there is suspicion that a child or young person is in imminent or immediate danger of:
 - serious harm
 - serious injury
 - chronic neglect
 - or when the concerns are for an infant under 12 months old
 - or when the concerns are for a child or young person who is in the care of DCP.
 - DCP through CARL or the online reporting system eCARL when:
 - they have additional information about a child's or young person's situation that forms a suspicion beyond that provided to them by another mandated reporter or police officer acting in the course of their official duties,
 - a clinician reasonably suspects that an unborn child is at risk.
 - Only use eCARL to report suspicions in matters where an urgent response is not required.
 - Where a report has been made by another person or police officer, staff must make their own report when they have additional knowledge of a child or young person's situation.
- > Staff must have enough detail to identify the child, young person or the mother of an unborn child and give context to their report when making a notification to CARL by phone or electronically, by providing information such as:
 - The child's, young person's or mother of the unborn child's identification details
 - The reporter's identification details
 - Specific details of the concern

> Staff must comply with the requirements in the [Clinical Incident Management Policy](#)

2. Reporting Requirements – Harm or Risk of Sexual Abuse by another Employee

- > Staff must report to SA Police (SAPOL) if they know or suspect another employee of their LHN/SAAS is, has, or is likely to sexually abuse a child or young person.
 - Staff must attend and report to their local police station and arrange to give a formal statement, and then keep a record of the resulting police report number, and

- If staff make a report of suspected child sexual abuse by another employee to SAPOL, they must still report it to DCP through CARL (refer to Reporting Requirements - Harm process above).
- > All incidents for suspected or alleged criminal offences within a SA Health facility or service must be recorded in the SLS as outlined in the [Responding to Suspected or Alleged Offences Against a Child or Young Person Occurring at an SA Health Facility or Service Policy](#).

3. Record Keeping Following Reporting

- > Staff must capture the CARL report/notification/ and SAPOL reports using the MR-MNR either in electronic or paper format and place in the child's, young person's or the mother of an unborn child's medical record.
- > Staff must document in the child's, young person's or the mother of an unborn child's medical record, all actions undertaken at the time of report to protect the child or young person and prevent further harm if it is safe to do so.
- > Staff must document any interactions or discussions with DCP/SAPOL in the child's, young person's or the mother of an unborn child's medical record.