





Guidelines for community health nurses in responding to requests from the Department for Child Protection and Family Support (CPFS) to monitor children in the community for child protection purposes

The WA Health Protection of Children Policy states that all health professionals have an ethical and professional obligation towards vulnerable children. All health workers need to work collaboratively and proactively whenever they have a protection of children concern in order to fulfill the role of WA Health in promoting the health and wellbeing, and protection from harm, of children and young people.

The Children and Community Services Act 2004 does not include the word 'monitor', nor does CPFS have a working definition. The term appears to be informal and used variably across CPFS and it is recommended that from a WA Health perspective, the term should not be used.

Role of Community Health Nurses in protecting children

The primary role of CHNs is the provision of scheduled universal contacts for biometric assessment of children at key times i.e. birth to under 10 days; 6 to 8 weeks; 3 to 4 months; 8 months; 18 months, 3 years and school entry. Within this role, CHNs currently:

- provide a service to parents and their children that is voluntary
- notify CPFS if assessment indicates a child is at risk of harm and/or when identifying a family is in crisis
- provide or refer services to the family for the child's health, irrespective of CPFS involvement
- undertake ongoing assessment and review of the child's and families situation and notify CPFS
 if indicated
- maintain a child health record where the focus of information is about the child.

Responding to CPFS requests to monitor a child in the community

When CPFS make a request to 'monitor' for child protection purposes, an informal discussion may identify there is a valid role for a CHN and the Joint Guidelines on the mutual exchange of information between WA Health and CPFS may be followed to assist any further discussion.

A request from CPFS to 'monitor' a child implies the child may possibly already be at risk. This information allows the CHN to more carefully assess the child when seen and to more readily report any legitimate concerns for the child's wellbeing and safety. The CHN should not be expected to undertake specialised 'risk assessments' for child protection purposes. The Joint Guidelines require CPFS to provide specific information on the nature of their involvement and details of the actions and information required. The CHN may then assess the request and their ability to respond fully, in part, or not at all.

CHN should support requests to assess for protection of children concerns if CPFS:

- have had contact with the family and it is an active case
- specify how the request relates to a protection of children concern
- specify why there is a role for the CHN within their current role with the child
- define the CHN role in terms of the name of child, time frame and specific actions required