Joint Child Protection Response Program (JCPRP)

NSW Health clinical responses for child abuse and neglect

Purpose: To provide guidance on NSW Health clinical service provision and processes for accessing medical and medical forensic assessments across NSW for child protection and sexual abuse matters.

Target audience: NSW Police Force (NSWPF) and Department of Communities and Justice (DCJ) JCPRP workforces.

NSW Health's role in child protection responses

NSW Health supports the health, safety and wellbeing of children and young people through the provision of culturally safe, trauma-informed, integrated psychosocial, therapeutic and medical services.

In addition to the provision of medical care, NSW Health can also provide forensic responses, which involves collecting forensic evidence from victims of violence, abuse and neglect to support child protection and criminal justice outcomes. This service is offered as an adjunct to medical care and is always provided within an integrated, psychosocial medical and forensic response.

In a medical emergency, call an ambulance or transport a child or young person to the nearest appropriate local health facility.

NSW Health clinical service provision for child abuse and neglect

- NSW Health hospitals and facilities provide different levels of response to specific clinical presentations. This is based on a determination of the levels of support services, workforce and other requirements for clinical services to be delivered safely.
- In each local health district (LHD) there are hospitals that provide a full range of paediatric services, but at smaller hospitals, there are only limited paediatric services. In all NSW Hospitals, at a minimum, a child can be admitted for general care and paediatric consultation can be obtained.
- NSW Health has formal networks in place to ensure that patients can be referred and transferred to a facility that has the capacity to provide the level of care and treatment required.
    - For example, a small rural health facility will not have the capacity to provide on-site paediatric surgery. A child requiring surgery would be transferred to another health facility that could provide the appropriate level of care and treatment (e.g. where there is an anaesthetist credentialed to treat children).
- Within NSW, there are 3 specialist children's hospitals at Randwick, Westmead, and Newcastle that provide tertiary child protection services. The Child Protection Units (CPU)/Child Protection Team within these hospitals also provide 24/7 medical and forensic telephone advice to doctors and nurses employed or contracted by NSW Health around the state via the **Child Abuse & Sexual Assault Clinical Advice Line (CASACAL**).

- The most serious matters, as determined by NSW Health, may also be transferred to a CPU or the Child Protection Team for management (e.g. suspected inflicted head injuries in infants).
    - Note that along with this specialist response, the 3 children's hospitals also provide general paediatric services for children residing in the immediate local area.

Sexual Abuse Responses for children and young people

NSW Health provides a network of Sexual Assault Services (SAS) in every Local Health District in NSW. SAS support the health and wellbeing needs of children and young people who have been sexually abused, as well as those of their families and carers. SAS provide:

- integrated crisis counselling
- medical and forensic services;
- non-crisis medical and psychosocial therapeutic care; and
- other services including court support, advocacy and system navigation.

For child sexual abuse matters, you can contact your nearest SAS, regardless of when the abuse occurred. A contact list for all SAS is available on the NSW Health website (including business hours and after-hours contact details).

See: https://www.health.nsw.gov.au/parvan/sexualassault/Pages/health-sas-services.aspx

There is at least one SAS in each Local Health District which provides a 24/7 integrated psychosocial, medical and forensic crisis response to children and adults who have been sexually assaulted in the past seven days. These services are staffed by qualified sexual assault medical and forensic examiners who provide specialised medical care and can collect forensic evidence to support criminal justice proceedings, as an adjunct to this care.

If a child who experienced recent sexual abuse presents to a hospital without a 24/7 crisis service on-site, the SAS will make arrangements for them to be transferred to another hospital which can provide this 24/7 crisis response.

SAS also provide priority business hours psychosocial and medical services to all children who have been sexually abused, regardless of the timeframe of the abuse (i.e. even if it is not within the past 7 days). These may be preferred for very young children or children who may require additional support and planning prior to attending a sexual assault service. Wherever possible, the needs and preferences of the child should be prioritised when planning SAS service delivery.

Business-hours appointments are also available and JCPRP Health can provide more information about the local services and responses available in your area.

Child Physical Abuse and Neglect Responses

NSW Health provides 24/7 assessment and treatment of physical abuse and neglect in children and young people.

Where physical abuse and neglect is reported:

- **contact the on-call child protection social worker or paediatrician at your local hospital via the hospital switchboard** to arrange assessment and treatment.
- It is **better to call ahead** rather than to present to an Emergency Department unannounced, even when a matter is urgent.
    - This avoids any unnecessary delay and ensures NSW Health can provide a planned, trauma-informed response to the immediate needs of the child or young person.

Doctors are on-call to provide urgent medical and forensic assessments for children and young people who have experienced physical abuse or neglect.

Sometimes, appointments may be necessary to ensure that the appropriate clinicians are available and that the timing is right for the child (particularly for very young children and children with cognitive or communication disabilities).

JCPRP Health can help you navigate health services in your area

JCPRP Senior Health Clinicians (SHC) and Health Clinicians (HC) can assist JCPRP partner agencies to navigate the NSW Health system.

JCPRP SHCs and HCs can:

- provide information about local services, including contact numbers for both business hours and after-hours responses;
- liaise with DCJ, Police and NSW Health services to plan, coordinate and facilitate timely access to health services to respond to the needs of the child and their family;
- provide direct support to children, young people and their families during this process, to assess clinical need, provide crisis counselling, facilitate referrals for counselling and therapeutic services, and support ongoing health service engagement.

What happens if a parent or carer takes a child to an Emergency Department:

If a child arrives at the Emergency Department (ED) with a parent or carer, including when the family has been issued with a section 173 order to attend, hospital staff will liaise with the on-call specialists locally to plan for care as required.

- Doctors and paediatricians, whose area of specialisation is not child protection, may consult with a specialist child protection paediatrician via **CASACAL** and make a report to the **Child Protection Helpline**.
- Children may be managed and discharged at the local hospital, admitted to a local hospital or transferred to a specialist children's hospital for critical care, if required.
- Children with abusive head trauma are generally transferred to one of the three tertiary paediatric hospitals for medical and forensic assessments.
- At times, a child or young person may need to be transported to another hospital for a medical and forensic response. Arrangements for this process to occur will vary locally and according to the medical needs of the child.