LEARNING
MNHHS Child Protection Orientation Training

MNHHS Child Protection Orientation

Read the story of Isabelle and her mother Jane then **view the videos** produced by the Department of Communities, Child Safety and Disability Services
This is Isabelle, a 5 year old girl who loves going to school. Isabelle gets teased at school for being smelly and not having enough lunch. She goes hungry almost every night.

She sometimes has trouble getting to sleep and has nightmares due to hearing loud music and shouting, all hours of the night.

Isabelle likes playing with her brother. She dresses, feeds and changes his nappy each day.

Isabelle finds her parents regularly asleep on the couch.
Isabelle’s mother, Jane attended DEM with bruising to her arms and having lost consciousness.

Jane reported that these injuries occurred during a DV incident whereby she was significantly allegedly assaulted by her partner.

Jane showed limited insight into her situation by stating “oh its ok, I know he loves me”, “he gets like this after we’ve been to the pub”.

Jane discloses that her partner is caring for Isabelle and her brother and that they were present during the incident.

Jane does not engage in any further conversation stating she is tired and would like to rest.
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MNHHS Child Protection Orientation Training

1. Child Protection Orientation Video Introduction

2. Child Protection Orientation Video Mandatory Reporting
Jane attended DEM via with bruising to her arms and having lost consciousness.

Jane reported that the injuries occurred during a DV incident whereby she was significantly allegedly assaulted by her partner.

Jane reports that her mother has picked up her children from her neighbours and they are now safe.

Jane advised that she has already phoned DV connect and wants support to leave her current relationship.

Jane requests information about how to put a DVO in place and has requested social work referral for same.

*Can we see here how we have a parent able and willing to protect? This is a very different scenario to how Jane presented previously...*
Child protection

Welcome to the Metro North Hospital and Health Services Child Protection site.

This newly developed site will allow you to access all the relevant information in relation to child protection as follows and will continue to be updated over the coming months:

- How to report
- Reporting responsibilities
- MNHHS child protection units
- Child protection reform
- Referrals
- Information sharing
- Unborn child high risk alert
- Care and treatment order
- Training and education
- Useful information

How to make a report

From 19 January 2015:

1. When a staff member forms a reasonable/reportable suspicion they should:
   - Immediately report their concerns in writing to an authorized officer of Child Safety Services Regional Intake Service (CSS-RIS) or Child Safety After Hours Service (CSAHS)
   - Using a Report of suspected child in need of protection form.
   - It is recommended that you contact Child Safety

2. The staff member submitting the report electronically should:
   - Print and file the report in the client’s record
   - Forward a copy of the form to your MNHHS Child Protection Liaison Officer (CPLC) via email

If staff member is submitting paper copy of the Report of suspected child in need of protection form should fax the form to Child Safety Service Regional Intake Service (CSS-RIS).

Contact details

- Brisbane Regional Intake
  Ph: 1300 705 339
  Fax: 3259 9771
- North Coast Regional Intake
  Ph: 1300 705 201
  Fax: 5420 9049
- Child Safety Afterhours Service
  Ph: 3235 9201
  Fax: 3235 9998

Note: As of the 19 January 2015

- Stop using the SW10 (Report of reasonable suspicion of child in need of protection form).
- If you are unable to access the report of suspected child in need of protection form you must provide a written report to CSS-RIS or CSAHS including details of the child, nature of the harm and contact details of the person making the report.

Reporting responsibilities

Mandatory reporting

- From 19 January 2015, mandatory reporting for doctors and registered nurses will move from the Public Health Act 2005 to the Child Protection Act 1999.
- This is on the background of legislative reform (Child Protection Reform Act 2014) as mentioned above.