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Collaborative Case Management of High Risk Infants In Hospitals Policy Directive

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Government of South Australia
SA Health

Contents

Collaborative Case Management of High Risk Infants in Hospitals Policy Directive

1. Policy Statement

SA Health is committed to supporting the rights of all children (including the unborn child) and offers particular support to infants where it has been identified they are at high risk of harm, having regard to their safety and protection.

This Policy Directive aims to facilitate optimal outcomes for women with high and complex needs and their infants, through engagement and early intervention when psycho-social complexity and risk(s) are identified in the ante-natal period.

SA Health will work in partnership to achieve the best outcomes for infants (including the unborn) and families where there are child protection concerns. This will include joint case management and collaboration between the staff of SA Health and the Department for Child Protection (DCP) and others.

This Policy Directive is to be read / administered in conjunction with the Collaborative Case Management of High Risk Infants in Hospitals Policy Guideline and Procedure.

2. Roles and Responsibilities

2.1 Chief Executive SA Health

Will take reasonably practical steps to develop and issue system-wide policies applying to Local Health Networks, the SA Ambulance Service, and the Department for Health and Well-being.

2.2 Local Health Network Governing Boards

Will take reasonably practical steps to ensure that effective clinical and corporate governance (where relevant) frameworks are in place to ensure the LHNs are compliant with this Policy Directive.

2.3 Chief Executive Officers will:

- ensure staff are aware of their obligations to report suspected risk to the physical or psychological development of an unborn child (whether due to an act or omission of the mother or otherwise).
- ensure systems are in place to assist staff in identifying when a child is or may be at risk of harm.
- ensure staff, including volunteers receive appropriate education relating to identifying and responding to risks of harm.

2.4 SA Health hospitals and the Department for Child Protection (DCP) staff will share responsibility and act together to form an integrated, cohesive and coordinated service system so that infants and their families receive the best combination of services to meet their care and safety needs.

2.5 Health Professionals working in Drug and Alcohol Services, SA Ambulance Service or Mental Health Services, have a responsibility to consider the safety and wellbeing of clients' children, including the unborn, under this Policy Directive.

2.6 Detailed information about which role, organisation, or group plays a role in the implementation of this Policy Directive is provided in Attachment 1.

3. Policy Requirements

3.1 Scope

3.1.1 Pregnant women whose unborn children are identified as being at high risk, due to high and complex psycho-social concerns.

3.1.2 Management of cases where it is considered that the physical or psychological development of an unborn child is at risk or an infant is or may be at risk of harm.

3.1.3 High Risk Infants (HRI) at birth as determined by DCP.

3.1.4 Removal of newborn High Risk Infants from parental care in a birthing hospital by the DCP.

3.1.5 A common process is established from hospital post-delivery to next point of care (e.g. DCP; Child and Family Health Service (CaFHS) and other support services).

3.1.6 Management of cases where an infant or unborn child is considered to be at risk.

3.2 General Principles

SA Health is committed to protecting children from harm. With the implementation of this Policy Directive SA Health will ensure:

- all cases where an unborn child or infant at birth is identified as being at risk are reported to the DCP, Child Abuse Report Line (CARL);
- the infant's vulnerabilities necessitate extra attention when assessing their protective and care needs;
- all decisions will be based upon high quality, holistic risk assessment that takes into consideration the child, their family and the social context;
- the mother receives continuity of care to support engagement with health staff;
- systems are in place to assist staff in the review, assessment of risk and with interventional support;
- staff are aware of their legal obligations to report a high risk pregnancy/birth of infant;
- staff are knowledgeable in matters of child protection;
- staff are knowledgeable in matters relating to Information Sharing Guidelines (ISG) and comply with requirements outlined in the SA Health ISG Appendix;
- services will collaborate to achieve the best outcomes for infants (including the unborn) and their families;
- staff will understand cultural influences on family and parenting practices and respond in a culturally sensitive way including use of the Aboriginal and Torres Strait Islander Child Placement Principle for Aboriginal children.

3.3 Specific Principles

Due to the complexity of the work associated with collaborating between SA Health, DCP and other relevant agencies in matters where high risk is identified the following specific principles must be followed:

- a key worker within the relevant Local Health Network (LHN) will be nominated by the LHN to collaborate with DCP and other relevant agencies;

- a care plan will be documented and available in the health record at 34 weeks gestation, which articulates the response of DCP, the birthing hospital and other agencies for the remainder of the pregnancy and at the time of birth. This plan will include, but will not be limited to, details about the level and type of risk facing the unborn infant, when a notification will be made post birth and the likely response of DCP;

- where very high risk is identified pre-birth and removal of the baby from the mother's care is planned post birth, this must be documented in the care plan. Advice from DCP about how this process will occur will additionally be documented. The care plan should incorporate supportive counselling for the mother as well as detailed contraceptive advice;

- cultural consultation and advice will be sought and included in the plan for Aboriginal and Culturally and Linguistically Diverse (CALD) families. This advice will be gathered from SA Health and DCP and will be documented by the key worker.

Attachment 1 provides more specific information to support these principles.

3.4 Service Responses

In a small percentage of pregnancies a health practitioner may become concerned that the high and complex psycho-social needs of a pregnant woman are compromising the health, safety and wellbeing of the infant, both during pregnancy and after birth.

Domestic violence, drug or alcohol abuse, mental health, homelessness, risk of eviction, parenting capacity concerns and intellectual disability of the mother and/or family members engaged in the primary caring role may create concerns for the mother's wellbeing and safety and the physical or psychological development of an unborn child is at risk or place an infant at risk of harm.

- This Policy Directive has been developed to improve the coordination of service responses to those situations where the unborn child has been identified as being high risk after birth, including matters likely to require the intervention of the DCP.

- The *Children and Young people (Safety) Act 2017* recognises the duty of every person to safeguard and promote the welfare of children. In situations where a child may be in imminent and/or serious risk of harm, DCP is granted specific powers to remove the child in order to secure their safety. These powers will only be used when all other means of ensuring a child's safety have been exhausted.

- SA Health and the DCP and other relevant agencies will work together to reduce the risk factors and build the mother's capacity to safely care for the infant to militate against the potential for removal from parental care. In situations where this is not possible DCP and the birthing hospital will work together to ensure a planned removal process is in place. There will be some situations in which an unplanned removal will need to occur; in these cases the same key principles will apply.

- When DCP determines that removal is not warranted and hospital staff have significant concerns for the safety of the infant in discharging the infant to parents, SA Health Managers will escalate via their defined LHN escalation processes.

4. Implementation & Monitoring

To ensure this Policy Directive has been implemented and complied with each of the SA Health birthing hospitals will monitor and measure compliance against the following key outcomes:

- evidence of working in partnership between the staff of SA Health and DCP and others to achieve the best outcomes for infants (including the unborn) and families where there are child protection concerns is documented in joint case management plans, case discussions and care planning;
- procedural guidelines which describe the roles and responsibilities of staff in each agency are developed;
- a common process from hospital post-delivery to next point of care is established and documented e.g. DCP; CaFHS and other support services;
- audits will be undertaken to identify cases when an unborn child or infant at birth is identified as being at high risk and are reported to the DCP, CARL;
- staff will engage in continuous cultural learning opportunities including Aboriginal Cultural Respect Training to understand cultural influences on family and parenting practices and respond in a culturally sensitive way including use of the Aboriginal and Torres Strait Islander Child Placement Principle for Aboriginal children.

5. National Safety and Quality Health Service Standards

National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
☒	☐	☐	☐	☐	☒	☐	☐

6. Definitions

In the context of this document:

- **Aboriginal** refers to an Aboriginal or Torres Strait Islander person.
  When the term Aboriginal is used in this document it should be read as inclusive of Torres Strait Islander people, their culture and Communities while acknowledging that Torres Strait Islander people have a separate and distinct culture, identity and country to that of mainland Aboriginal people.
- **Aboriginal child** refers to a child who—
  (a) is a descendant of the indigenous inhabitants of Australia; and

(b) a young child, is regarded as Aboriginal by at least 1 of their parents.

- **High Risk Infants** are defined as a child up to 12 months of age (including the unborn child) where significant risk factors have been identified.

The following factors, especially when cumulative, contribute to the infant (including the unborn) being assessed and determined as High Risk Infants, are deemed to be at risk of harm when their caregiver demonstrates the following characteristics or behaviours including:

- serious substance misuse;
- domestic/family violence situation;
- a diagnosed mental illness to the degree that it significantly impairs parent/caregiver capacity;
- assessment of intellectual disability to the degree that it significantly impairs parent/caregiver capacity;
- significant attachment issues;
- previous notifications/confirmation of serious harm of other children;
- parent(s) of a child found guilty of a qualifying offence as per section 44 of the *Children and Young People (Safety) Act 2017*.

Additional factors impacting on parenting capacity which may be associated with increased risk to infants include: experience of abuse and/or violence in childhood; experience of being under Guardianship; poor parent/caregiver skills; young maternal age; financial difficulties; homelessness/transience and lack of social support.

- **harm** (1) For the purposes of the Act a reference to harm will be taken to be a reference to physical harm 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.

  (2) In this section of the Act psychological harm does not include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life.

- **infant** is defined as:
  A child up to 12 months of age (including the unborn child).

- **risk** for the purposes of the Act, a child will be taken to be at risk if:
  (a) the child has suffered harm (being harm of a kind against which a child is ordinarily protected); or

  (b) there is a likelihood that the child will suffer harm (being harm of a kind against which a child is ordinarily protected);

  (c) the physical or psychological development of an unborn child is at risk (whether due to an act or omission of the mother or otherwise).

7. Associated Policy Directives / Policy Guidelines and Resources

- Child Safe Environments (Child Protection) Policy Directive
- Child Protection – Mandatory Reporting of Suspicion that a Child or Young Person (0-under 18years) is or may be at Risk of Harm Policy Directive
- Information Sharing Guidelines for Promoting Safety and Wellbeing SA Health ISG Appendix Policy Directive

- Collaborative Case Management of High Risk Infants in Hospitals Policy Guideline
- *Children and Young People (Safety) Act 2017*
- Privacy Policy Directive

Aboriginal Health Impact Statement

This Policy Directive acknowledges that Aboriginal children and families are over-represented in the child protection system, for a myriad of reasons including being exposed to past trauma and the impact of colonisation. When an Aboriginal infant or mother comes to the attention of DCP and a statutory response is necessary it is important to ensure Aboriginal staff are included in consultation.

Where the woman/family involved is identified as Aboriginal or Torres Strait Islander, the allocated/key workers/case coordinators will engage the relevant cultural consultants for support.

Within SA Health, the designated Aboriginal consultant is the Senior Aboriginal Health Worker/Manager within the Hospital and /or staff from an Aboriginal Health Service (such as the Aboriginal Family Birthing Program /AMIC service) for cultural consultation and support for families.

Aboriginal staff in these programs and services provide specific clinical and cultural knowledge and professional expertise offering advocacy, consultation, cultural advice and representation of views where an Aboriginal child is subject to DCP notification and /or intervention.

Staff will engage in continuous cultural learning opportunities including Aboriginal Cultural Respect Training to understand cultural influences on family and parenting practices and respond in a culturally sensitive way including use of the Aboriginal and Torres Strait Islander Child Placement Principle for Aboriginal children.

Staff will understand cultural influences on family and parenting practices and respond in a culturally sensitive way including use of the Aboriginal and Torres Strait Islander Child Placement Principles for Aboriginal children.

The Vulnerable Infants Working Group led the review and update of the Collaborative Case Management of High Risk Infants in Hospital Policy Directive and Policy Guideline. The working group members included Aboriginal leadership representation from the Department of Health and Wellbeing, CALHN, NALHN, WCHN, SALHN and CHSALHN.

Aboriginal stakeholders were involved at all stages in the consultation process to ensure that the benefits for Aboriginal people were represented in the process. Work continues across SA Health to continue to improve service delivery to Aboriginal women and their infants under the auspices of this Policy Directive.

8. Document Ownership & History

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04/09/2018	V2.0	Director, Legal and Legislative Policy SA Health	Formally reviewed in line with changes in Legislation
14/05/2015	V1.1	Executive Director, Policy and Commissioning Division	Minor edits, Section 14 - Evaluation
20/01/2015	V1.0	Health Executive, Department for Health and Aging	Original PE approved version.

Attachment 1: Unborn / High Risk Infant Procedure

This procedure contains detailed information about which role, organisation, or group plays a role in the implementation of this Policy Directive

Unborn / High Risk Infant Procedure			
	Department for Child Protection	**SA Health Hospital**	
Notification of unborn infant	• Report on unborn notification received by Department for Child Protection Child Abuse Report Line. • Where the assessment necessitates, the Child Abuse Report Line sends report to local Department for Child Protection office Supervisor. • Supervisor reviews information and assesses need for local Department for Child Protection office involvement.	• Hospital identifies high risk pregnancy. • Report on unborn notification to Department for Child Protection Child Abuse Report Line, (13 14 78) • High Risk Alert placed on woman's file. • Referral to High Risk Infant (HRI) network meeting where available.	**High risk pregnancy identified**
High Risk Infant Network Meeting	• Supervisor/nominated Department for Child Protection worker reviews family history of concerns in preparation for High Risk Infant (HRI) network meeting. (NOTE: not all hospitals have a HRI meeting, especially in country hospitals.).	• Hospital nominates a key worker/case coordinator. • Hospital key worker/case coordinator liaises with professionals, cultural consultants, key services to discuss appropriate supports services to offer to a woman and her family to strengthen parenting capacity to reduce risk to the infant/unborn infant.	**Pregnancy 12 – 35 weeks**
Case discussion and planning	• Hospital key worker/case coordinator liaises with relevant staff/agencies to review woman's progress, assess risk and parenting capacity and identify appropriate supports and services available to the woman and her family. • A case conference is required for families with complex difficulties and who are involved with multiple agencies. • Include Information Sharing Guidelines consent process in documentation in case notes. • Where identified as needing a statutory response, Department for Child Protection to commence planning/actions required including seeking cultural advice. • Birth/postnatal care plan documented and placed in women's notes by 34 weeks gestation. • Department for Child Protection to inform Hospital key worker/ case coordinator and parent(s) (*unless safety concerns exist*) of the intention to proceed with formal care and protection action. Hospital key worker initiates support for mother/parents to address psycho-social issues relating to grief and loss. • Contraception education should occur at this time.		**Pregnancy 25 – 35 weeks**

Department for Child Protection		SA Health Hospital	
Review, communicate and document	• Department for Child Protection documents plan in Report on Unborn intake on C3MS and updates Hospital staff with relevant information about the woman's circumstances. • Decision made by Supervisor regarding allocation or close.	• Hospital key worker/case coordinator documents decision in case plan in woman's file. • Hospital key worker/case coordinator informs midwifery and medical staff involved in the care of the woman and infant of plan for removal of infant post birth.	**Duration of Pregnancy**
Notification of birth of infant	• Activate case plan if report on unborn notification recorded for infant. • Decision made by Supervisor regarding allocation or closure of case. Department for Child Protection informs Hospital key worker/case coordinator of decision.	• Midwifery Unit notifies Department for Child Protection Child Abuse Report Line and advises Hospital key worker of infant's birth. • Hospital key worker/case coordinator notifies Department for Child Protection case manager (if allocated) of infant's birth.	**Birth of Infant**
Case discussion and planning	• Where case is allocated by Department for Child Protection, the case manager liaises with Hospital key worker /case coordinator to update information/plans for infant. • Hospital key worker/case coordinator initiates a case discussion to review/assess risk and safety issues for infant and where necessary plan the process of removal with parent (s), Department for Child Protection, midwifery and medical staff. • Involvement of hospital security staff and/or SAPOL to be considered where safety concerns exist.		**Post-birth to discharge**
Infant removal and placement into out of home care	• Department for Child Protection informs parent(s) and hospital Key Worker/case coordinator of intention to proceed with formal care and protection action. • Department for Child Protection will develop a case plan/birth plan for the child including, where appropriate, supervised contact. • Department for Child Protection provides Hospital key worker/case coordinator with verbal and written details of the authority to remove and removal plan (i.e. letter, copy of S41 and other relevant details) for example, contact arrangements, birth plan, health care plan, breastfeeding plan. • Department for Child Protection records details of plan on C3MS. • Department for Child Protection case manager provides Hospital key worker/case coordinator with information regarding details of infant placement.	• Hospital key worker/case coordinator places documentation on woman's and infant's file. • Hospital key worker/case coordinator provides information to Child and Family Health Service (CaFHS) of infant placement arrangement, Department for Child Protection contact and details of infant's placement. • Hospital key worker/case coordinator provides a copy of the discharge summary to Department for Child Protection. • Hospital key worker/case coordinator provides required documents(s) to Department for Child Protection that will enable Department for Child Protection to notify Centrelink of the birth and removal of the infant. **In hours**: Hospital key worker /case coordinator co-ordinates the removal plan in conjunction with Department for Child Protection and informs midwifery and medical staff of plan. **Out of hours**: Hospital after hour's worker co-ordinates the removal plan in conjunction with Department for Child Protection. **NB.** *Infants are not to be separated from their mother (other than for Medical reasons) until S41 has been invoked.*	**Discharge**