

Responsibility of service managers

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The key responsibilities of Service managers are:

- assisting staff to access and comply with this document
- developing, implementing and updating local procedures which include:
 - intake procedures prioritising children and young people at risk of harm referred by the Department of Community Services
 - the participation of Aboriginal and Torres Strait Islander children or young people in assessment and intervention decisions
 - the identification of children and young people at risk of harm
 - case management, where appropriate, of children and young people at risk of harm
 - reports to the Department of Community Services
 - reporting and recording information
 - legal responsibilities
 - confidentiality
 - service planning for children and young people referred by the Department of Community Services in the context of best endeavours.
- organising and coordinating child protection training for staff which includes early identification, responsibilities and procedures for reporting, providing direction and support, seeking necessary advice for staff, in relation to discussions to report suspected risk of harm to a child
- providing and developing professional support, debriefing and supervision for staff working with children, young people and families where child protection concerns are identified
- developing an effective system for reviewing the management of child abuse cases with health staff
- ensuring inter-agency collaboration with other agencies involved with child protection
- notifying staff of the designated paediatrician or medical practitioner available to provide support and guidance to community nursing and hospital staff, ensuring that on-call rosters are developed and that linkages with Level 4 and Level 6 Child Protection Units are adequately defined
- providing staff with information about the role and location of the Sexual Assault Service Coordinator and PANOC Coordinator so they can provide consultation and advice about child protection training.

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Issues for specific program areas

18.1 Emergency departments

Emergency department staff include medical, nursing, social work and allied health, administration and support services staff. Hospital emergency departments are often the first service accessed by families or caregivers with children or young people at risk of harm.

Issues and processes

It is important that Health workers in emergency departments are always alert to indicators of abuse when providing care for children, young people and their families or caregivers. A child or young person may present for a variety of reasons and may have attended other emergency departments in the past with other injuries. All Health workers have responsibilities for reporting to the Department of Community Services if they have reasonable grounds to suspect that a child or young person is at risk of harm. Referrals should be made to hospital social workers at the same time that a report is made to the Department of Community Services.

Fractures of bones and soft tissue injuries should be considered an indicator of risk of harm when in the context of other indicators. If other indicators exist, or you have reasonable grounds to suspect risk of harm as a result of inconsistencies in the explanation of an injury, you must make a report to the Department of Community Services. If fractures have been detected in a non-ambulatory infant, a full skeletal survey should be done to check if there are any previous fractures.

In cases of non-accidental injury where there are concerns about risk of harm to a child or young person, it is good practice for a psychosocial assessment to be conducted. Referrals should be made to hospital social workers at the same time that a report is made to the Department of Community Services. A psychosocial assessment should also be provided if requested by the Department of Community Services. Please see chapter 15 for more information about medical presentations and chapter 5 for indicators for recognising abuse and neglect.

Adults who present to emergency departments with injuries following domestic violence may be the parents or caregivers of children and young people who are at risk of harm as a result of the violence. Concern about risk of serious physical or psychological harm as a result of exposure to domestic violence is grounds for making a report to the Department of Community Services. For more information on recognising abuse and neglect, please see chapter 4.

Emergency department workers may encounter situations where a parent or caregiver refuses permission for a child or young person to be admitted to hospital or refuses to have relevant investigations such as x-rays or blood tests done. If you have reasonable grounds to suspect risk of harm to a child or young person as a result of 'failure to provide necessary medical care', you should make a report to the Department of Community Services. If you treat a child or young person without consent in an emergency situation – that is, to save the child or young person's life or avert immediate risk or serious injury – you are not acting unlawfully.

If a child, young person or their family or caregiver have presented and you are unsure if a report should be made to the Department of Community Services, you should consult your Manager or your Area PANOC Service. The Department of Community Services Helpline is also available for consultation. If sexual assault is suspected, consultation and/or referral to the Sexual Assault Service or Child Protection Unit must occur.

If medical practitioners have concerns about injuries to a child or young person, they should continue their routine examination of the child to ensure that appropriate medical care is provided.

18.2 Other hospital facilities

Hospital staff includes medical, nursing, social work and allied health, administration and support services staff who work in a range of wards and facilities across Area Health Services. Hospital staff are an important first point of contact in many cases of suspected or actual abuse and neglect.

Issues and processes

Hospital staff are responsible for reporting children and young people at risk of harm to the Department of Community Services. A child or young person may present for a variety of reasons which may not initially appear to relate to abuse or neglect or may have visited other hospitals in the past.

Due to the extent of their contact with families, hospital workers are well placed to identify children and young people at risk of harm. They have opportunities to recognise risk of harm related to neglect and failure to provide necessary medical care, domestic violence and emotional abuse. Paediatric nurses are particularly well placed to identify risk of harm to a child or young person in their care because they can observe family dynamics and interactions. They may also receive disclosures of abuse from parents.

In cases of non-accidental injury where there are concerns about risk of harm to a child or young person, it is good practice for a psychosocial assessment to be conducted. Referrals should be made to hospital social workers at the same time that a report is made to the Department of Community Services. A psychosocial assessment should also be provided if requested by the Department of Community Services. Please see chapter 15 for more information about medical presentations and chapter 5 for indicators for recognising abuse and neglect.

Hospital staff may encounter situations where a parent or caregiver refuses permission for a child or young person to be admitted to hospital or refuses to have relevant investigations such as x-rays or blood tests done. If you have reasonable grounds to suspect risk of harm to a child or young person as a result of 'failure to provide necessary medical care, you should make a report to the Department of Community Services.

Telephone consultation on child protection matters

Southern NSW

The Sydney Children's Hospital Child Protection Service provides telephone advice on child protection for medical practitioners and other health workers. You can contact them on 02 9382 1412 during office hours. The on-call paediatrician can also provide telephone consultation after hours - ring the hospital switchboard on 02 9382 1111.

Western NSW

Medical practitioners and other health workers can access the Child Abuse Teleconferencing Consultancy Service based at the Child Protection Unit at the Children's Hospital at Westmead. They provide audio or teleconference assessment advice in situations where children and young people have been harmed. Contact them on 02 9845 0000 to arrange an appointment within office hours.

Northern NSW

Telephone consultation on child protection matters for Area Health Services in northern NSW is provided by the paediatrician on call for child protection at John Hunter Children's Hospital, Newcastle on 02 4921 3000.

18.3 Maternity departments

Maternity departments include antenatal, intranatal and postnatal staff. Comprehensive antenatal assessment and care planning for women during pregnancy includes physical, medical, mental health and psychosocial elements. It should also include the collection of information relating to parenting capacity. Maternity staff need to conduct comprehensive assessments so that appropriate and timely assistance and support can be arranged.

Issues and processes

Nursing staff should, where appropriate, involve the social worker and doctor in a joint assessment leading to a thorough psychosocial assessment. Parents should be involved in this process where appropriate.

A thorough assessment of a woman's family, risk factors and strengths both during pregnancy and the postnatal period will help identify the supports that may be needed to make sure that an infant will be nurtured and protected and families are linked to a network of services.

Maternity staff should be aware that domestic violence often begins or escalates during a woman's pregnancy. When responding to women suffering domestic violence, you should refer to local domestic violence protocols. If routine screening for domestic violence in antenatal services has been introduced in line with the NSW Health Domestic Violence Policy, this will be an important child protection strategy.

Maternity staff should also be aware of significant changes in the mental state of a mother. In particular, you need to look for signs of post-natal depression or post-partum psychosis. If there is concern about the mother's mental health or behaviour, an assessment of the care and safety needs of the child should be made as well as an assessment of the mother's mental health and safety.

Pre-natal reports may be made before the birth of a child if there may be risk of harm after the child is born. The principle of pre-natal reporting is to provide an opportunity for early support and assistance to pregnant women if their child may be at risk of harm after he or she is born. It also helps to reduce the likelihood of the need for out-of-home care.

Pre-natal reporting may be particularly helpful for pregnant women in domestic violence situations or with mental health or drugs in pregnancy issues because reporting can provide the catalyst for assistance. However, pre-natal reporting should only be used if there are clear indications that the infant may be at risk of harm. Reporting is not intended to be used as a punitive measure against women under stress. Maternity staff need to involve and consult with other relevant health services to assist with the care of the mother and her child.

18.4 Early childhood nursing services

Early childhood nursing is a primary health care service for infants, children and families with children in the community. The care provided is ongoing and continuous rather than episodic and focuses on promoting the health of children and families through the use of a relationship and anticipatory guidance approach. Early childhood health staff work with midwives to provide integrated services to women with children and their families.

Issues and processes

Early childhood nursing staff are in a unique position to identify a child who is at risk of harm from abuse or neglect. They are also in a good position to identify mothers who may be at risk or who are suffering from post-natal depression or domestic violence which may put their children at risk of harm from abuse or neglect.

If you become aware, or have reasonable grounds to suspect, that a baby or other children such as toddler siblings are at risk of harm from abuse or neglect, you must report your concerns to the Department of Community Services.

It is important that you continue to support the parent or caregiver and work with the Department of Community Services to formulate a care plan.

Early childhood services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.5 Nursing in schools

Nurses working in schools concentrate on the general well-being of children. They contribute to school health through screening, immunisation and the education of teachers and parents. In some schools, NSW Health nurses and allied health workers provide health care services to students with disabilities.

Issues and processes

If nurses or allied health workers in schools become aware, or have reasonable grounds to suspect, that a child or young person is at risk of harm from abuse or neglect, they should discuss their concerns with the school principal. They should then decide who will make the report to the Department of Community Services.

The Nursing Unit Manager must be informed of the action taken and the decision and any other relevant information recorded in the client file.

If there is disagreement between the Health worker and the school principal, the risk of harm should still be reported if the Health worker has reasonable grounds to suspect that the child is at risk of harm. In these situations, the Health worker should also document and inform their Nursing Unit Manager of the disagreement and action taken.

18.6 Public oral health services

Preschool children and children and young people up to 18 years old may receive public oral health care. This may include oral health education and an oral health assessment in school as well as clinical care in public clinics.

Public clinics are located in school grounds, public hospitals, community health centres and other sites. Clinical care may be provided by dental therapists or by dentists.

Issues and processes

When children or young people present to oral health professionals with orofacial trauma, you must consider issues of harm and abuse as part of your assessment.

The head and orofacial region (including intraoral structures) are common sites of trauma from all forms of child abuse. Clinical experience indicates

that around 40% to 50% of cases of child abuse include orofacial trauma (John, Messer, Arora et al 1999). Many of these injuries such as bruising, lacerations, burns and bites are extraoral and are obvious without an intraoral examination. Intraoral injuries tend to be reported less frequently than other injuries of the orofacial region. They may be overlooked compared to more obvious injuries or because medical practitioners are not familiar with intraoral examinations. Dental injuries include fractured teeth, oral bruises, oral lacerations, jaw fractures and oral burns. Injuries to the orofacial region are much more common among cases of physical abuse compared with other forms of abuse.

You must also consider issues of neglect when assessing children with untreated, rampant caries, with untreated pain or infection, and children who have a history of poor dental attendance (Raphael, 1999). You may also be in a position to recognise whether a child or young person is at current risk of harm.

Oral health services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.7 Community health centres

Community health centre staff include all staff employed at a community health centre such as counselling staff, intake staff, nursing and medical staff, speech therapists, dental health workers and managers.

Community health centres provide a range of services for children, young people, adults and families. These services may include speech pathology or occupational therapy services, child health nursing for children and their families, and assessment and treatment services for children and their families for a range of behavioural, emotional and physical problems including sexualised behaviour by children who are not victims of sexual assault. Community health centres also provide services for children and young people where abuse has occurred or is at risk of occurring.

Issues and processes

Concerns about risk of harm to children and young people may arise at community health centres during the course of assessment or treatment for another issue. This may be when the Health worker is working with a parent of a child or with another family member who may care for or have contact with the child or young person. The Health worker may also form concerns about risk of harm to a child or young person when working directly with the child or young person or through information received from another child or young person.

During an episode of treatment, a child, young person or family member may disclose abuse that has occurred in the past or in the present. If there are reasonable grounds to suspect that a child or young person is at risk of harm, you should report the disclosure to the Department of Community Services. If the risk of harm issues relate to specialist health services, such as drug and alcohol or mental health issues, you should refer to the specific program areas in this Chapter when making a decision to report.

It is important that you continue to support the parent or caregiver and work with the Department of Community Services to formulate a care plan.

Community health services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.8 Child, adolescent and family services

Child, adolescent and family services provide assessment and treatment services for children, adolescents and their families for a range of behavioural, emotional and physical problems. These services may include individual and co-joint counselling, speech pathology or occupational therapy services, and child health nursing for children and their families.

Child, adolescent and family services play an important role in providing services for children and young people where abuse has occurred or is at risk of occurring. In situations where sexual assault has not been positively identified, but a health service is considered appropriate to help a child or parent, referral may be made to an appropriate child, adolescent and family service.

Issues and processes

Child, adolescent and family workers are ideally placed to recognise concerns about the safety, welfare and well-being of children and young people. Clinical experience suggests that there are links between childhood disorders such as attention deficit disorder, conduct disorder, anxiety disorders and child abuse and neglect (Graziano and Mills, 1992; Glod et al, 1996; Smith, O'Connor and Berthelson, 1996).

Additionally, children exposed to domestic violence may also display a number of behavioural and emotional problems that can be linked to the effects of living in a climate of fear and intimidation. These children are often presented to child, adolescent and family services for counselling and you need to consider whether their problems are linked to an experience of abuse or other possible risk of harm issues.

Child, adolescent and family workers can also play an important role in working in partnership with families where abuse or neglect has occurred or is occurring. It is good practice to highlight the constraints of confidentiality at the first contact with all children and their families as part of any explanation of the service that may be provided. It is also useful to involve children and families in making decisions as appropriate should the need to report risk of harm to children arise, as children and families who participate in decisions about their lives are more likely to support the decisions made. It is often helpful to assume that clients may wish to participate more actively in resolving difficulties that place their children at risk.

Child, adolescent and family services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.9 Youth health services

Youth health services provide a range of services for children and young people aged between 12 and 24 years. These services may include counselling and casework services, health promotion, nursing and medical services, drug and alcohol counselling, counselling for children and young people who are at risk of harm or where abuse has been identified, counselling for children and young people where sexual assault has not been positively identified, outreach services and needle exchange services.

Some youth health services target children and young people who are homeless or who are at risk of homelessness and provide counselling for children, young people and their families.

Issues and processes

Youth health workers have a great deal of contact with children and young people at risk of harm. Concerns about risk of harm may develop in the course of working with either a child or young person on an individual basis or as part of providing health promotion activities to children or young people.

Clinical experience suggests that there are links between previous experiences of abuse and concerns such as homelessness, suicide, self harming behaviour, drug and alcohol problems or mental health issues. Many of these feature in the presentations of children and young people to youth health services. When assessing the child or young person's difficulty, you need to consider whether their problems are linked to a previous or current experience of abuse. Young people may have had past experiences of abuse and have removed themselves from the situation, but have younger siblings that may currently be at risk of harm (Chandy, Blum and Resnick, 1996; Martin, 1996; Bayatpour et al, 1992; Kaplan et al 1997).

It is important that children and young people accessing the service know at the outset their rights to, and the restrictions of, confidentiality. It is good practice to highlight these issues as part of any explanation of services that may be provided.

It is also useful to include a child or young person in making decisions if appropriate should the need to report risk of harm arise. Children and young people are more likely to actively participate in a process that is transparent and includes their ideas and concerns.

Youth health services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to Section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.10 Drug and alcohol services

People with alcohol and other drug related problems will have different needs throughout the duration of their drug use and will require access to a range of services to maximise the outcome of any particular treatment episode.

A range of drug and alcohol services are available for people with problematic substance use across a number of different settings. These services may include prevention and community development programs, early and brief intervention, assessment and referral, counselling and case management, detoxification, residential programs and substitution therapies such as methadone.

Issues and processes

People presenting for drug treatment experience, to varying degrees, a range of social and health problems. Many of those with severe dependence problems tend to be unemployed, have limited formal education, have been involved in crime or exposed to the criminal justice system, and have poor social skills and support networks. They are often homeless or have poor housing, experience mental health problems and poor health, and have a history of abuse or trauma. Given the complexity of substance dependency and misuse problems, there is no one single 'cure' for drug dependence. The

success of any intervention will depend on the extent to which these social, health and economic factors are addressed.

Alcohol and other drug use in a family does not, in itself, indicate child neglect or abuse. However the risk of child abuse and neglect is higher in families where parents or caregivers have significant problems with alcohol or other drugs. Problematic alcohol and other drug use is one of the factors that may contribute to children being at risk.

All health professionals working with clients who have drug and alcohol problems need to be aware that the safety, welfare and well-being of any children within their care is paramount. Staff who are involved with counselling or treating people with alcohol and other drug issues need to be pro-active in making routine enquiries about their capacity to cope with the care of the children. All assessments should include questions to find out whether the client has any children in their care and if there are any concerns about the care of these children.

Drug and alcohol services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.11 Child and adolescent mental health services

Child and adolescent mental health services provide specialist assessment and treatment for children and young people affected by severe and complex mental health problems and disorders. Consultation and liaison with other services and agencies is an important part of their role.

Prevention and early identification of abuse and neglect, and assessment and treatment for children and young people with severe and complex mental health problems as a result of abuse or neglect are also part of the role of child and adolescent mental Health workers.

Issues and processes

All staff need to be aware that the safety, welfare and well-being of children and adolescents is paramount. If during assessment, care planning or treatment you have reasonable grounds to suspect that a child or young person is at risk of harm of abuse or neglect, you are responsible for reporting your concerns to the Department of Community Services.

Clinical assessments may identify disruptive and emotional difficulties in toddlers and children ranging from mild to severe. Children may present with symptoms consistent with, or similar to, the effects of abuse such as heightened arousal and inattention or anxiety syndromes such as separation anxiety.

A thorough assessment of a family's risks and strengths will help to identify the supports that may be needed to ensure that a child or adolescent will be nurtured and protected and that families are linked to a network of services.

During intervention, you need to be aware of the family and living context of a child or adolescent client and the capacity of parents or caregivers to care for the child or young person. You may need to respond to the existence of domestic violence which may be grounds for reporting to the Department of Community Services. This should occur as a critical component of the mental health response.

During intervention, children and young people may also disclose abuse or neglect. In addition to reporting, you may need to liaise and consult with other services and agencies to ensure that children and adolescents receive appropriate care and support.

Child and adolescent mental health services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.12 Adult mental health services

Mental health services provide comprehensive specialist mental health care for people with mental health problems and disorders. Consultation and liaison with other services and agencies is an important part of their role.

Issues and processes

All staff working with adult clients who have mental health issues need to be aware that the safety, welfare and well-being of any children in the care of their clients is paramount. During assessment, mental health staff need to ask questions to find out whether a client has any children in their care. If during the course of assessment, care planning or treatment you become aware or have reasonable grounds to suspect that a child or young person is at risk of harm, you are responsible for reporting your concerns to the Department of Community Services.

Comprehensive assessment and care planning for adult clients includes collecting information on their family status and assessing the formal and informal support systems available to them. Client's roles as parents or caregivers should be considered as part of mental health assessment and care planning.

Also, staff who are involved with counselling or treatment of people with mental health issues need to be pro-active in making routine enquiries about their capacity to cope with the care of the children. This includes case planning for occasions when a parent is unable to care for their children, information for families on mental health issues, and ensuring that families are linked to support services when they need them.

If a parent or caregiver is experiencing an acute mental health crisis, you have to consider the needs and circumstances of any children and young people. Liaison and consultation with other services and agencies may be necessary to ensure that they receive appropriate care and support.

Health workers are also required to consider possible risk of harm to an unborn child of a client or a client's partner. The capacity to parent needs to be considered so that adequate assistance and support can be offered. A thorough assessment of a family's risks and strengths will help identify the supports that may be needed to ensure that an infant will be nurtured and protected and that families are linked to an appropriate network of services.

Mental health services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service, involvement in case planning, providing assessments and providing services which may be linked to a court order. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.13 Sexual health services

Health workers who work in specialist sexual health services are often involved in clinic-based and outreach work which targets difficult to reach population groups. The range of services provided usually includes sexually transmissible disease (STD) assessment and counselling as well as needle and syringe program (NSP) services.

Issues and processes

Children and young people who access a service

Sexual health service workers must be aware that the safety, welfare and well-being of children and young people is an essential consideration during work with children, young people, parents or caregivers. Sexual health service delivery should be directed at achieving a balance between strategies which minimise the risk of transmission of infectious diseases and promote the health of sexual health service clients and strategies which minimise risk of harm to children and young person.

Children who engage in sexual activity may be at risk of harm if their participation is not consensual peer activity. A child who has been forced or intimidated to participate in non-consensual sexual activity is a victim of sexual abuse. If you have reasonable grounds to suspect this has occurred, the child should be reported to the Department of Community Services as a child at risk.

Even if a child has reported that their involvement is consensual, they may still be at risk of harm particularly if they are very young or the sexual activity is not peer activity. When taking a sexual history from a child, make sure you assess the nature of the activity (peer, non-peer) and the extent to which the child's participation is consensual or the result of intimidation or duress. This will help you assess if the child is at risk.

A child who is a sex worker is at risk of harm as is a child who is an injecting drug user (IDU). If the name of a child is not known (as is generally the case given the anonymous nature of service provision), Health workers must meet their reporting obligations by providing the Department of Community Services with a description of the client. It is important to note that sterile injecting equipment and condoms should be made available to any person who is currently involved in injecting drugs or sexual activity, regardless of their age.

Parents or caregivers who access a service

Injecting drug use may leave parents and caregivers unable to provide appropriate physical, psychological or emotional care for their children. Suspicion of risk of harm is based on your observations and knowledge of the situation of the child. If you believe that a child who has an IDU parent or caregiver is at risk of harm, then you must make a report to the Department of Community Services.

Sexual health services have important roles to play in providing assessment and treatment for children and young people who have been found to be at risk of harm. These roles may include responding to section 17 requests for a service and providing assessments. You may also need to provide services to parents, caregivers and families and respond to section 248 requests for information.

18.14 Needle and syringe program services

Health workers who work in needle and syringe program services are often involved in outreach work which targets difficult to reach population groups. Maintaining contact with these target populations is essential to achieve primary health care and public health objectives.

Issues and processes

Needle and syringe program workers must be aware that the safety, welfare and well-being of children and young people is an essential consideration during work with children, young people, parents or caregivers. The effects of injecting drug use may leave parents and caregivers unable to provide appropriate physical, psychological or emotional care for children. A child or young person who is an injecting drug user is also at risk of harm.

Needle and syringe program service delivery should be directed at achieving a balance between strategies which minimise the risk of transmission of infectious diseases and promote the health of injecting drug users (IDUs) and strategies which minimise risk of harm to children and young people.

A child who is injecting drugs should be considered at risk of harm and must be reported to the Department of Community Services and referred to drug and alcohol services as a minimum. If the name of the client is not known (as is generally the case given the anonymous nature of service provision), Health workers must meet their reporting obligations by providing the Department of Community Services with a description of the client. It is important to note that sterile injecting equipment should be made available to any person who is currently involved in injecting drugs, regardless of their age.

You also have reporting obligations regarding children of IDUs if you have reasonable grounds to suspect the children are at risk of harm. Suspicion of risk of harm is based on your observations and knowledge of the situation of the child. If you believe that a child who has an IDU parent or caregiver is at risk of harm, you must make a report to the Department of Community Services.

When making a report, you should discuss any concerns with your team leader and ask for assistance if necessary.