Assessment and Management of Childhood Adversity & Neglect – a Child protection Focus
Workshop outline

Dr Terence Donald
• Introduction; the RACP Child Protection Policy

Dr Jane Edwards, forensic paediatrician, Adelaide.
• case presentation to set the scene
• the spectrum of Neglect, including the principles of its forensic assessment

Ms Christine Gibson, Community Research Liaison Coordinator, ACCP, Uni SA
• Recognising and responding to adversity
• The Common Approach (formerly CARRS)
• Protective conversations and useful contacts

Panel discussion
The RACP Child Protection Policy – launched in April 2015

Protecting Children is Everybody’s Business: Paediatricians Responding to the Challenge of Child Protection.
The new policy

• outlines **the roles and responsibilities of paediatricians** in responding to child protection issues in Australia and New Zealand

• reflects contemporary Australian and New Zealand approaches to the management of **children who may be or are in need of protection**

• emphasises paediatricians role in supporting and enhancing children’s wellbeing

• advocates for a **public health approach** to protecting children, incorporating the concepts of primary, secondary and tertiary prevention.
Contd.

• encourages paediatricians to take on stronger primary and secondary roles than previously recommended

• states the need for some paediatricians to maintain a tertiary role

• emphasises that paediatricians have a responsibility in the development and proper functioning of interagency processes – particularly at the secondary and tertiary level.

Central to the primary and secondary roles is the conduct of a comprehensive psychosocial assessment and the subsequent engagement of appropriate services.
In New Zealand

White Paper for Vulnerable Children (volumes I, II, III) and the Children’s Action Plan (released in 2012).

In Australia

From the New Zealand White Paper for Vulnerable Children

The White Paper defines vulnerable children as “children who are at significant risk of harm to their wellbeing now & into the future as a consequence of the environment in which they are being raised and, in some cases, due to their own complex needs”

- Mandatory reporting
- States & Territories responsible for $1^0$, $2^0$, $3^0$ child protection
- Commonwealth $1^0$ and $2^0$ child protection
Key elements of each model and their implications for paediatricians

• **A focus on protecting children at all levels of intervention & the role that all paediatricians could & should play across the ‘protecting children spectrum’**

• **Identifying and addressing factors** that make children vulnerable before the adversity escalates to child abuse.

• **Collaboration of paediatricians** with other health and social service professionals & agencies.

• **Where concerns for children/families, exist more effective communication** between paediatricians, statutory bodies and other health and welfare professionals could assist families in accessing relevant services.
Key elements of each model and their implications for paediatricians

• Insistence on a much **higher level of interagency and inter-professional responsibility**; for example better feedback from Statutory Agencies to paediatricians who have referred children and young people concerning the assessment and management decisions.

• Paediatricians have the skills to **advise and support other professionals** in issues relating to protecting children – especially when it is necessary to determine whether a may have been harmed as opposed to experiencing the effects of an adverse environment.

• Paediatricians will be better informed about the needs of a child through **coordination and working together** with other involved professionals.
The development of competency based training (Entrustable Professional Activities)

1^0, 2^0
- Vulnerable children – identification, intervention and initial management of suspected child maltreatment
  - Suspected child maltreatment – the forensic medical assessment
  - Suspected child maltreatment – formulation of findings and implementation of case plan
  - Suspected child maltreatment – medico-legal reports and provision of evidence in court

3^0

The Child Protection Long Case (case based discussion) – the writing up and reflection upon 15 child protection cases - 1^0, 2^0, 3^0.
Thank you