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1. Policy Statement

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

This Policy Directive (the 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 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

1. Health Professionals working in Drug and Alcohol Services, or Mental Health Services, have a responsibility to consider the safety and wellbeing of clients’ children, including the unborn, under this Directive.

2. A lead professional in each agency (the key worker/case coordinator) is identified to case manage the multi-agency/multi-disciplinary coordination and information exchange/flow, within and between the agencies.

   - Flinders Medical Centre: Child Protection Service has the lead, and will nominate the key worker.

   - Women’s and Children’s Hospital: Social Work has the lead, and will nominate the key worker.

   - Lyell McEwin Hospital: Child Protection Service has the lead, and will nominate the key worker.

   - Country Hospitals: Designated Nurse / Midwife Unit Manager or delegate.

   - Child and Family Health Services (CaFHS): Designated Nurse / Midwife Consultant.

   - Department for Child Protection (DCP): Designated supervisor.
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 by the DCP.

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

3.2 General Principles

SA Health is committed to protecting children from harm. With the implementation of this 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 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 mitigate 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 the 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

The National Standards below will be implemented from 1 January 2019.

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.

- **high risk infants** are defined as:
  A child up to 12 months of age (including the unborn) with identified risk factors, resulting in serious concern for their safety and wellbeing. This concern may arise from an incident of harm, or from situations of anticipated or current significant risk of harm.
The following factors, especially when cumulative, contribute to the infant being assessed and determined as ‘High Risk’ Infants, including the unborn, 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 the Guardianship of the Minister; poor parent/caregiver skills; young maternal age; financial difficulties; homelessness/transience and lack of social support.

- **harm** refers to physical harm or psychological harm (whether caused by an act or omission) and, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.

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

- **risk** 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 18 years) 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
- Memorandum of Understanding (MOU) For a Coordinated Response To Housing and The Care and Protection of Children and Young People 2016-2019, Department of Human Services (Housing SA, Disability Services); Department of Health and Wellbeing; Department for Education, Department for Child Protection.
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

Document developed by: Child Safety Strategy, WCHN  
File / Objective No.: 2014 -10787/1  
Next review due: 04/09/2023  
Policy history:  
- Is this a new policy (V1)? N  
- Does this policy amend or update an existing policy version? Y  
  If so, which version? V1.1  
- Does this policy replace another policy with a different title? Y  
  If so, which policy (title)? Collaborative Case Management of ‘At Risk Infants’ in Birthing Hospitals Policy Directive

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<th>Approval Date</th>
<th>Version</th>
<th>Who approved New / Revised Version</th>
<th>Reason for Change</th>
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<tr>
<td>19/10/2018</td>
<td>V2</td>
<td>Director, Legal Governance &amp; Insurance Services</td>
<td>Reviewed in line with Legislative change</td>
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<tr>
<td>14/05/2015</td>
<td>V1.1</td>
<td>Executive Director, Policy and Commissioning Division</td>
<td>Minor edits, Section 14 - Evaluation</td>
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<td>20/01/2015</td>
<td>V1.0</td>
<td>Health Executive, Department for Health and Aging</td>
<td>Original PE approved version.</td>
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### Unborn / High Risk Infant Procedure

#### Department for Child Protection
- **Notification of unborn infant**
  - Report on Unborn notification received by Department for Child Protection Child Abuse Report Line from 20 weeks gestation unless circumstances exist for earlier notification i.e. mother already an existing client of Department for Child Protection or previous child removed.
  - 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.

#### SA Health Hospital
- Hospital identifies high risk pregnancy.
- Report on Unborn Notification to Department for Child Protection Child Abuse Report Line, (13 14 78) from 20 weeks gestation, unless circumstances exist for earlier notification (i.e. mother already an existing client of Department for Child Protection or previous child removed).
- High Risk Alert placed on woman’s file.
- Referral to High Risk Infant (HRI) network meeting where available.

#### 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.).

#### 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.

#### High risk pregnancy identified

#### Pregnancy
- **12 – 35 weeks**
- **25 – 35 weeks**
<table>
<thead>
<tr>
<th>Department for Child Protection</th>
<th>SA Health Hospital</th>
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</thead>
<tbody>
<tr>
<td><strong>Review, communicate and document</strong></td>
<td></td>
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<tr>
<td>• 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.</td>
<td>• Hospital key worker/case coordinator documents decision in case plan in woman’s file.</td>
</tr>
<tr>
<td>• Decision made by Supervisor regarding allocation or close.</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>Duration of Pregnancy</td>
</tr>
<tr>
<td><strong>Notification of birth of infant</strong></td>
<td></td>
</tr>
<tr>
<td>• Activate case plan if report on unborn notification recorded for infant.</td>
<td>• Midwifery Unit notifies Department for Child Protection Child Abuse Report Line and advises Hospital key worker of infant’s birth.</td>
</tr>
<tr>
<td>• Decision made by Supervisor regarding allocation or closure of case. Department for Child Protection informs Hospital key worker/case coordinator of decision.</td>
<td>• Hospital key worker/case coordinator notifies Department for Child Protection case manager (if allocated) of infant’s birth.</td>
</tr>
<tr>
<td></td>
<td>Birth of Infant</td>
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<tr>
<td><strong>Case discussion and planning</strong></td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td>• Midwifery Unit notifies Department for Child Protection Child Abuse Report Line and advises Hospital key worker of infant’s birth.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Hospital key worker/case coordinator notifies Department for Child Protection case manager (if allocated) of infant’s birth.</td>
</tr>
<tr>
<td>• Involvement of hospital security staff and/or SAPOL to be considered where safety concerns exist.</td>
<td>Post-birth to discharge</td>
</tr>
<tr>
<td><strong>Infant removal and placement into out of home care</strong></td>
<td></td>
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<tr>
<td>• Department for Child Protection informs parent(s) and hospital Key Worker/case coordinator of intention to proceed with formal care and protection action.</td>
<td>• Hospital key worker/case coordinator places documentation on woman’s and infant’s file.</td>
</tr>
<tr>
<td>• Department for Child Protection will develop a case plan/birth plan for the child including, where appropriate, supervised contact.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Hospital key worker/case coordinator provides a copy of the discharge summary to Department for Child Protection.</td>
</tr>
<tr>
<td>• Department for Child Protection records details of plan on C3MS.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• Department for Child Protection case manager provides Hospital key worker/case coordinator with information regarding details of infant placement.</td>
<td>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.</td>
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<td></td>
<td>Out of hours: Hospital after hour’s worker co-ordinates the removal plan in conjunction with Department for Child Protection.</td>
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<tr>
<td></td>
<td>NB. Infants are not to be separated from their mother (other than for Medical reasons) until S41 has been invoked.</td>
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</tbody>
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