



WebPAS Child at Risk Alert Procedure

1. Purpose

This procedure describes the requirements of WA Country Health Service (WACHS) clinicians to activate a Child at Risk Alert (CAR Alert) on webPAS (the statewide patient administration system for public hospitals) and the actions required to protect the safety and wellbeing of children at risk. For the purpose of this guideline the term 'child' is anyone under 18 years of age and includes unborn children.

CAR Alerts are generated in webPAS with the Alert automatically flowing through to other clinical information systems receiving webPAS feeds (including CHIS, BOSSnet, eReferrals, Journey Board and webPsolis).

The CAR Alert is a critical means of sharing information with other WA Health clinicians who may have contact with the child or pregnant person. It supports the identification of risks and prevention of harm to children. An Alert is to be raised at the earliest opportunity when concerns are identified.

[Guidelines for Protecting Children 2020](#) outlines the obligations of all WA Health employees to appropriately address child abuse or neglect concerns they recognise through the provision of health services. When concerns are identified about the safety and wellbeing of an unborn baby or child, WACHS clinicians must take action to protect the child from harm.

2. Procedure

2.1 Actions to protect the safety and wellbeing of a child at risk

On identifying a child at risk (including an unborn child at risk), or observing an existing CAR Alert, after establishing immediate safety, clinicians are required to:

- actively assess whether referrals to additional services are required
- consider the need to share information with other WACHS staff and/or other agencies
- consider and address barriers to attending appointments
- actively follow-up on missed appointments.

Other actions will depend on the context of the health service setting, the management plan in place and the circumstances of the child or pregnant person. When a CAR Alert is activated it is recommended that the Department of Communities, Child Protection (Communities) is made aware of the concerns.



ATTENTION

When care is being provided to children, or pregnant persons, with existing CAR Alerts each clinician providing care must consider if the CAR Alert needs updating at point of care based on presentation and clinical judgement.

Clinicians will be supportive of parents and families/carers while being transparent and clear about health worker responsibilities in relation to concerns about the safety and wellbeing of a child or children, including those who are yet to be born. Consideration of cultural context and protective factors supports a strengths-based family centred approach which enhances engagement with the family.

Adverse Childhood Experiences (ACE) result in stress and trauma. These have been found to affect a child's health and development into adulthood. Evidence from research validates the need for extended engagement and resultant support throughout childhood (1-7). This suggests that in many cases a CAR Alert should remain in place until a child reaches 18 years of age.

2.2 Identification of Child at Risk

All clinicians are responsible for identifying and raising alerts for children, (including unborn), who are at risk including, but not limited to:

- Aboriginal Health Practitioners, Aboriginal Health Workers and Aboriginal Liaison Officers
- midwives and obstetricians
- emergency department staff
- mental health and Drug and Alcohol service staff
- paediatric services staff, inpatient and outpatient staff
- population and community health staff
- social workers and other allied health staff.

Clinicians working with adults are responsible for identifying any child at risk due to compromised circumstances of parents or caregivers. This may be particularly relevant to Mental Health and Drug and Alcohol Services.

Child at risk concerns include one or more of the following which may be current or past:

- in the care of the CEO, Department of Communities (CIC-CPFS)
- family domestic violence/conflict (FDVC)
- family alcohol or drug misuse (AOD)
- homelessness, transience and/or family instability (HTFI)
- child neglect concerns (CNC)
- suspicion of non-accidental injury (SNAI)
- child sexual abuse concerns (CSAC)
- child under 14 years with sexually transmitted disease (STI<14)
- Communities involvement (CPFS-I)
- severe or untreated parent/caregiver mental illness (MHI-C)
- child whose sibling is subject of a CAR Alert (dependent on care arrangements) (SIB-CAR)
- concerns for unborn child (CUBC)
- other significant concerns (OTHER).

When a child at risk concern is identified, the clinician is to check for an existing CAR Alert on the child's records (or mother's record if the child is unborn or recently born). Clinicians are to consider the following:

- All clinicians providing care are to consider if the CAR Alert needs updating at point of care based on presentation and clinical judgement. This may involve consultation with

social worker, Clinical Midwife Manager, Clinical Nurse Specialist (CNS) Population Health, line manager or other delegated senior staff member.

- If a CAR Alert is already activated on the child or pregnant person's record, the clinician is to consider whether the Alert information is still applicable or requires updating in webPAS:
- If a CAR Alert currently exists and is up to date, no further action is required
- If a CAR Alert currently exists but requires amendment, complete a CAR Alert Notification Form to update the Alert.
- If there is no CAR Alert, the clinician is to discuss concerns with the designated manager or senior staff member as a matter of priority.
- Clinicians and managers are to initiate a CAR Alert using the WACHS webPAS CAR Alert Notification Form.
- Clinicians and managers are to initiate a CAR Alert using the WACHS webPAS CAR Alert Notification Form for children whose sibling is subject of a CAR Alert (dependent on care arrangements).
- CAR Alerts that are considered to be high risk or contentious are to be escalated to the Tier 4 manager as a matter of priority.

2.3 Identification of an Unborn Child at Risk

Clinicians involved with the care of a pregnant client are required to consider risks to unborn children and to activate or update CAR Alerts in webPAS as necessary. The following process is to be followed:

- The webPAS CAR Alert Notification Form is to contain all child at risk concerns including 'concerns for unborn child' (CUBC).
- If Communities request an alert is raised for an unborn child at risk, they are to contact the WACHS Operations Hub- Duty Operations Manager via email: WACHS.OperationsHub@health.wa.gov.au (Phone: 1800 975 225). The WACHS Operations Hub is responsible for activating the CAR Alert.
- A CAR Alert for an unborn child is to be added to the maternal record until the child is born. The review date is to be set for no more than one (1) month post estimated date for birth.
- Responsibility for review of a CAR Alert for an unborn child remains with the maternity service where birth occurs. If birth occurs outside of WACHS services, the region where the alert was activated is responsible for inactivation on the maternal record.
- Where a CAR Alert is attached to the maternal record it is to be inactivated on the birth of the child. A CAR Alert must be activated in the child's record prior to discharge from maternity services.
- The discharging midwife is to make a Neonatal Special Referral to WACHS Child Health Services as soon as possible after birth, so contact with the family can be prioritised.

2.4 Generating a CAR Alert

On identification of a Child at Risk a CAR Alert requires activation as follows:

- A CAR Alert Notification Form (MR Child at Risk Alert 1) is to be completed, discussed and approved by the manager or designated senior staff member by close of business the same day. See [Appendix B](#) for details around the completion of the CAR Alert Notification Form.
- Each child requires a separate CAR Alert Notification Form, including where there are two or more siblings requiring an Alert.

- Only one CAR Alert Notification Form is to be attached per email. This enables accurate processing, follow-up and audit.
- For confidentiality purposes when emailing, use the patient/client UMRN in the 'Subject' line of the email, rather than their name.
- All CAR Alert Notification Forms received by WACHS HIAS will be actioned as a priority.
- Following entry into webPAS, the actioned CAR Alert Notification Form will be uploaded to BOSSnet and the CHIS client record by WACHS HIAS. An email will be forwarded by WACHS HIAS to:
 - the clinician who initiated the Alert
 - the manager who approved the Alert
 - the regional patient alerts email address
 - the regional Population Health Referral email address.
- Once added to webPAS, the CAR Alert will be visible across WA health sites for future reference, including CHIS, BOSSnet, eReferrals, Journey Board and webPsolis. (Note, this excludes sites that do not use webPAS or are not linked to webPAS).
- If the CAR Alert is generated electronically (including electronic signature), a hard copy does not need to be printed. In the case a hard copy is printed and amended (or physically signed), it is to be placed on the client's health record at the initiating site.
- Where a child has current involvement with Communities, clarify the level/nature of involvement and contact details of Communities case manager if known. Document fully in the child's clinical record.

2.5 Ongoing Updates of CAR Alerts

Children and adolescents who have been subject to abuse and neglect are likely to experience long term health and wellbeing concerns. It is recommended that CAR Alerts remain active on the child's record until 18 years of age. WACHS clinicians are required to provide additional support for children and young people at risk as follows:

- All clinicians providing care for a child with a CAR Alert are to consider if the CAR Alert needs updating based on presentation and clinical judgement.
- A CAR Alert review may involve review of health service records, past and current presentations, and any other available information. This may include information from other providers and agencies.
- If 'Other' risk concern is noted in the Alert clinicians are to review the uploaded CAR Alert Notification Form for the details.
- If a review indicates an extension or update to the CAR Alert is required, complete a CAR Alert Notification Form. Form to be submitted to WACHS HIAS by the approving manager for recording onto webPAS.
- When it is identified that a client with a CAR Alert moves to another region within WACHS, a clinical handover is to be undertaken. The receiving region is to complete a new CAR Alert Notification Form with full updated details. The receiving region then becomes responsible for the CAR Alert reviews.
- In cases where the whereabouts, safety and welfare of the child is not known, the clinician is to update the CAR Alert stating that the 'location, safety and welfare of child is unknown'. The clinician is to formally notify Communities.
- When it is identified that a client has moved out of WACHS regions, the CAR Alert is not to be inactivated. If the client later presents at a WACHS facility, the Alert is to be checked and updated if there is new information.
- When it is identified that a client with a CAR Alert has moved permanently to the Perth Metropolitan area

- if Perth address is known, a clinical handover can be shared with CAHS-Community Health
- in the case of alerts for unborn children or if Perth address is not known, Communities is to be notified.

Note: CAHS Community Health does not use webPAS, therefore CAR Alerts are not visible.

To inactivate a CAR Alert, complete the CAR Alert Notification Form, including two signatures (the clinician and the manager) and submitted to WACHS HIAS.

Note: Prior to inactivation of a CAR Alert on the health record of a client consideration is to be given to the relationship between childhood abuse and neglect and long-term health and wellbeing. Consultation between the acute and Population Health sectors is recommended to ensure there is consensus around the inactivation of the CAR Alert. The reason for inactivation is to be fully documented in the client health record.

Lists of CAR Alerts due for review are to be distributed by the regional Health Information Managers (HIMs) as per local arrangements.

Management of CAR Alert notifications in Population Health:

- All CAR Alert notifications are sent by WACHS HIAS to the regional Population Health Referral email address when processed.
- Regional Population Health managers are to ensure the local clinicians are notified of new, extended and updated CAR Alerts for children in areas where they are providing services. This includes; child health, school health, child development, contracted providers, and others as relevant.
- The activating or updating Population Health clinician is required to complete or amend the CHIS Summary: Child at Risk Alert clinical item.
- For CAR Alert inactivation, such as when the client turns 18 years of age, complete the Client of Concern clinical item. The clinical item Summary: Child at Risk Alert is to be removed from the client's main summary page, (the clinical item will remain in history).
- The designated clinician is to ensure appropriate services, referrals and supports are offered to the client and carers.

Useful Resources:

- [WACHS Family and Domestic Violence Toolbox](#)
- [Child Safety Toolbox](#)

3. Roles and Responsibilities

The **Regional Executive** are responsible for:

- having oversight and governance responsibilities for the identification of children at risk, compliance with this procedure and health service responses to protect the health, safety and wellbeing of children.
- ensuring regional Children at Risk (CAR) and Babies at Risk (BAR) meetings are established and conducted at least monthly, with representation from all relevant departments and agencies.

The **Operations Hub** is responsible for:

- WACHS Operations Hub is responsible for activating a CAR Alert if Communities request a CAR Alert for an unborn child at risk.
- WACHS Operations HUB to ensure appropriate review of CAR Alerts they activate.

Health Information & Administration Service (HIAS) is responsible for:

- following the steps set out in this procedure to activate, extend, update or inactivate CAR Alerts in webPAS.
- uploading the CAR Alert notification form to BOSSnet and CHIS.
- sending notifications of new CAR Alerts to initiating clinician, approving manager, regional patient alerts and the regional Population Health Referral email addresses.
- notifying relevant providers at the time of inactivating CAR Alerts for children who are deceased.

Regional **HIMs** are responsible for:

- making available lists of CAR Alerts due for review to relevant managers at regionally determined time intervals.

The **manager** of the clinician activating a CAR Alert is responsible for:

- approving the request to activate, extend, update or inactivate CAR Alerts.
- The manager approving the request is responsible for sending the fully completed CAR Alert Notification Form to WACHS HIAS. Managers are to ensure that staff members are designated to perform specific tasks outlined in this procedure, and to ensure all staff know of their roles and responsibilities.

The **Clinical Nurse Specialist (CNS) Population Health** when notified of new or updated CAR Alert is responsible for:

- adding child to, or updating the clients of concern list, and ensuring relevant information is fully documented in the client record, including the clinical item Child Protection: Client of Concern to be displayed on the main summary.
- discussing unborn CAR Alerts with Maternity Service manager as relevant.
- providing support and case management to protect the health and welfare of Population Health clients of concern.
- liaising with health care professionals and other relevant agencies to protect the safety and welfare of children, however Communities retains the statutory authority responsible for the safety and protection of children in WA.

Clinicians are responsible for:

- identifying, activating, reviewing and updating CAR Alerts for children (including unborn) with risk concerns. Every clinician who identifies a child at risk (including an unborn child) is to activate a CAR Alert by close of business the same day. Clinicians activating a CAR Alert are to follow the steps set out in this procedure. See WebPAS Child at Risk Alert Notification Flowchart ([Appendix A](#)).
- On identifying a child at risk (including an unborn child at risk) or observing an existing CAR Alert, clinicians are required to take actions that protect the safety and wellbeing of that child, as listed in page one of this procedure.

The **Admitting clerks and Emergency Department clerks** responsible for:

- checking whether a CAR alert is in place and immediately notify the relevant clinician.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring compliance of this procedure is to be carried out by Population Health leadership and designated teams using the following tools:

- monitoring timeliness of reviews for children identified to be at risk and subject of CAR Alerts
- review of clinical incidents, use of the CAR Alert and appropriate communications.

4.2 Evaluation

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every three years by Population Health leadership group.

5. Compliance

This policy is a mandatory requirement under the *Health Services Act 2016*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., and Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA: the Journal of the American Medical Association Pediatrics* Vol.173 (11).

Burke Harris, N., Gordon, J.B., Nemeroff, C.B., Felitti, V., and Campbell, T.L. (2020). Screening for adverse childhood experiences. *JAMA: The Journal of the American Medical Association*, 2020, Vol.324 (17), 1788.

Felitti, M. D., Anda, R. F., Nordenberg, M. D. et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, 14.

Flaherty, R., Meiksans, J., McDougall, S., Arney, F. (2018). Examining the power of Child-At-Risk electronic medical record (eMR) alerts to share interpersonal violence, abuse and neglect concerns: Do child protection alerts help? (Research report, 02/2018). Sydney, NSW: ANROWS.

Kelly, P., Adam, M., Basu, C., Ritchie, M., Wilson, D., Seymour, F. (2021). Interviews with health professionals about the National Child Protection Alert System.

Olesen, S. C., Macdonald, E., Raphael, B., and Butterworth, P. (2010). Children's exposure to parental and familial adversities. *Family Matters*, 84, 43-52.

Thompson, L. A., Filipp, S. L., Mack, J. A., Mercado, R. E., Barnes, A., Bright, M., Shenkman, E.A., and Gurka, M. J. (2020). Specific adverse childhood experiences and their association with other adverse childhood experiences, asthma and emotional, developmental and behavioral problems in childhood *Pediatric Research*, Vol.88 (1), 100-109.

7. Definitions

Term	Definition
Child in care of the CEO	Describes a child who is in foster care and whose guardian is the Chief Executive Officer, Department of Communities, CPFS.
Manager	Senior health service officer supervising the clinician.
Clinician	Any staff member providing health care (includes but not limited to; medical, nursing, midwifery, allied health, Aboriginal Health Worker or Liaison Officer).
Transience	Family geographic mobility (frequent moving) that represents risk to child(ren).

8. Document Summary

Coverage	WACHS-wide
Audience	WACHS Regional Executive, The Operations Hub, Health Information & Administration Service (HIAS), Regional HIMs, Line Managers, Clinical Nurse Specialist (CNS) Population Health, Clinicians, Admitting and Emergency Department Clerks,
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016 Children and Community Services Act 2004
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0166/21 - Mandatory Reporting of child Sexual Abuse Training Policy • Clinical Governance, Safety and Quality Framework • Clinical Services Planning and Programs Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard • Child Health Clinical Handover of Vulnerable Children Procedure • Engagement Procedure • Identifying and Responding to Family and Domestic Violence Policy • Management of Consumers who Do Not Attend Community Mental Health Appointment Policy • Maternity / Newborn Did Not Attend Policy • Social Work Guidelines for High-Risk Families During Pregnancy and the First Year of Life • Special Referrals to Child Health Services Policy
Other Related Documents	<ul style="list-style-type: none"> • CAHS Community Health Manual Protocol Clients of Concern Management • CAHS Factors impacting on child health and development • CAHS Guidelines for Protecting Children 2020 • WNHS Guideline for Responding to Family and Domestic Violence
Related Forms	<ul style="list-style-type: none"> • MR Child at Risk Alert 1 – WACHS Child at Risk Alert Notification Form • CAHS Neonatal Special Referral to Child Health Services
Related Training Packages	WebPAS: Child at Risk Alert (WCAR EL2) 2022
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2558
National Safety and Quality Health Service (NSQHS) Standards	1.16, 6.1, 6.4

Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

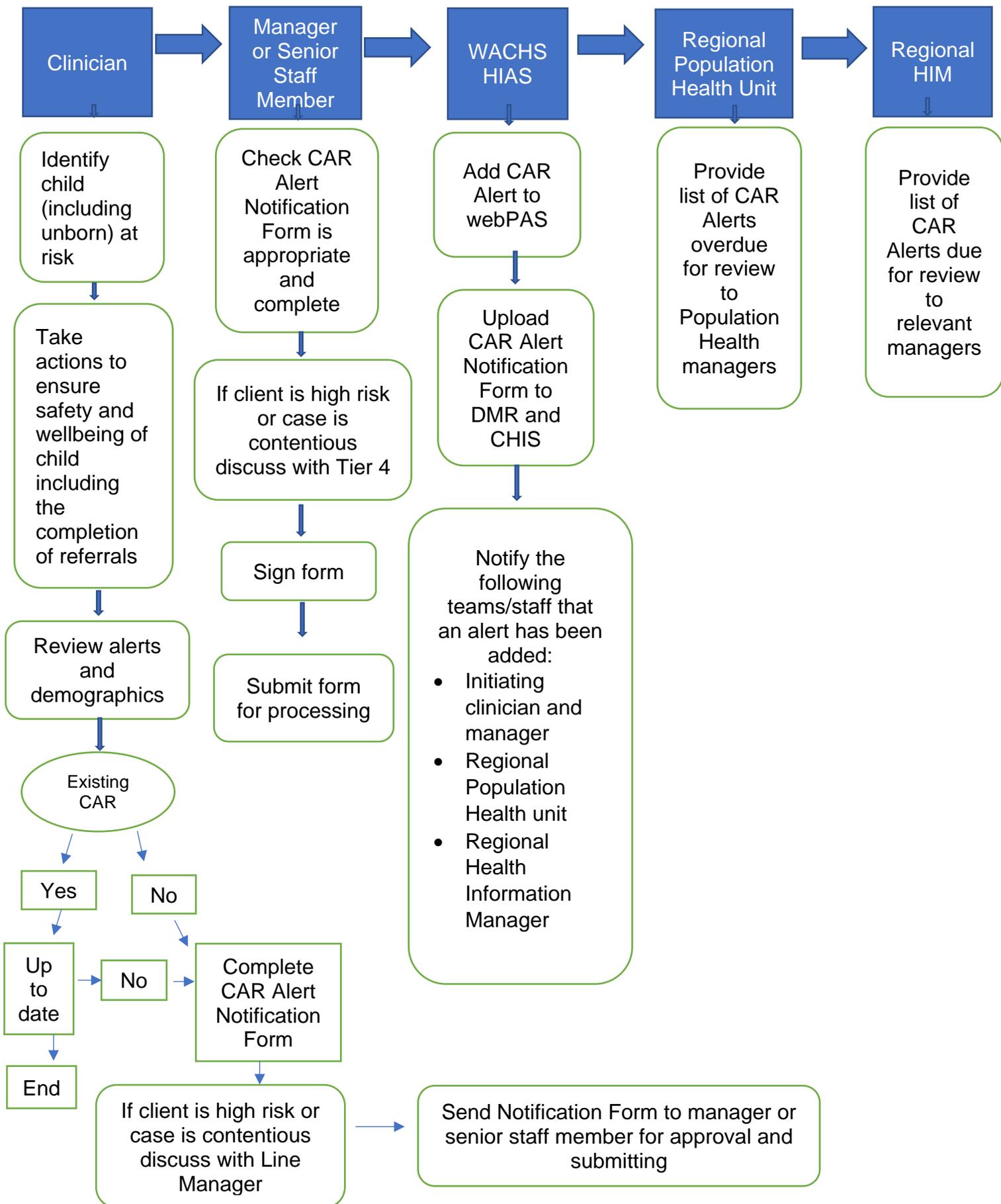
Version	Published date	Current from	Summary of changes
8.00	19 February 2024	19 February 2024	<ul style="list-style-type: none"> change to the age that a CAR Alert needs to be kept in place consideration of cultural context included risk concerns altered to include current and/ or past risk concerns the WACHS Operations Hub is responsible for activating Communities requested alerts for an unborn child at risk.

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Chief Operating Officer Executive Director Medical Services Executive Director Nursing and Midwifery
Contact	Senior Program Officer, Child Safety
Business Unit	Population Health
EDRMS #	ED-CO-17-70185
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

This document can be made available in alternative formats on request.

Appendix A: WebPAS Child at Risk Alert Notification Flowchart



Appendix B: Guide to Completing the CAR Alert Notification Form

1. Ensure the Hospital/Health Service section on form is completed to enable WACHS HIAS to update records on webPAS.
2. The address, names, date of birth and UMRN recorded on the Form, must match webPAS before WACHS HIAS are able to action the CAR Alert. Where the demographics do not match, sharing concerns with other clinicians may not occur in a timely manner as processing the Alert may be delayed. Demographic updates can be made by designated staff.
3. **Special Considerations for child with Communities involvement:**
 - The address for children in care of the CEO, Department of Communities must be; FOSTER CARE, UNKNOWN 6999.
 - Children under Special Guardianship Orders have parental responsibility transferred to the special guardian. Demographics are to be recorded as though for a child with no Communities involvement.
4. All CAR Alerts require a request date and a review date. It is recommended that the review/ inactivation date is to be the date on which the child turns 18 years of age.
5. Select the appropriate child at risk concern(s) on the CAR Alert Notification Form.
6. Additional clinical information and a plan of care is to be fully documented in the child's healthcare record.

Note: For Community Health Information System (CHIS) users this should be documented using the clinical item Summary: Child at Risk Alert.
7. Enter a position responsible for providing further information and future review (include phone number).
8. Two different signatures are required for the initiating WACHS staff member and Manager sections of the CAR Alert Notification Form. Electronic signatures can be used.
9. In order for a CAR Alert to be entered in webPAS, the requesting and approving WACHS staff members must have a Health Care Provider number. (Contact WACHS HIAS for information about Health Care Provider numbers).
10. The completed CAR Alert Notification Form is to be submitted to WACHS HIAS by the approving manager.