



WebPAS Child at Risk Alert Procedure

Effective: 2 September 2021

1. Guiding Principles

This procedure describes the requirements of WA Country Health Service (WACHS) clinicians to activate a Child at Risk Alert (CAR Alert) on webPAS 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.

The CAR Alert is a critical means of sharing information with other WA Health clinicians who may have contact with the child. 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.

When concerns are identified about the safety and wellbeing of an unborn baby or child, WACHS clinicians who have contact with the child and family/carers must take action to protect the child from harm. Immediate safety issues should be addressed as per [Guidelines for Protecting Children](#).

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;

- a. Actively assess whether referrals to additional services are required;
- b. Consider the need to share information with other WACHS staff and/or other agencies;
- c. Consider barriers to attending appointments, and;
- d. Actively follow-up on missed appointments.

Other actions will depend on the context of the health service setting and the circumstances of the child.

The Guidelines for Protecting Children outline the obligations of all WA Health employees to appropriately address child abuse or neglect concerns they recognise through the provision of health services. All WACHS clinicians should be familiar with [Guidelines for Protecting Children](#).

When a CAR Alert is activated it is strongly recommended that the Department of Communities, Child Protection and Family Support Division (CPFS) is made aware of the concerns.

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.

2. Procedure

2.1 Identification of child at risk

- 2.1.1 All clinicians, including Aboriginal Liaison Officers and Aboriginal Health Workers are responsible for identifying and raising alerts for children who are at risk, including but not limited to staff providing;
- Antenatal, obstetric and midwifery services;
 - Hospital Emergency Departments;
 - Paediatric Services, Inpatient and Outpatients;
 - Social workers and other allied health staff;
 - Mental Health and Drug and Alcohol services;
 - Population and community health services;
- 2.1.2 Clinicians, including Aboriginal Liaison Officers and Aboriginal Health Workers 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.
- 2.1.3 Child at risk concerns include one or more of the following:
- child in care of the CEO, Department of Communities (CIC-CPFS)
 - current family domestic violence/conflict (FDVC)
 - current family alcohol or drug misuse (AOD)
 - current 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)
 - current CPFS involvement (CPFS-I)
 - current 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).
- 2.1.4 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).
- 2.1.5 New child at risk concerns will appear as a code in the Alert section of the patient record. See codes in the list above.
- 2.1.6 Children with existing CAR Alerts are to be reviewed by each clinician providing care (at point of contact). Based on presentation and clinical judgement the CAR Alert may require updating. This may involve consultation with social worker, Clinical Nurse Specialist (CNS) Population Health, line manager or other delegated senior staff member.

- 2.1.7 If a CAR Alert is already activated on the child'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 is out of date, a CAR Alert Notification Form is to be completed to update the Alert.
- 2.1.8 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.
- 2.1.9 Clinicians and managers are to initiate a webPAS CAR Alert using the WACHS CAR Alert Notification Form.
- 2.1.10 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.

2.2 Identification of an unborn child at risk

- 2.2.1 Clinicians involved with the care of a pregnant woman are required to consider risks to unborn children and to activate or update CAR Alerts in webPAS as necessary.
- 2.2.2 If CPFS or another service provider identifies an unborn child at risk, contact is to be directed to the regional maternity service manager who is responsible for activating a CAR Alert in webPAS (in the maternal record).
- 2.2.3 A CAR Alert for an unborn baby will be added to the maternal webPAS record until the birth has occurred. The review date will be no more than one (1) month post maternal due date for delivery.
- 2.2.4 Responsibility for review of a CAR Alert for an unborn child remains with maternity services until the birth has occurred.
- 2.2.5 Where a CAR Alert is attached to the maternal record in webPAS, it is to be inactivated on the birth of the child. A new CAR Alert must be activated in webPAS for the child record **prior to discharge from maternity services**.
- 2.2.6 Maternity services are to make a Special Referral to the relevant WACHS Child Health Service as soon as possible after birth, so contact with the family can be prioritised.
- 2.2.7 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 Generating a CAR Alert

- 2.3.1 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**.
- 2.3.2 The clinician is to select the appropriate child at risk concern(s) on the CAR Alert Notification Form.

- 2.3.3 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 Child Protection: Client of Concern and displayed on the main summary
- 2.3.4 To ensure efficient processing of the CAR Alert Notification Form, please ensure adherence to the following. **Where information is missing, the Alert cannot be activated.**
- a. The address, names, date of birth and UMRN recorded on the Form, must match webPAS before Health Information Systems Unit (HISU) are able to action the CAR Alert. Where the demographics do not match, sharing concerns with other clinicians will not occur in a timely manner as processing the Alert will be delayed.
 - b. Demographic updates may be made by designated administrative staff.
 - c. The address for children in care of the CEO, Department of Communities must be; FOSTER CARE, UNKNOWN 6999.
 - d. Where a child has current involvement with CPFS, clarify the level/nature of involvement and contact details of CPFS case manager if known. Document fully in the child's clinical record
 - e. All CAR Alerts require a request date and review date. Where no review date is specified by the responsible clinician, a three (3) month review date will be entered in webPAS.
 - f. Ensure that the Hospital/Health Service section on form is completed to enable HISU to update records on webPAS.
 - g. Enter a position responsible for providing further information and future review (include phone number.)
 - h. Two different signatures are required for the Clinician and Manager sections of the CAR Alert.
 - i. In order for a CAR Alert to be entered in webPAS, the approving manager must have a Health Care Provider number. (Contact HISU for information about Health Care Provider number.)
- 2.3.5 The completed CAR Alert Notification Form is to be emailed to WACHS HISU by the approving manager for recording onto webPAS.
- 2.3.6 Each child requires a separate CAR Alert Notification Form, including where there are two or more siblings requiring an Alert.
- 2.3.7 Only one CAR Alert Notification Form is to be attached per email. This enables accurate processing, follow-up and audit.
- 2.3.8 For confidentiality purposes when emailing, use the patient/client UMRN in the 'Subject' line of the email, rather than their name.
- 2.3.9 The WACHS Health Information Systems Support Unit operates Monday to Friday 07:00 to 19:00 hours, and on weekends 09:00 to 17:00 hours. All CAR Alerts received during these times will be entered as an immediate priority. Alerts received outside these hours will be actioned immediately the next morning.
- 2.3.10 Following entry into webPAS, the actioned CAR Alert Notification Form will be forwarded to the regional patient alerts email address,

regional Population Health Referral email address, the clinician who initiated the Alert and the manager who approved the Alert.

- 2.3.11 Once added to webPAS, the CAR Alert will be visible across WA health system sites for future reference, including CHIS and BOSSnet. Note, this excludes sites that do not use webPAS or are not linked to webPAS.
- 2.3.12 The original hard copy of the CAR Alert notification form is to be placed on the child's health/medical record at the initiating site. If generated by Population Health the form is to be uploaded onto CHIS.

2.4 Ongoing reviews of children with CAR Alerts

- 2.4.1 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.
- 2.4.2 If a review indicates an update to the CAR Alert is required, complete a CAR Alert Notification Form with updated information. To be emailed to [WACHS HISU](#) by the approving manager for recording onto webPAS.
- 2.4.3 When it is identified that a child with a CAR Alert moves to another region within WACHS, a clinical handover is to be undertaken. The receiving region must complete a new CAR Alert Notification Form with full updated details, as per 2.22. The receiving region becomes responsible for the CAR Alert reviews.
- 2.4.4 In cases where the whereabouts or welfare of the child is not known, the reviewing clinician is to update the CAR Alert stating that the *'location, safety and welfare of the child is unknown'*. In such cases, CPFS is to be formally notified and the CAR Alert review date is to be no more than one (1) month to allow for initial feedback from CPFS. The communication from CPFS will guide CAR Alert status and the next review date.
- 2.4.5 When it is identified that a child has moved out of WACHS regions, the CAR Alert is not to be inactivated. The review date may be set for 18 years of age. If the child later presents at a WACHS facility, the Alert must be reviewed and updated.
- 2.4.6 When it is identified that a child with a CAR Alert has moved permanently to the Perth Metropolitan area, contact with CAHS-Community Health is required:
 - a) If Perth address is known, a clinical handover can be shared with CAHS-Community Health.
 - b) If Perth address is not known CPFS is to be notified as in 2.34. Note: CAHS-Community Health does not use webPAS, therefore CAR Alerts are not visible.
- 2.4.7 Following a full review of a CAR Alert, decisions are to be made about the ongoing need for the CAR Alert and the next review date.

- 2.4.8 It may be decided that a CAR Alert is no longer required. For example:
- a) It is confirmed that CPFS has closed the case **and** there are no ongoing concerns;
 - b) Satisfactory resolution of issues;
 - c) The child reaches 18 years of age.
 - d) Child is deceased
- Note: Individuals who reach 18 years of age and have ongoing risks are to be linked to appropriate services prior to inactivation.
- 2.4.9 To inactivate a CAR Alert, the CAR Alert Notification Form is to be completed, including two signatures and must include reason for inactivation, and emailed to [WACHS HISU](#). This information is to be fully documented in the medical/health record.
- 2.4.10 Note: If the CAR Alert Notification Form is inactivated the Population Health reviewing clinician is to remove the clinical item ‘Child Protection: Client of Concern’ from the client’s main summary page. (The clinical item will remain in history.)
- 2.4.11 Lists of CAR Alerts due for review will be distributed by the regional Health Information Managers (HIMs) as per local arrangements.

2.5 Management of CAR Alerts notifications in Population Health

- 2.5.1 All CAR Alert notifications are forwarded by HISU to the regional Population Health Referral email address when processed.
- 2.5.2 For those CAR Alerts not generated by Population Health, designated regional Population Health staff are required to upload the CAR Alert Notification Forms into CHIS on receipt from HISU. Refer to CHIS Clinical User Guide.
- 2.5.3 Regional Population Health managers are to ensure the local clinicians are notified of new and reviewed 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.
- 2.5.4 The notified Population Health clinician is required to complete the CHIS clinical item ‘Child Protection: Client of Concern’.

3. Definitions

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.
CPFS	Department of Communities, Child Protection and Family Services
Manager	Senior health service officer supervising responsible clinician.

Responsible 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).

4. Roles and Responsibilities

WACHS clinicians

- Every clinician in WACHS is responsible for identifying, raising, reviewing and updating CAR Alerts for children who are considered to be at risk.
- Every clinician who identifies a child at risk (including an unborn child) is to initiate a CAR Alert by close of business the same day.
- Clinicians raising a CAR Alert are to follow the steps set out in this procedure. See the 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 1 of this procedure.

WACHS managers

- The manager of the clinician raising a CAR Alert is responsible for approving the request to create, modify, update or inactivate CAR Alerts.
- The manager approving the request is responsible for sending the fully completed CAR Alert Notification Form to HISU.
- Managers must 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 (e.g. informing hospital staff about Alerts; uploading electronic forms into CHIS).

Clinical Nurse Specialist (CNS) Population Health

- When notified of new or updated CAR Alert, the CNS will add to or update the client of concern list, and ensure 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
- The CNS can provide support and case management to protect the health and welfare of Population Health clients of concern.
- The CNS liaises with health care professionals and other relevant organisations and agencies to protect the safety and welfare of children, however CPFS retains the statutory authority responsible for the safety and protection of children in WA.

HISU

- The HISU is responsible for following the steps set out in this procedure to create, modify, update or inactivate CAR Alerts in webPAS.
- The HISU will forward new CAR Alerts to Population Health Referral email addresses.

- The HISU are to notify relevant providers at the time of inactivating CAR Alerts for children who are deceased.

HIMs

- Regional HIMs will provide lists of CAR Alerts due for review to relevant managers on a regular basis.

Regional Executive

- The regional executive team has 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.
- The regional executive will ensure 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.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system MP0031/16 Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) 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 is mandatory.

6. Records Management

The approved CAR Alert notification form is added to the child's hard copy healthcare record. Population health staff are to ensure that the CAR Alert notification form is attached to the electronic healthcare record e.g. Community Health Information System (CHIS).

[Health Record Management Policy.](#)

7. Evaluation

Monitoring compliance of this procedure is to be carried out by the Regional Executive and designated teams, including;

- Monitoring accuracy of Notification Forms and feedback to clinicians and managers;
- Monitoring timeliness of reviews for children identified to be at risk and subject of CAR Alerts;
- Evaluation of contentious or critical events, where use of CAR Alerts is relevant.

8. Standards

[National Safety and Quality Health Service Standards:](#) 1.16, 6.1, 6.4

9. References

[OD0606/15 Guidelines for Protecting Children 2015](#)
[WACHS Family and Domestic Violence Toolbox](#)

10. Related Forms

[MR Child at Risk Alert 1 – WACHS Child at Risk Alert Notification Form](#)
[Special Referral to Child Health Services Form](#)

11. Related Policy Documents

CAHS [Community Health Manual Protocol Clients of Concern Management](#)
WACHS [Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard](#)
WACHS [Identifying and Responding to Family and Domestic Violence Policy](#)
WACHS [Special Referrals to Child Health Services Policy](#)
WACHS [Child Health Clinical Handover of Vulnerable Children Procedure](#)

12. Related WA Health System Policies

OD 0606/15 [Guidelines for Protecting Children 2015](#)
[Guideline for Responding to Family and Domestic Violence 2014](#)
OD 0518/14 [Bilateral Schedule: Interagency Collaborative Processes When an Unborn or Newborn Baby is Identified as at Risk of Abuse and/or Neglect](#)

13. Policy Framework

[Clinical Governance, Safety and Quality](#)
[Clinical Services Planning and Programs](#)

14. Appendix

Appendix A: [Child at Risk Alert Notification Flowchart](#)

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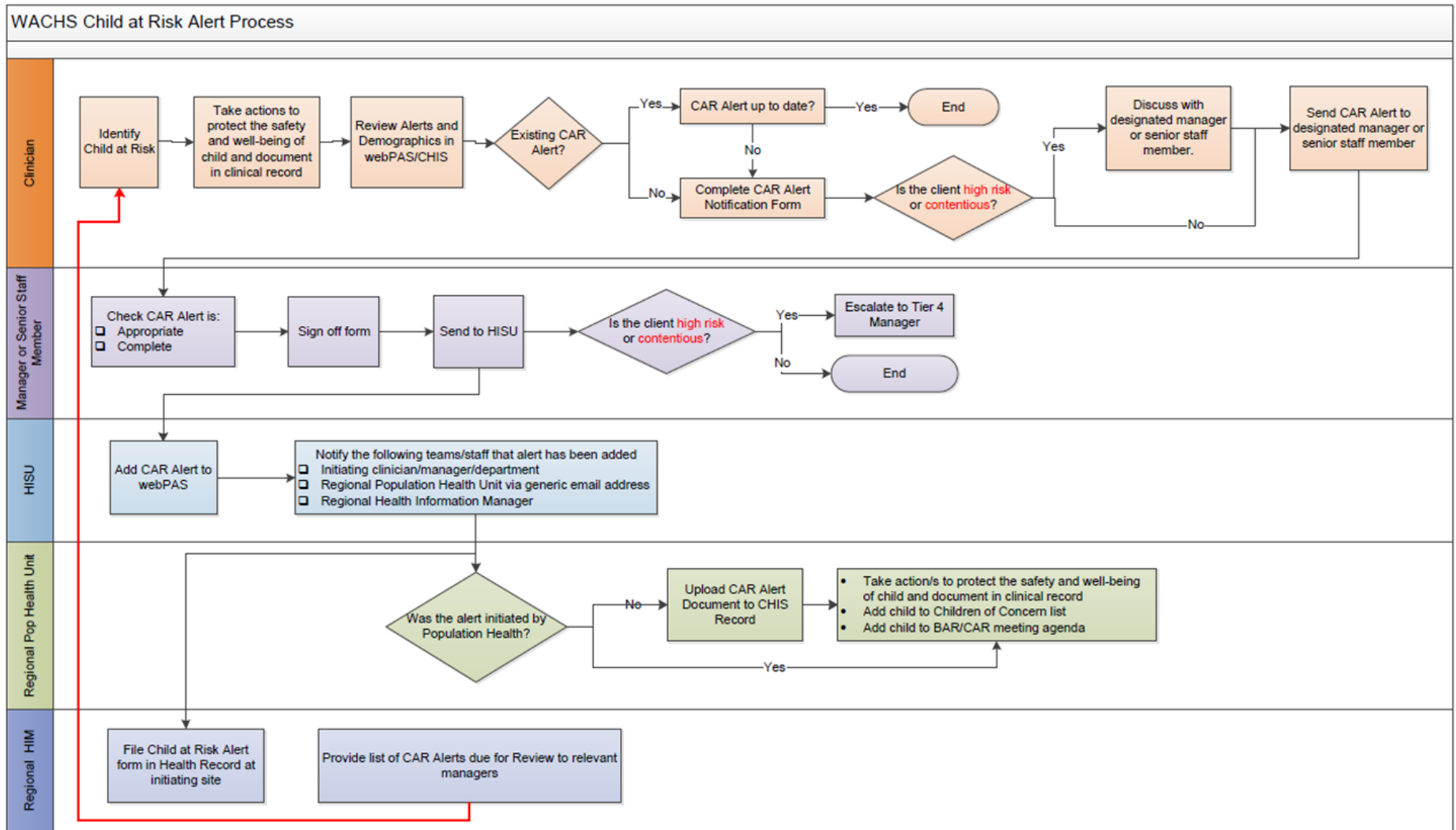
Contact:	Senior Policy Officer Population Health		
Directorate:	Health Programs	EDRMS Record #	ED-CO-19-33805
Version:	5.00	Date Published:	2 September 2021

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Appendix A: Child at Risk Alert Notification Flowchart



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