

Child Abuse and Neglect: Duty to Report

Site Applicability

All PHC Sites

Practice Level

All PHC Staff.

Requirements

See [B-00-11-10106](#) Abuse Policy

Need to Know

Clinical Indication: The purpose of this guideline is to facilitate the recognition of suspected child abuse and neglect and to outline the actions to be taken by all Providence Health Care employees when fulfilling the legal Duty to Report suspected child abuse and neglect in accordance with the *Child, Family and Community Services Act*, Section 14 (CFCSA, 1996) and the Providence Health Care [B-00-11-10106](#) Abuse Policy

As health care providers we have a key role to play in helping to keep children and youth safe. This guideline is one part of an integrated response to child abuse and neglect by Providence Health Care, child welfare agencies, and law enforcement.

There is a legal duty in British Columbia for every person to promptly report concerns of suspected child abuse and neglect to a Director's Delegate (e.g. a delegated Ministry of Children and Family Development (MCFD) or Aboriginal Child and Family Service Agency Child Welfare Worker) (CFCSA Section 14, 2016). (In this document from this point forward, "a Director's Delegate" will be known as the Ministry.)

Section 14(1) of the CFCSA:

A person who has reason to believe that a child needs protection under CFCSA Section 13 must promptly report the matter to a director or a person designated by a director

Section 14 (2)

Subsection (1) applies even if the information on which the belief is based

Is confidential and its disclosure is prohibited under another Act.

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Important considerations of the duty to report for all PHC employees;

- The duty to report becomes a legal requirement when a person has **reason to believe** that a child or youth may be at risk of abuse or neglect, and the parent is unable or unwilling to act in the best interest of the child.
- The CFCSA duty to report applies to all persons in British Columbia and relates to the abuse or neglect of children and youth under 19 years of age.
- When there are concerns about the maltreatment and/or safety of a child, Providence Health Care employees have a duty to report their concerns and are permitted to breach the privacy of person without their consent under Section 33 1(1) of the Freedom of Information and Protection of Privacy Act (FOIPPA).
- When entering into a clinical relationship with clients, health care providers have a responsibility to inform their clients about the limits of confidentiality, which includes our duty to protect minors (and vulnerable adults) from abuse and harm (which may require reporting).
- It is sufficient that one of the team members involved in noting the concern of the suspected child abuse or neglect places the call; however, each member of the team may need to provide specific information. It is the responsibility of each team member to determine who will place the call, and to verify that a complete report was made by referring to the medical record. The Ministry will ask for the names and contact information of the health care providers making the report.
- There can be legal repercussions to employees for failing to report a child abuse or neglect concern or knowingly reporting a false concern.

Guideline

Assessment

Recognizing Child Abuse and Neglect:

In the course of providing health care, health care providers will assess for the following signs of child abuse and neglect:

- Direct disclosure of abuse, neglect or unsafe living arrangements (e.g. homelessness) by a child/youth or by the parent/legal guardian
- Behavioural indicators of abuse
- Physical injuries or other medical issues that may be indicative of abuse or neglect
- The child is deprived of necessary health care, or if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
- Admission of a parent to a health care setting and the parent is unable or unwilling to care for their child, and has not or cannot make adequate provisions for the child's care
- A child is living in a situation where they witness domestic violence towards a person with whom the child resides

Employees can refer to the B.C. Handbook for Action on Child Abuse and Neglect (2016) for further information on recognizing the physical and behavioural indicators of child abuse and neglect.

Interventions

Referral to PHC Social Worker

If a health care provider has concerns about suspected child abuse or neglect, they will make a report to MCFD and consult with a PHC Social Worker. Programs which have Social Workers assigned will refer directly to the Social Worker on their team. Programs without direct Social Work support will refer to the Social Work Practice Leader.

If the child abuse concern is identified outside of the hours when a unit social worker is working, health care providers can consult with Social Workers in the Emergency Departments at:

MSJ Emergency Social Worker (local 78353) – 11am - 9pm, 7 days/ week

SPH Emergency Social Worker (local 68573) – 24/7

It is important to note that referrals to a PHC Social Worker should not delay the report to the Ministry.

Make a report of the child abuse or neglect

If you work on a health care team, it is sufficient that one of the team members involved in noting the concern of the suspected child abuse or neglect places the call to the Ministry; however, each member of the team may need to provide specific information to the Ministry. It is the responsibility of each team member to determine who will place the call, and to verify that a report was made by referring to the medical record. The report should include the names and contact information of team members.

Steps to take when Reporting:

If you think a child or a youth under 19 years of age requires protection (as defined by the CFCSA sec 13) you have the legal duty to report your concern to the Ministry

Phone: 1 800 663 9122 at any time day or night.

If the child or youth is in immediate danger call 9-1-1

Once an employee is satisfied that the child is in need of protection, they should make the report and NOT collect further evidence/interviews that are related to this risk, unless necessary to the immediate provision of care.

Support for staff making a report to the Ministry.

If you are concerned, but not certain, whether there has been any abuse or neglect, **you should still report**. It is the responsibility of the Child Welfare Agency to assess and determine whether or not

child abuse and neglect has occurred. It is your legal duty to report promptly any concerns of possible or suspected child abuse or neglect, even if you are not able to provide proof.

If an employee is unsure whether or not a situation requires reporting, they can consult as follows:

- Consult with a PHC Social Worker, Social Work Practice Leader, Leader- on-call, or Risk Management
- Physicians may consult with the 24/7 Child Protective Service Unit (CPSU) on-call Pediatrician via BCCH paging system (604) 875 2161
- Review the B.C. Handbook for Action on Child Abuse and Neglect
- In the event you are still uncertain about whether or not to report, you may consult with the Child Protection Authorities

This consultation should not delay the report, remembering that all you need is the reason to believe

Concerns regarding pregnant women:

The CFCSA duty to report does not become a legal requirement until the child of concern is born. If an employee is concerned that the health of a pregnant woman might pose a risk to their child after birth, a referral should be made to a PHC Social Worker. The PHC Social Worker will conduct an assessment, explore the potential benefits of MCFD involvement including support and better outcomes, and review the possibility of a referral to the Ministry. A referral would only be made with the woman's consent in order to provide her with support prior to and after the birth of her child. The Social Worker will also provide the woman with resource information regardless of whether a referral to MCFD occurs.

Concerns regarding youth (ages 12 – 18):

The CFCSA duty to report child protection concerns continues to be a legal requirement until a youth reaches the age of 19. Staff members who identify abuse/neglect concerns in a youth will make a report to MCFD and a referral to a PHC Social Worker. To address any concerns about the impact of this reporting on the delivery of required health care, social workers will consult with their professional practice leaders, and/or Ethics Services and Risk Management.

Under the Infants Act, a child or youth with capacity can consent to or refuse medical treatment. It is the most responsible provider's determination, most commonly the attending physician, as to whether or not the patient has the capacity to consent to treatment and manage her/his health care decision. (See PHC [Consent to Health Care](#) Policy)

A child or youth with capacity has a right to confidentiality with respect to medical treatment and therefore must consent to information sharing between health care providers and parents, guardians and the Ministry. Exceptions are made if there is a concern for abuse or neglect, when there is a legal

duty to report the concern, or when the Ministry requests information that is required to carry out his/her role and responsibilities.

Release of Information:

Caution must be used when releasing a patient's health information to a third party. Under CFCSA, Section 96, the Ministry has "the right to any information that would contribute to their investigations". Employees can consult with Risk Management or Privacy before releasing any information.

Documentation

The clinician who makes the report to the Ministry will document this report on the patient's health record in accordance with their professional standards. In order to limit the risk of inadvertently releasing the name of the person who is reporting the child protection concern, clinicians will not identify the reporter by name but refer to that person as "The Reporter". In order to protect the identity of the reporter, all documentation about the report should be clearly labelled "Duty to report under CFCSA" so that confidential information can be redacted if a copy of the health record is requested by the parents.

Patient and Family Education

Unless contraindicated, parents/guardians will also be informed when a report to the Ministry has been made. Again this information will be given after consultation around risk to the child has been reviewed with the unit social worker and the Ministry.

Parents will not be informed if there is a concern that this would pose a safety risk to the child, or that due to the health concerns of the parent, it is not appropriate to inform them at the time for reporting. These decisions will be made in consultation with the interdisciplinary team and the Ministry.

Related Documents

1. [B-00-11-10106](#) Abuse Policy
2. [B-00-11-10110](#) – Consent to Health Care Policy
3. The BC Handbook for Action on Child Abuse and Neglect: For Service Providers
4. Child, Family and Community Services Act

References

1. Brittain, Charmaine R. (2006). Understanding the Medical Diagnosis of Child Maltreatment: A Guide for Nonmedical Professionals. Third Edition, Oxford University Press: US
2. *Child, Family and Community Service Act*, R.S.B.C. 1996, c.46, online: BC Laws: Current Consolidated Law http://www.bclaws.ca/Recon/document/ID/freeside/00_96046_01

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3. Government of British Columbia. (2013). *Roles and Responsibilities of the Director (Child, Family and Community Service Act) and the Ministry Of Health: For collaborative practice relating to pregnant women at-risk and infants at-risk in vulnerable families Protocol Agreement*. Retrieved from http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/533032/973472-protocolagreement-mar27-signed.pdf
4. Government of British Columbia (2007). *The BC Handbook for Action on Child Abuse and Neglect*. Retrieved from: https://www.bced.gov.bc.ca/sco/resourcedocs/handbook_action_child_abuse.pdf

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