

Kitchener Downtown Community Health Centre

Type of Policy:

- | | |
|---|---|
| <input type="checkbox"/> Administration (A) | <input checked="" type="checkbox"/> Client Services General (CG) |
| <input type="checkbox"/> Board of Directors (B) | <input type="checkbox"/> Client Services Programs (CP) |
| <input type="checkbox"/> Financial (F) | <input type="checkbox"/> Primary Care (PC) |
| <input type="checkbox"/> Human Resources (H) | <input type="checkbox"/> Acquired Brain Injury Program (ABI) |
| <input type="checkbox"/> Information Systems (I) | <input type="checkbox"/> Diabetes Education Program (DEP) |
| <input type="checkbox"/> KDCHC Governing Principles (K) | |
| <input type="checkbox"/> Occupational Health & Safety (S) | <input type="checkbox"/> Volunteers (V) |

Policy No.: CG0101

Title: Family and Children's Services (F&CS) Reporting

Policy

The following policies and procedures are designed to make all staff/volunteers/students aware of their responsibilities for the recognition, documentation and reporting of suspicions that a child may be in need of protection.

In order to protect the health and well-being of children, KDCHC staff person, volunteers or students who may observe or encounter situations of potential or suspected abuse will report such situations immediately) in compliance with reporting requirements under the Child and Family Services Act. All KDCHC staff, volunteers and students will familiarize themselves with their duties under the Child and Family Services Act.

Background

Legal Requirements: Child and Family Services Act (CFSA), Section 72

For the purposes of child protection provisions under CFSA, a child is defined as a person from birth until their 16th birthday. The child protection provisions also apply to children subject to a child protection order who are 16 or 17 years old.

Duty to Report

In accordance with the *CFSA*, it is the responsibility of every person in Ontario, including a person who performs professional or official duties with respect to children, to immediately report to a Children's Aid Society if s/he suspects that child may be in need of protection. It is the responsibility of the person who has the suspicion to make the report. This responsibility cannot be delegated to anyone else.

Failure to Report

It is an offence under the *CFSA* for persons who perform professional or official duties with respect to children to contravene one's reporting responsibilities. The penalty imposed (a fine of up to \$1,000) emphasizes that a child's safety must take precedence over all other concerns.

Confidentiality

The duty to report suspicions that a child may be in need of protection overrides the provisions of confidentiality in any other statute, specifically those provisions that would otherwise prohibit disclosure by a professional or official. The only exception to this is solicitor/client privilege.

Protection from Liability

All persons making a report of a suspicion that a child may be in need of protection are protected against civil action, unless that person is proven to have acted "...maliciously or without reasonable grounds for the belief or suspicion".

Recognition of Child Abuse

Definition:

Health Canada, Child Maltreatment Section, states "Child maltreatment can be categorized into several broad types including physical abuse, sexual abuse, neglect/failure to provide, and emotional maltreatment.

- **Physical abuse** is the deliberate application of unreasonable force by an adult or youth to any part of a child's body, which results or may result in a non-accidental injury. Physical abuse may include shaking, choking, biting, kicking, burning, poisoning, holding a child under water, or any other harmful or dangerous use of force or restraint. Most child physical abuse is associated with physical punishment or is confused with child discipline.
- **Sexual abuse** occurs when an adult or youth uses a child for sexual gratification and involves exposure of a child to sexual conduct, activity or behaviour. Sexual abuse includes fondling, intercourse, incest, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. It also includes sexual harassment and exposing the child to pornography or prostitution.
- **Neglect/failure to provide** occurs when a child's parents or caregivers do not provide the requisite attention to the child's emotional, psychological, or physical development (e.g., failure to supervise or protect physically or sexually, physical neglect, medical neglect, failure to provide treatment, permitting maladaptive or criminal behavior, abandonment and educational neglect).
- **Emotional maltreatment** involves acts or omissions by parents or caregivers that cause or could cause serious behavioural, cognitive, emotional, or mental disorders. Emotional maltreatment can include verbal threats, socially isolating a child, intimidation, exploitation, terrorizing, or routinely making unreasonable demands on a child. Also includes non-organic failure to thrive, emotional neglect and exposure to spousal/family violence.

What to Report to Family and Children's Services

The following is a list of information that, if known, staff, volunteers or students should be prepared to provide in making a report:

Information Concerning the Child/Children

- Identifying information (e.g. name and address of child, primary caregiver)
- Current whereabouts of the child/family.
- Present physical and/or emotional condition of the child.
- Any special vulnerabilities, medical conditions, communication issues.
- The name of our agency.

Circumstances Which Prompted the Report

- What was it that led to the report being made today?
- What are the sources of the information in the report?
- What are the details regarding concerns, or the incident which precipitated making the report today?
- Do you know of any other relevant incidents or have any other information?
- What actions, if any, have you taken prior to reporting the matter to the Children's Aid Society?

Information about the Child's Family and Alleged Offender (if known)

- Parents: names, dates of birth, address(es), telephone numbers, place(s) of work
- Alleged Offender: name, date of birth. If not the parent: the alleged offender's relationship to the child, address, phone number, place of work.
- Current whereabouts of the alleged offender.
- Does the alleged offender have access to the child, siblings or other children?
- What is the parent's awareness of/admission/reaction to the suspected abuse and the child's disclosure?
- What is the language spoken by the parents, the alleged offender?
- Are there any cultural considerations?
- What is the name of the child's/family's physician
- Any concerns for the family members with respect to mental health, physical illness, substance abuse, weapons and/or violence?
- Names and addresses of extended family members and others who could be supportive to the child and family.

Other Information

- Who else has direct knowledge of the incident being reported?
- Who else may have observed the child, or other incidents?
- Who else knows this family well?
- What other professionals or agencies may be involved with the child and family?

Confidentiality and Disclosure of Information to Others

Any information related to a report of suspicion that a child may be in need of protection is confidential between the person directly involved, the person making the report, and a Family and Children Services. The reporting staff person's Director, in consultation with a Family and Children's Services, will give direction regarding the appropriate sharing of information with staff/volunteers /Executive Director and member(s) of the Board of Directors. Discussing any information with others outside the designated individual(s) is breach of confidentiality.

Procedures

1. Whenever possible, the appropriate Director will be advised in advance that a report will be made. When advance notice is not possible, the Director will be advised at the first possible opportunity that a report has been made.
2. Reports will be made to the Family and Children's Services office at 576-0540 (daytime) or 581-1605 (after hours).
3. Informing the client(s) that a report is to be made will be at the judgment of the staff person. There are situations where informing those involved is a supportive and helpful process. In other situations it is not. The staff person will assess whether informing the client(s) will put the child's safety at risk or compromise a potential police investigation. If the staff person is not sure, they can contact the F&CS initial assessment department for a consultation.
4. After F&CS has been called, and if the parents contact KDCHC for more information, staff can share a copy of this protocol with the parents. Inform the parents that any concerns/request for more information about the report is to be directed to F&CS. Provide them with the phone number of F&CS.
5. For children that are rostered at KDCHC, the fact of the report shall be noted in the child's chart. If a report is made for a child that is not rostered (eg child of volunteer, group participant etc) the fact of the report shall be noted in an incident report.
6. Consultation calls to F&CS may be made in the case where a person is not sure that protection is actually needed. The information shared with F&CS should be recorded in the client chart.

Reference: KDCHC Policy No. CG0903 - Duty to Warn (Limits to Confidentiality)

Approved by: Eric Goldberg, Executive Director

Date: October 3, 2016