

POLICY ON REPORTING A CHILD IN THE NEED OF PROTECTION

A Child in Need of Protection

It is important for Midwives to know their duty to report a child in the need of protection and to be aware of the circumstances which could give rise to this duty. This is legislated in British Columbia in the *Child, Family, and Community Services Act (CFCSA)*.¹ A child is defined as a person under 19 years of age. This could apply to a newborn or other children or the pregnant/postpartum client or a client who was under the age of 19. Section 13 of the CFCSA describes the circumstances under which a report is necessary. Section 14 of the CFCSA states that a person who has reason to believe that a child needs protection under Section 13 must promptly report the matter.

Duty to Report

As a midwife, if you believe that you know of a child in the need of protection, you must immediately report this to a child protection social worker. You should not assume that someone else has or will do so. The duty to report overrides the confidential requirement of the client/care giver relationship to the extent required to provide all necessary information to make the report. Any information that is not required to provide a report remains confidential. Once the concern has been reported, the charts are subject to normal confidentiality requirements, meaning that documentation can only be provided with the client's consent, or in accordance with law.

Midwives are responsible to consider whether children are potentially at risk when they access a parent/caregiver with a mental or physical condition which may affect their ability to provide care.

Failure to report a child who is believed to be in need of protection is an offence. The Act protects a person from legal liability for reporting information about a child in need of protection, unless that person has acted in bad faith (e.g. by knowingly giving false information). In addition, the identity of the person making the report is protected under the Act, unless that person agrees to be identified.

Circumstances to Report

Section 13 sets out the circumstances under which a child needs protection. A midwife must report a child if they have reason to believe any of the following:

- if the child has been, or is likely to be, physically harmed by the child's parent;
- if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
- if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
- if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;

¹ You should not rely on this document as the complete text of the laws and regulations referred to in it, or as a complete statement of the law. Keep in mind that statutes and regulations may be amended at any time and CMBC will endeavor to keep this updated, but makes no warranty or representation as to the currency, completeness or accuracy of the information. Errors of omissions in this document do not affect a Registered Midwives' obligation under the legislation referred to. We encourage you to obtain legal advice, whenever appropriate, about laws relevant to your practice.

- if the child is emotionally harmed by:
 - the parent's conduct, or
 - living in a situation where there is domestic violence by or towards a person with whom the child resides;
- if the child is deprived of necessary health care;
- 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;
- if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care;
- if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
- if the child's parent is dead and adequate provision has not been made for the child's care;
- if the child has been abandoned and adequate provision has not been made for the child's care;
- if the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.

How to Contact a Child Protection Social Worker

The most efficient way to report a concern to a child protection social worker is to call the Helpline for Children any time of the day or night. The person who answers will make sure all concerns are directed appropriately. **The Helpline for Children is 310-1234** (area code not required).

Monday to Friday (8:30 to 4:30) you can call the local Ministry of Children and Family Development (MCFD) office listed here: <http://www.mcf.gov.bc.ca/sda/contacts.htm>.

The local Delegated Aboriginal Child and Family Services Agency listed here: http://www.mcf.gov.bc.ca/about_us/aboriginal/delegated/pdf/agency_list.pdf.

After hours (Monday to Friday 4:30pm to 8:30am and all day Saturday, Sunday and statutory holidays) for both MCFD and Delegated Aboriginal Child and Family Services Agencies, call: Vancouver, North Shore, Richmond – 604-660-4927; Lower Mainland, Burnaby, Delta, Maple Ridge, Langley – 604-660-8180; any community in BC – 1-800-663-9122.

What to Report to the Child Protection Social Worker

A midwife may make a report by telephone, by letter, or in person. The child protection social worker will likely want to know: The child's name and location, whether there are any immediate concerns about the child's safety, why you believe the child is at risk, the child's age and vulnerability, information about the family, parent, caregivers and alleged offender, information about siblings who might also be at risk, information about other persons or agencies closely involved with the child and/or family, information about other persons who may be witnesses or have information about the child, any other relevant information concerning the child and/or family such as a language or culture.

Again, records supporting your specific concerns may be requested if they exist and you may release that information without consent under section 14 of the CFCSA. However, you may be contacted during the investigation to provide further details or reports and you may only release that additional information with the written consent of the client, or pursuant to a court order under section 65 of the CFCSA.

Documentation

All discussions with family members, colleagues, child protection authorities, the policy and authorities in the context of making the report should be documented in the client's record.

Midwives are also encouraged to contact the Midwives Protection Plan for advice regarding specific situations.

Other Organizations

The following organizations may provide additional support and guidance; however, contacting them does not replace your obligation to make a child protection report to the Ministry of Children and Family Development or a Delegated Aboriginal Agency. If you would like to discuss a situation before making a report, you can have a non-nominal conversation with these organizations.

Child protection teams in BC

- Child Protection Service Unit BC Children's Hospital – 604-875-3270
- Northern Health SCAN Clinic Prince George – 250-565-2120
- Health Evaluation, Assessment and Liaison (HEAL) Team Surrey Memorial Hospital 604-585-5634
- Vancouver Island Suspected Child Abuse and Neglect Team Nanaimo – 250-755-7945
- Kamloops Suspected Child Abuse and Neglect Clinic Royal Inland Hospital 250-314-2775

Representatives for Children and Youth at 1-800-476-3933 (confidential for all of BC)
responsibilities of the representative include advocating and supporting children and youth, protecting their rights, and making the child protection system more responsive, particularly for those who are most vulnerable.

References

College of Physicians and Surgeons of British Columbia. Professional Standards and Guidelines. *Reporting a Child in the Need of Protection*. December 2014.

College of Registered Nurses of British Columbia. Legislation Relevant to Nurses' Practice. Current to November 1, 2013.