



College of Physicians and Surgeons of British Columbia

Practice Standard

Reporting a Child in Need of Protection

Effective:	May 1997
Last revised:	March 6, 2020
Version:	6.0
Next review:	March 2023
Related topic(s):	Disclosure of Patient Information to Law Enforcement Authorities

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

COLLEGE'S POSITION

All registrants are required by law to report a child in need of protection. In the *Child, Family and Community Service Act (CFCSA)*, a child is defined as someone under the age of 19. Registrants must be aware of this duty and circumstances that must be reported under the *CFCSA*.

Registrants who believe that a child needs protection under section 13 of the *CFCSA* must promptly report the matter to a child welfare worker. Registrants must not assume that another person has made a report or that if the child or family is receiving services from the ministry, that the ministry is already aware of the concern.

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

The duty to report overrides the confidential requirements of the patient-physician relationship to the extent required to provide the information necessary to fulfill the reporting obligation; however, any information not necessary to fulfill this obligation remains covered by patient-physician confidentiality. Once the concern has been reported, the documentation of the concern and other information in the registrant's chart are subject to patient-physician confidentiality requirements. Therefore, that documentation may only be provided with the patient's consent, or in accordance with specific court orders, or legislation. The current legislation does not provide for an exception to the registrant's confidentiality requirement with respect to patient records.

Failure to report a child who is believed to need protection is an offence under the *CFCSA*.

Registrants cannot be held liable for reporting child protection concerns unless they knowingly report false information.

Questions should be referred to a child welfare worker. If the child is in immediate danger, registrants must call 9-1-1 or the local police.

CIRCUMSTANCES THAT MUST BE REPORTED

Registrants must report when they have reason to believe that a child needs protection. The *CFCSA* (Part 3 – Child Protection) sets out the circumstances under which a child needs protection.

13 (1) A child needs protection in the following circumstances:

- (a) if the child has been, or is likely to be, physically harmed by the child's parent;
- (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
- (c) 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;
- (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;

- (e) if the child is emotionally harmed by
 - (i) the parent's conduct, or
 - (ii) living in a situation where there is domestic violence by or towards a person with whom the child resides;
 - (f) if the child is deprived of necessary health care;
 - (g) 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;
 - (h) 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;
 - (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
 - (j) if the child's parent is dead and adequate provision has not been made for the child's care;
 - (k) if the child has been abandoned and adequate provision has not been made for the child's care;
 - (l) 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.
- (1.1) For the purpose of subsection (1) (b) and (c) but without limiting the meaning of "sexually abused" or "sexually exploited", a child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be,
- (a) encouraged or helped to engage in prostitution, or
 - (b) coerced or inveigled into engaging in prostitution.
- (1.2) For the purpose of subsection (1) (a) and (c) but without limiting the circumstances that may increase the likelihood of physical harm to a child, the likelihood of physical harm to a child increases when the child is living in a situation where there is domestic violence by or towards a person with whom the child resides.
- (2) For the purpose of subsection (1) (e), a child is emotionally harmed if the child demonstrates severe
- (a) anxiety,
 - (b) depression,
 - (c) withdrawal, or
 - (d) self-destructive or aggressive behaviour.

HOW TO CONTACT A CHILD WELFARE WORKER

Child protection services in BC are intended to safeguard children from harm. Where there is reason to believe a child has been abused or neglected, or is otherwise in need of protection, child welfare workers have the delegated authority to complete a protection assessment and take appropriate action to ensure that child's safety.

Child protection concerns must be reported to a child welfare worker by calling Provincial Centralized Screening at 1-800-663-9122 any time during the day or night. The person who answers will ensure all concerns are directed appropriately.

TELEPHONE RELAY SERVICE

TELUS Relay Service (TRS) enables clients who are deaf, hard of hearing, experience difficulty with speech and/or who use a Teletypewriter (TTY) to communicate with regular telephone users. TRS is available 24 hours a day, 7 days a week, and can be found at: <https://www.telus.com/en/bc/get-help/accessibility/services/telus-relay-service/support.do>

WHAT TO REPORT TO THE CHILD WELFARE WORKER

Reports may be made by telephone, letter or in person. The child welfare worker will 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
- any statements or disclosures made by the child
- the child's age and vulnerability
- information about the family, parent/caregivers and alleged offender
- information about siblings or other children who may be at risk
- whether you know of any previous incidents involving, or concerns about the child
- information about other persons or agencies closely involved with the child and/or family
- information about other persons who may be witnesses or may have information about the child
- information about the nature of the child's disabilities, his or her mode of communication, and the name of a key support person, and
- any other relevant information concerning the child and/or family, such as language or culture

At the time the report is made, the child welfare worker will request details of the child and family and information about the registrant's concerns. Records supporting the registrant's specific concerns may also be requested if they exist and the physician may release that information without consent under section 14 of the *CFCSA*.

Information that may be requested by the child welfare worker after a report has been received and a protection response has begun.

During the protection response, registrants may be contacted by ministry staff and requested to provide further details, or a written report related to the report of a child in need of protection. Registrants may release that additional information

- with the written consent of the patient (or legal guardian), or
- pursuant to a court order under section 65 of the *CFCSA*.

Registrants involved in situations of child abuse or neglect should refer to [*The BC Handbook for Action on Child Abuse and Neglect*](#) available from the Ministry of Children and Family Development.

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

Registrants are encouraged to seek medical legal advice from the Canadian Medical Protective Association regarding specific situations.

OTHER ORGANIZATIONS

The following organizations may provide additional support and guidance; however, contacting them does not replace a registrant's obligation to make a child protection report to the Ministry of Children and Family Development or a Delegated Aboriginal Agency:

- 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
- Representative 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.