



**DHB LOGO**

## **MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**MATERNAL CHILD AND YOUTH CONTINUUM  
(Name) District Health Board**

**AND**

**(Region) SERVICE DELIVERY UNIT  
Child Youth & Family Service**

### **INTRODUCTION:**

This Memorandum of Understanding (MOU) addresses situations, which are complex and require extensive communication and collaboration between Child Youth and Family Service (CYFS) and Maternal Child and Youth Continuum, (Name) District Health Board (DHB).

### **PRINCIPLES:**

1. The welfare and interests of the unborn baby, infant, child or young person are paramount.
2. If information is available that could help to keep an unborn baby, infant, child or young person safe and well, this information should be shared between all parties.
3. Information will be shared in a timely manner. Processes for sharing information should be kept as simple as possible and should build on existing systems.
4. In cases where CYFS is a legal guardian/custodian, the CYFS key social worker is responsible for ensuring that the management plan is adhered to.
5. Commitment to inter-agency communication will be strengthened by establishing clear communication pathways.
6. There will be comprehensive documentation on planning, actions and outcomes by all parties involved. Caregivers of children recovering from acute illness or with chronic illness have the right to be fully informed about that child's condition and treatment.
7. Discharge planning is essential to ensure continuity of care. When risk to the unborn child is identified discharge planning begins prior to the baby being born. On admission to SCBU or children's ward discharge planning should start immediately.

Children's Ward, SCBU and CYFS

Maternity, SCBU and CYFS

<b>SCOPE</b>	<b><i>ALL CHILDREN BEING DISCHARGED INTO CYFS CARE FROM THE HBDHB CHILDREN'S WARD AND SPECIAL CARE BABY UNIT (SCBU)</i></b>	<b><i>CONCEPTION, THROUGH TO SIX WEEKS POST BIRTH, OR TO DISCHARGE FROM HBDHB SPECIAL CARE BABY UNIT (SCBU)</i></b>
Situation where applicable	<p>When children are discharged from hospital:</p> <ul style="list-style-type: none"> <li>• with complex health needs into the care of a caregiver appointed by CYFS or</li> <li>• following an admission to hospital for suspected non-accidental injury and are under investigation by CYFS.</li> </ul> <p>These children may have injuries or conditions that require ongoing medical or nursing care, treatment or follow up and caregivers need specialised knowledge and training.</p>	<p>When child protection issues are identified for an unborn baby or for a newborn baby and the woman is under the care of Maternity and/or (SCBU) staff.</p>
Purpose	<p>Hospital staff will have a thorough understanding of the CYFS care and protection plan to keep the child safe in hospital. At discharge ongoing medical care will be appropriate to the child's situation.</p>	<p>Maternity and SCBU staff have a thorough understanding of the (CYFS) care and protection plan to keep babies safe through to discharge.</p>
Responsibility	<ul style="list-style-type: none"> <li>• Paediatricians</li> <li>• Clinical Charge Nurses</li> <li>• Registered Nurse caring for the child</li> <li>• CYFS Social Worker</li> <li>• Children's Ward Social Worker.</li> </ul>	<ul style="list-style-type: none"> <li>• Maternity Multidisciplinary Team</li> <li>• Midwives</li> <li>• Obstetrician/obstetric medical teams</li> <li>• Postnatal nursing staff</li> <li>• Maternity Social Worker</li> <li>• Maternal Mental Health Social Worker</li> <li>• Paediatrician</li> <li>• SCBU staff</li> <li>• CYFS Social Worker</li> <li>• Children's Ward Social Worker.</li> </ul>
Procedure when child protection issues are identified	<ol style="list-style-type: none"> <li>1. The Clinical Charge Nurse, or his/her delegate, will telephone the CYFS key social worker for that child <b>as soon as possible</b> with the relevant details including <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Likely date of discharge</li> <li>• Treatments</li> <li>• Medications</li> <li>• Follow up appointments - dates and times.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. If child protection concerns are identified, a risk assessment will be performed as outlined in DHB Management of Child Abuse and Neglect Policy (doc ref). Consultation with a senior colleague will occur at the earliest opportunity.</li> <li>2. If an outcome of the consultation is to notify CYFS, the staff member will do so. This includes a phone call followed by a faxed referral to CYFS. The Police may also be called as required.</li> </ol>

	<p>The initial phone call can be made early in the admission even if all details are not yet known. It is more important that CYFS have a general idea of a child's ongoing needs early on; details be added as they become available.</p> <ol style="list-style-type: none"> <li>2. The phone call will be followed with the written details of the child's condition that a caregiver would need to know.</li> <li>3. A meeting will be set-up <b>before discharge</b> between the caregiver, CYFS Social Worker, Clinical Charge Nurse or nurse responsible for the child, Children's Visiting Nursing Service (CVNS), and Paediatrician or delegated junior doctor as appropriate.</li> <li>4. The nurse, doctor, social worker and caregiver will discuss the child's condition and agree on his/her ongoing needs. If necessary, some caregivers may be encouraged to stay in hospital with the child to develop a relationship and knowledge of required medical care.</li> <li>5. At discharge, the hospital Discharge Summary will be copied to the child's general practitioner, the caregiver and the CYFS key social worker. The hospital discharge summary will form a part of the CYFS Care Plan.</li> <li>6. When the CYFS social worker wishes to discuss a case in person with medical or nursing staff s/he will telephone the Children's Ward/ SCBU <b>Clinical Charge Nurse (CCN)</b>. The CCN will be responsible for organising the meeting/ discussion and ensuring the relevant staff attend. The meeting will be organised in a timely manner and the relevant information will be made available.</li> <li>7. CYFS social workers are expected to communicate relevant details about a child with hospital staff caring for the child. In a hospital this communication is primarily through the hospital clinical record. Therefore when CYFS staff visit a child in hospital they will write relevant notes in the child's hospital clinical record. Parents seeking to read the social worker's comments first require written consent (as per CYFS Official Information Act Policy). DHB staff must apply to CYFS for permission before information is released to parent or caregiver if CYFS information is in the child's file.</li> </ol>	<ol style="list-style-type: none"> <li>3. On receipt of the notification, CYFS will determine whether or not to undertake an investigation of the care and protection issues. CYFS will provide written confirmation of receipt of notification. CYFS will inform the notifier in writing of the outcome of their investigation. If the case remains open with CYF and the maternity carer has been part of the planning meeting then they will receive and place a copy of the management plan on the mother's patient file if antenatal or on the infant's notes if baby has been born.</li> <li>4. Maternity and SCBU staff have an ongoing role in the care of mother and baby. The staff will take an active part in any action plan in conjunction with CYFS social worker, including plans to keep the unborn child safe, and will remain involved until discharge from DHB care.</li> <li>5. Clear communication between the CYFS Social Worker, maternity and SCBU staff (if baby is admitted to the SCBU) will be maintained, and should include the updating of information as it happens.</li> </ol>
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## Disagreements and complaints

Child protection is complex. It is foreseeable that from time to time there will be miscommunication or even disagreement between CYFS, and hospital staff. Disagreement will be seen as an opportunity to learn and every effort made to find a solution and preserve a respectful working relationship. When disagreements occur the following process will apply:

1. Address the concern directly with the appropriate staff member. Most disagreements can be resolved in this way. Disagreements are best dealt with in person and this is recommended. If this is not possible they may be addressed by telephone.
2. Where disagreements cannot be resolved directly they will be referred to each staff member's direct line manager (refer organisation charts), who will address the issue promptly.

Staff from CYFS and (*name*) DHB will not:

- Go directly to the media about concerns with the other organisation
- Write letters or emails before attempting to resolve disagreements personally or by phone.

This Memorandum of Understanding (MOU) has been discussed and agreed between CYFS (*Region*) and Maternal, Children and Youth.

This MOU will be reviewed every two years from the date of implementation.

## REFERENCES

- Child Abuse Policy (ref doc).
- Discharge Planning Policy (ref doc)
- Partner Abuse Policy (ref doc)

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**Senior Manager**  
**Maternal, Child & Youth Continuum**  
**(Name) District Health Board**

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**Service Centre Manager**  
**Child, Youth & Family, (*regional*) Service Centre**

**Date:** .....

**Date:** .....