keep them safe
A shared approach to child wellbeing

CHCCHILD401A
Identify and respond to children and young people at risk

Participant’s Manual
Enquiries

Enquiries about this and other publications can be made to:
TAFE NSW - Industry Skills Unit, Meadowbank
Meadowbank TAFE
Level 3, Building J,
See Street,
MEADOWBANK NSW 2114
Tel: 02-9942 3200 Fax: 02-9942 3257
Acknowledgments

This manual has been developed to support the implementation of "Keep Them Safe - A shared approach to child wellbeing".

The manual has been prepared for the New South Wales Department of Premier and Cabinet.

TAFE NSW – Training and Education Support, Industry Skills Unit (TES ISU) Meadowbank would like to acknowledge the support and assistance of the following people in the production of this participant’s manual.

Writer:
Bronwen Elliott
Child Protection Consultant

Reviewers:
Marilyn Farrell     Diane Dawbin
Teacher, Community Services     Project Coordinator
TAFE NSW Western Sydney Institute     TAFE NSW TES ISU, Meadowbank

Project Managers:
Foonghar Chong, Manager of Industry Teams, Community Services and Health
Karin Rule, Education Programs Manager
Gail Horwood, A/Education Programs Manager
TAFE NSW TES ISU Meadowbank

Project Advisory Group:
Acknowledgement is also made to the NSW Child Protection Learning and Development Forum who fulfilled the role as project advisory group and for their input to the design and content of the manual and its review.

Name           Organisation
Martin Swan    Community Services L&D Branch
Jo Campbell/Jo Breeze/Liz Poole          NSW Health/ECAV
Wendy Alford/Valerie Hanson              Dept of Education and Training
Myriam Bahari      Commission for Children and Young People
Susan Scowcroft            NSW Community Services and Health ITAB
Katherine Newton          Network of Community Services
                          (Out of School Hours)
Kerry Burke          KU Children’s Services
Krys Peereboom/Helen Sheeran          ACWA, NCOSS
Peter Merrett         Dept of Juvenile Justice
Margaret Chittick          Catholic Education
Contents

Introduction ......................................................................................................................... 7
  1. General introduction .............................................................................................. 7
  2. Using this participant’s manual ........................................................................... 7
  3. Prior knowledge and experience ....................................................................... 8
  4. Unit of competency overview .......................................................................... 9
  5. Assessment ........................................................................................................ 13

Section 1: Introduction ..................................................................................................... 15
  Handout 1 Training overview .................................................................................. 16
  Handout 2 Addressing personal issues raised by this training ............................. 17

Section 2: Roles and responsibilities ........................................................................ 19
  Handout 3 What children and young people do you work with? ......................... 20
  Handout 4 Risk and protective factors in children and families ......................... 21
  Handout 5 Maintaining professional boundaries ................................................ 23
  Handout 6 Duty of care when working with children, young people and families 24

Section 3: NSW Children and Young Persons (Care and Protection) Act 1998 .................................................................................................................. 25
  Handout 7 Children and Young Persons (Care and Protection) 1998 Act fact sheet 26
  Handout 8 Exchange of information fact sheet .................................................... 28
  Handout 9 Exchange of information case studies ............................................... 31

Section 4: Child safe workplaces ................................................................................ 33
  Handout 10: Child protection employment legislation in NSW ............................ 34

Section 5: Nurturing practices ...................................................................................... 35
  Handout 11 Nurturing practices ............................................................................. 36
  Handout 12 Nurturing care case studies ................................................................ 37

Section 6: Ethical practice ............................................................................................ 39
  Handout 13 Ethical frameworks ............................................................................ 40
  Handout 14 Ethical dilemmas working with children and young people ............ 42

Section 7: Identifying risk of significant harm ........................................................... 45
  Handout 15 When should I make a report of risk of significant harm Mandatory Reporter Guide (MRG) ........................................................... 46
  Handout 16 When should I make a report of risk of significant harm? ............... 51
  Handout 17 Neglect/supervision/assessing degree of risk when a child is left alone 54
  Handout 18 Examples of significant injuries ....................................................... 56
  Handout 19 Cycle of violence .............................................................................. 58
Section 8: Making reports of risk of significant harm

Handout 21 Decision tree: Physical abuse ................................................................. 62
Handout 22 Decision tree: Neglect – supervision.................................................... 63
Handout 23 Decision tree: Neglect – food............................................................... 64
Handout 24 Decision tree: Sexual abuse child.......................................................... 65
Handout 25 Decision tree: Psychological harm ......................................................... 68
Handout 26 Decision tree: Carer concern – mental health......................................... 69
Handout 27 How to report risk of significant harm.................................................. 70
Handout 28 Child Wellbeing Unit/Consult with a Professional................................. 74

Section 9: Working with children, young people and families

Handout 29 Responding to disclosures .................................................................. 78

Section 10: Working collaboratively with other organisations

Handout 30 Working collaboratively with other organisations ................................. 80

Section 11: Keeping children safe in practice

Handout 31 Keeping children safe practice case studies.......................................... 84

Appendices

Appendix 1 PowerPoint presentation ...................................................................... 90
Appendix 2 Indicators of neglect ............................................................................. 112
Appendix 3 Indicators of physical abuse ................................................................. 113
Appendix 4 Indicators of sexual abuse ................................................................. 114
Appendix 5 Indicators of domestic violence ............................................................ 116
Appendix 6 Indicators of psychological harm.......................................................... 118

References and websites ......................................................................................... 120

Common acronyms ................................................................................................. 122
Introduction

1. General introduction

Welcome to the participant’s manual for CHCCHILD401A Identify and respond to children and young people at risk.

This national unit of competency is part of the CHC08 Community Services Training Package.

The target group for this training resource is mandatory reporters of risk of significant harm of children and young people working for the NSW government and non-government organisations.

The manual is organised into eleven learning sessions.

These are:

Session 1: Introduction
Session 2: Roles and responsibilities
Session 3: NSW Children and Young Personal (Care and Protection) Act
Session 4: Child safe workplaces
Session 5: Nurturing practices
Session 6: Ethical practice
Session 7: Identifying risk of significant harm
Session 8: Making reports of risk of significant harm
Session 9: Working with children, young people and families
Session 10: Working collaboratively with other organisations
Session 11: Keeping children safe in practice

2. Using this participant’s manual

This participant’s manual is designed to be used in a facilitated group learning environment. Your facilitator/trainer will guide you in how to use these materials, including which learning sessions and activities should be completed.

Learning strategies

This participant manual contains a variety of different learning activities to support individual learning styles. In addition to the activities described in this manual, it is important that you discuss the issues raised with others such as your facilitator, work colleagues, practitioners working in the field and other participants. Discussion plays an important role in understanding and remembering new information.
Four steps to learn new skills
This participant manual is based on four main learning activities.

1. **Thinking** – reflecting on the subject, your own experience and ideas, and what you hope to achieve from this learning process. Reflective thinking prepares you to learn new skills.

2. **Attending** – reading the contents of this manual carefully, with understanding. This may involve asking questions, rewriting material in your own words, discussing the material with other people, or reading additional reference materials. Attending provides you with the information you need to carry out a new skill.

3. **Doing** – putting new skills into practice. This may involve following specific activities or case studies in this manual, or putting the new skill directly into practice in your workplace. Using new information in a practical way will help you to remember and understand.

4. **Reviewing** – did the new skill achieve what you expected to achieve? Seek feedback from your workplace supervisor, facilitator, clients or colleagues. Ask more questions if you need to. Complete the activities in this manual and when you have achieved competency, keep a record of your completed activities as evidence of your skill.

If you have difficulties
If you have any difficulties while working through this material you should ask your facilitator for help. For example you may have trouble understanding a concept or process.

If you have a disability which may affect your ability to learn or to complete the assessment events (if you choose or are required to complete these) you should talk to your facilitator.

To be successful and gain the most from this learning experience it helps if you:

- can apply self discipline
- stay motivated and focused on achieving your goal
- manage your time to include time for study and to complete assessments (where required)
- can take responsibility for your own learning

3. **Prior knowledge and experience**
You may already have knowledge, skills and experience relevant to this unit of competency that you have gained due to your work, life experience or from a previous course. If this is the case ask your facilitator about having this learning recognised. You will need to produce evidence to demonstrate that you have the skills, knowledge and competency level required. Your facilitator can advise you as to what types of evidence you could provide.
4. Unit of competency overview

Unit description
The following information is from the CHC08 Community Services Training Package.
CHCCHILD401A Identify and respond to children and young people at risk
This unit describes the knowledge and skills required to address duty of care requirements, working within an ethical framework and applying relevant legislation, policies and procedures in responding to children and young people.

Unit elements and performance criteria
1. Implement work practices which support the protection of children and young people
   1.1 Identify children and young people at risk of harm by observing signs and symptoms, asking non-invasive questions, being aware of protective issues and using child protection procedures where appropriate
   1.2 Respond to disclosure, information or signs and symptoms in accordance with accepted standards, techniques, and legislative obligations
   1.3 Comply with lawful instructions, regulations and duty of care in all work activities
   1.4 Routinely employ child focused work practices to uphold the rights of children and young peoples to participate in decision-making where it is age appropriate
   1.5 Employ communication and information gathering techniques with children and young people in accordance with current recognised good practice
   1.6 Ensure decisions and actions taken are within own level of responsibility, work role and legislative requirements
   1.7 Maintain own knowledge and skills as required to work effectively and participate in practice supervision processes
   1.8 Maintain confidentiality as appropriate
   1.9 Provide an appropriate response as determined by organisation procedures, legal and work role obligations
2. Report indications of possible risk of harm

2.1 Accurately record relevant specific and general circumstances surrounding risk of harm in accordance with organisation procedures, ethics and legal requirements

2.2 Promptly report risk of harm indicators in accordance with statutory and organisation procedures

2.3 Work collaboratively with relevant organisations to ensure maximum effectiveness of report

3. Apply ethical and nurturing practices in work with children and young people

3.1 Protect the rights of children and young people in the provision of services

3.2 Identify and seek supervision support for issues of ethical concern in practice with children and young people

3.3 Develop ethical and nurturing practices in accordance with professional boundaries when working with children and young people

3.4 Recognise indicators for potential ethical concerns when working with children and young people

3.5 Respond to unethical behaviour of others by reporting to the appropriate person

**Required skills and knowledge**

**Essential knowledge**

The participant must be able to demonstrate essential knowledge required to effectively perform task skills; task management skills; contingency management skills and job/role environment skills as outlined in elements and performance criteria of this unit.

These include knowledge of:

- Statutory and policy requirements relating to job role
- Ethical obligations as stated in relevant codes of practice, licensing, accreditation registration to professional bodies, service agreements
- Ethical approaches that incorporate the conventions on the rights of the child, and human rights
- Responsibilities to clearly define worker and client roles and responsibilities in regard to ethical conduct and professional relationship boundaries
- State/territory requirements and processes for notifying suspected abuse and reporting process
- Child protection system: including reporting protocols, responses to reporting, interorganisation policies
- Organisation guidelines and policies for responding to risks of harm to children and young people
• Duty of care responsibilities
• Ethical obligations as defined by the job specification and employing organisation
• Principles of ethical decision-making
• Recording procedures appropriate to job role
• Common risks to child's safety
• Indicators of the different types and dynamics of abuse including as they apply to age, gender, disability, culture, sexuality
• The different types of abuse: serious psychological, physical, sexual, neglect, domestic violence
• Impact of risk of harm
• Appropriate responses to disclosure
• Overview of legal system and it pertains to the job role
• Outline of common legal issues as relevant to work undertaken with children and young people such as:
  - abuse in all forms
  - domestic and family violence
  - neglect
  - exploitation
  - alcohol and other drugs (AOD) concerns
  - systems abuse

**Essential skills**

It is critical that the participant demonstrate the ability to:

• Provide an appropriate response to indications of risk of harm.

In addition, the candidate must be able to demonstrate relevant task skills; task management skills; contingency management skills and job/role environment skills. These include the ability to:

• Apply indicators of abuse to make judgments about risks of harm
• Follow procedures and instructions
• Apply principles of ethical decision-making
• Maintain professional boundaries in work with children and young people
• Provide required reports and records, including effective use of relevant information technology in line with occupational health and safety (OHS) guidelines
• Use child focused work practices including:
  - communication skills
  - awareness and sensitivity to children and young person's needs
  - inclusiveness of children and young people in participatory decision-making process
  - making special allowances to meet needs of children and young people
  - ways of engaging children and young people
  - observance and presence of children and young people as primary clients
• Distinguish between legal and ethical problems
• Work within a legal and ethical framework
• Apply problem solving and negotiation skills to resolve problems of a difficult nature within organisation protocols.

**Critical aspects for assessment and evidence required**

• The individual being assessed must provide evidence of specified essential knowledge as well as skills.
• Assessment may occur both in the workplace and in off-the-job learning contexts through methods that present workplace practice situations, using case studies, simulations etc.
• Competence in this unit must be assessed over a period of time in order to ensure consistency of performance across contexts applicable to the work environment.
• Consistency in performance should consider the work environment, worker’s role and responsibilities in the workplace.

**Access and equity considerations**

• All workers in community services should be aware of access, equity and human rights issues in relation to their own area of work.
• All workers should develop their ability to work in a culturally diverse environment.
• In recognition of particular issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and Torres Strait Islander people.
• Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities.

**Context of and specific resources for assessment**

• This unit can be assessed independently; however holistic assessment practice with other community services units of competency is encouraged.
• Resources required for assessment include access to an appropriate workplace where assessment can be conducted or simulation of realistic workplace setting for assessment.

**Method of assessment**

• In cases where the participant does not have the opportunity to cover all relevant aspects in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on ‘What if?’ scenarios.
• Assessment of this unit of competence will usually include observation of processes and procedures, oral and/or written questioning on essential knowledge and skills and consideration of required attitudes.
5. **Assessment**

Assessment for this unit of competency is optional. Not all participants will choose or be required to complete the assessment requirements.

If you do successfully complete the assessment requirements with an accredited Registered Training Organisation you will be awarded the unit of competency CHCCHILD401A Identify and respond to children and young people at risk.

**How you will be assessed**

A number of assessment tasks have been identified to ensure that you are adequately assessed in relation to all the elements, essential knowledge and skills and critical aspects of assessment associated with this national unit of competency. Your facilitator will ensure the assessment tasks suit your learning situation, the service you work in (if applicable) and the amount of access you have to a workplace environment for "on the job" assessment if required. Refer to the earlier information in Section 4: Unit of competency overview that details the requirements for competency.

Speak with your facilitator to arrange recognition of any relevant prior learning or current competency that you believe is relevant to the assessment.

The due dates for the assessments and any further information will also be discussed with you. Talk to your facilitator if you are unsure about any of the requirements.

By successfully completing this unit of competency you will also be demonstrating a range of Employability Skills that are addressed under the Employability Skills Framework identified as appropriate for the CHC08 Community Services Training Package. These skills apply generally to work in the community services industry and are specifically customised to address work at different levels and sectors of the industry.
Section 1: Introduction

Content
- Purpose of the training
- Ground rules
- Assessment (if relevant)

PowerPoints
PowerPoint 1.1 Identify and respond to children and young people at risk
PowerPoint 1.2 Training focus
PowerPoint 1.3 Training context

Handouts
Handout 1: Training overview
Handout 2: Addressing personal issues raised by this training
Handout 1 Training overview

Target group
This training is aimed at mandatory reporters of risk of significant harm to children and young people working for NSW government and non-government organisations.

Outcomes
Participants will be able to:
1. Implement work practices which support the protection of children and young people
2. Report indications of possible risk of harm
3. Apply ethical and nurturing practices in work with children and young people

Program
Session 1: Introduction
Session 2: Roles and responsibilities
Session 3: NSW child protection legislation
Session 4: Child safe workplaces
Session 5: Ethical decision making
Session 6: Nurturing practices
Session 7: Identifying and risk of significant harm
Session 8: Reporting risk of significant harm
Session 9: Working with children and young people
Session 10: Working collaboratively
Session 11: Keeping children safe in practice
Handout 2 Addressing personal issues raised by this training

This training provides detailed information about child abuse and neglect. Every child is different, and the impact on child abuse or neglect on any one child will depend not only on the harmful experiences they had as a child, but also on the supports that were available to them at the time, and the experiences they have had since.

If the training caused you distress or you can’t stop thinking about issues it raised, you may find it helpful to talk to someone about your concerns. You may be able to access a confidential employee assistance program through your employment or you may prefer to contact one of the services listed below.

**Lifeline:** ([www.lifeline.org.au](http://www.lifeline.org.au)) 13 11 14
24/7 telephone support, referral and web-based service finder.

**Alcohol and Drug Information Service 9361 800 or 1800 422 599**
Information and referral support for people using alcohol or drugs and their family and friends.

**Domestic Violence Line 1800 656 463 (TTY 1800 671 442)**
24/7 telephone counseling, information and referrals for people who are experiencing, or have experienced domestic violence.

**Mensline:** ([www.menslineaus.org.au](http://www.menslineaus.org.au)) 1300 7899 78
24/7 telephone counselling and referrals, specifically for men.

**Mental Health Association of NSW:** ([www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)) 1300 794 991
Information, support and education for people who are affected by the symptoms of mental illness whether they are a consumer, partner, friend or community member.

**Parentline:** ([www.parentline.org.au](http://www.parentline.org.au)) 1300 1300 52
Telephone counselling, information and referral service for parents and carers of children 0-18 years.

**Rape Crisis Centre:** ([www.nswrapecrisis.com.au](http://www.nswrapecrisis.com.au)) 1800 424 017
24/7 telephone crisis and support counselling and referral addressing sexual assault both recent and in the past, including childhood. Support is also available via online counselling.

Victims Support Line (24/7) 1800 633 063
Aboriginal Contact Line (Office Hours) 1800 019 123
Support and information for victims of crime in NSW. The service is part of the Department of Justice and Attorney General in NSW.
Section 2: Roles and responsibilities

Content
- Roles and responsibilities
- Maintaining professional boundaries
- Risk and protective factors
- Duty of care
- Access and equity

PowerPoints
PowerPoint 2.1: What contact do you have with children and young people through your work?
PowerPoint 2.2: Working with children, young people and families
PowerPoint 2.3: Risk and protective factors
PowerPoint 2.4: Professional boundaries
PowerPoint 2.5: Maintaining professional boundaries
PowerPoint 2.6: Diversity in NSW: statistics

Handouts
Handout 3: What contact do you have with children and young people through your work?
Handout 4: Risk and protective factors in children and families
Handout 5: Maintaining professional boundaries
Handout 6: Duty of care when working with children, young people and families
Handout 3 What children and young people do you work with?

- Which of these children and young people might you see in your day to day work, either now, or in the future?
- What role would you play in delivering services to them, or to their families?
- If this child or young person was at risk how might you become aware of this?
- If you only work with adults, how might you become aware of possible safety issues for their children?
- What is the scope of your role in addressing concerns about the safety, welfare and wellbeing of children and young people?

Lily is 5 months old and lives with her parents. Her mother's family came to Australia as refugees from Vietnam in 1979.

Jack is aged seven. He is Aboriginal and lives in a country town in NSW with his family including a younger brother.

Ethan is aged four and is the youngest in his family. Ethan has been diagnosed with autism.

Leila is aged 16 years. She lives with her family and has a part-time job.

Alan is aged 13 years. He came to Australia with his family as refugees in 2006.

All children and young people are models.

Istockphoto.com: bmchristy/Bloodstone/abishome/ Juanmonino/Atbaie
Handout 4 Risk and protective factors in children and families

A risk factor is a factor that increases the likelihood of a future negative outcome for a child.

A protective factor buffers against the effects of risk factors decreasing the probability of a future negative outcome.

- The way risk and protective factors interact to produce positive or negative outcomes at different stages of a child’s development is complex and not always clearly understood. It may be that some protective factors only operate when certain risk factors are present. While risk and protective factors are common to certain outcomes, the pattern of risk and protection will vary widely from child to child.

- Research shows that it is the presence of a number of risk factors, known as cumulative risk, rather than the presence of a single risk factor that affects outcomes. Cumulative impact also appears to apply to protective factors. With an increasing number of protective factors there is likely to be an increase in protective outcomes.

- Research suggests that although children who experience more risk factors are at increased risk of problems, intervention to reduce the impact of risk factors and enhance protective factors can have an effect even in situations of significant risk. This means there is not a ‘point of no return’ where intervention can no longer have any positive effect.

- Many risk and protective factors are often interrelated and linked with numerous child outcomes. Services and interventions should aim to address multiple risk and protective factors, rather than focus on any single factor.

- The timing and nature of risk and protective factors within a child’s developmental pathway is an important consideration when providing services and interventions. For example, as evidence shows that maltreatment early in life increases children’s vulnerability to adjustment problems, providing preventive interventions as early as possible in a child’s life may be critical.

- Services and interventions that address multiple domains of functioning, such as the child, family and community, rather than a single domain, potentially have a greater influence on child outcomes.

- Risk, protection and resilience will vary depending on the individual child and family and their unique situation. What is a risk or a protective factor for one child will not necessarily be the same for another.
### EXAMPLES OF RISK AND PROTECTIVE FACTORS

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood factors</strong></td>
<td></td>
</tr>
<tr>
<td>Birth injury, disability, low birth weight</td>
<td>Social skills</td>
</tr>
<tr>
<td>Insecure attachment</td>
<td>Attachment to family</td>
</tr>
<tr>
<td>Poor social skills</td>
<td>School achievement</td>
</tr>
<tr>
<td><strong>Family factors</strong></td>
<td></td>
</tr>
<tr>
<td>Poor parental supervision and discipline</td>
<td>Supportive caring parents</td>
</tr>
<tr>
<td>Parental substance abuse</td>
<td>Parental employment</td>
</tr>
<tr>
<td>Family conflict and domestic violence</td>
<td>Access to support networks</td>
</tr>
<tr>
<td>Social isolation/lack of support networks</td>
<td></td>
</tr>
<tr>
<td><strong>School factors</strong></td>
<td></td>
</tr>
<tr>
<td>School failure</td>
<td>Positive school climate</td>
</tr>
<tr>
<td>Negative peer group influences</td>
<td>Sense of belonging/bonding</td>
</tr>
<tr>
<td>Bullying</td>
<td>Opportunities for some success at school and recognition of achievement</td>
</tr>
<tr>
<td>Poor attachment to school</td>
<td></td>
</tr>
<tr>
<td><strong>Community factors</strong></td>
<td></td>
</tr>
<tr>
<td>Neighbourhood violence and crime</td>
<td>Access to support services</td>
</tr>
<tr>
<td>Lack of support services</td>
<td>Community networking</td>
</tr>
<tr>
<td>Social or cultural discrimination</td>
<td>Participation in community groups</td>
</tr>
</tbody>
</table>

**Reference**

Information in this handout comes from NSW Community Services: 'Risk, protection and resilience in children and families’ Research to Practice Notes, 2007.
Handout 5 Maintaining professional boundaries

Addressing concerns about children and young people can be challenging. Maintaining professional boundaries is very important. Ensure a clear distinction between you and your clients. Consider the following key concepts:

- **Safety** – ensure that your working relationship ensures the emotional, psychological and physical safety of the child/family.

- **Respect** – speaking to people and about them in a way that upholds their dignity and acknowledges their humanity. Set and maintain clear boundaries of acceptable and professional interactions when working with older children and young people. This means taking care that your relationship cannot be interpreted by the child, young person or an outsider as based on a personal rather than professional interest.

- **Confidentiality** – information about a child, young person or their family/carer is kept private and only shared according to legal and organisational directions.

- **Transparency** – maintaining clarity with the family about the requirements of the work that you are responsible for undertaking. This may mean balancing hopefulness about the potential of family members with recognition of the issues that they are facing, and the likely consequences if change cannot be achieved or if organisational expectations (for example maintaining a safe workplace) are not respected. It also involves being clear about what you and the organisation can and can’t offer.

- **Consistency** – Being trustworthy, reliable and predictable so as much as possible the child, young person, family and/or carer know what to expect, including that any commitments made will be followed through.

- **Focus on client need** – The objective is to address the needs of the child, young person, family and/or carer, not to prioritise your own needs to be liked, or to be recognised. It also means an obligation to provide services even where there may be issues in engaging children, young persons, family and/or carers, while recognising workplace obligations and polices regarding a safe workplace. Maintaining professional boundaries requires an awareness of your own values and beliefs, as distinct from those of the client.
Handout 6 Duty of care when working with children, young people and families

Duty of care is often used as a legal term and most people would be aware of their duty of care in regards to occupational health and safety. However, duty of care applies to a range of situations and can be briefly described as an obligation that a sensible person would have in the circumstances when acting toward others and the public.

If the actions of a person are not made with care, attention, caution, and prudence, their actions are considered negligent. A very high degree of care is owed to children because they have a limited capacity to care for themselves.

People working with children and young people should ensure they consider the following factors in relation to their duty of care.

- Be familiar with current information and legislation relevant to children, young people and families with whom you are working.
- Keep your knowledge and skills up to date.
- Comply with organisation policies and procedures.
- Maintain confidentiality and privacy and ensure that all exchanges of information are lawful.
- Ensure interventions and activities are developmentally appropriate.
- Provide accurate information and advice within your area of expertise.
- Report children at risk of significant harm and concerns about the actions of employees consistent with the relevant legislation and organisation policies and procedures.
- Maintain a safe working environment and pay particular attention when providing transport, conducting activities away from the child or young person’s home or when the child or young person is away from their parents’ supervision.
- Respect the knowledge and contribution of other colleagues and organizations. Work collaboratively with them, to ensure that important information about children is available to those who need it and that reasonable steps are taken to work collaboratively to meet children and young people’s needs.
- If you experience difficulties complying with policies, procedures or practice standards bring this to the attention of your supervisor.

References


Section 3: NSW Children and Young Persons (Care and Protection) Act 1998

Content
- Key elements of Children and Young Persons (Care and Protection) Act 1998
- Interagency work under the Act
- Reporting risk of significant harm and mandatory reporting
- Exchange of information
- Protection for reporters
- Protection of reporters in relation to information exchange

PowerPoints
PowerPoint 3.1 NSW child protection legislation
PowerPoint 3.2 Definitions
PowerPoint 3.3 Guiding principles for care and protection
PowerPoint 3.4 Participation
PowerPoint 3.5 Decisions about Aboriginal and Torres Strait Islander children
PowerPoint 3.6 Inter-agency work
PowerPoint 3.7 Reporting to Community Services
PowerPoint 3.8 Mandatory reporters
PowerPoint 3.9 Exchange of information
PowerPoint 3.10 Information exchange and families
PowerPoint 3.11 Who can exchange information? (prescribed bodies)
PowerPoint 3.12 What information can be requested or provided?
PowerPoint 3.13 Exchanging information under s.248
PowerPoint 3.14 Exchanging information under Ch 16A
PowerPoint 3.15 Information exchange
PowerPoint 3.16 Protection for reporters when information is exchanged

Handouts
Handout 7: Children and Young Persons (Care and Protection) Act 1998 fact sheet
Handout 8: Exchange of information fact sheet
Handout 9: Exchange of information case studies
Handout 7 Children and Young Persons (Care and Protection) 1998 Act fact sheet

The Act can be found at www.legislation.nsw.gov.au

Principles

s.9 Principles to be applied in the administration of the Act (safety, welfare and wellbeing of child/young person are paramount)

s.10 The principle of participation (ensuring child or young person can participate in decisions having a significant impact on their life)

s.11 Aboriginal and Torres Strait Islander self-determination (as much self-determination as possible)

s.12 Aboriginal and Torres Strait Islander participation in decision-making (involvement of families, kinship groups, organisations and communities)

Partnership and collaboration

s.15 General role of the Minister (working in partnership)

s.17 Director-General, request for services from other organisations (Including government departments and organisations and non-government organisations)

s.18 Obligation to co-operate (best endeavours consistent with own responsibilities)

Reporting

s.23 Child or young person at risk of significant harm

s.25 Prenatal reports

s.29 Protection of persons who make reports or provide certain information

s.120 Homelessness of children

s.121 Homelessness of young persons (must have consent)

s.122 Mandatory reporting of child who lives away from home without parental permission

Mandatory reporters

A mandatory reporter in NSW is an individual required by Section 27 of the Children and Young Persons (Care and Protection) Act 1998 to report to the Child Protection Helpline when he/she has reasonable grounds to suspect that a child, or a class of children, is at risk of
significant harm from abuse or neglect and those grounds arise during the course of or through the person’s work.

Mandatory reporters include those who deliver services, listed below, wholly or partly to children as part of their paid or professional work.

- Health care (e.g. doctors, nurses, dentists and other health workers)
- Welfare (e.g. psychologists, social workers, family workers, community workers and youth workers)
- Education (e.g. teachers)
- Children’s services (e.g. child care workers, family day carers and home-based carers)
- Residential services (e.g. refuge workers)
- Law enforcement (e.g. police)

The NSW legislation also mandates any person who manages an employee from the above services to report significant risk of harm.

Organisations will generally have internal policies setting out the requirements for mandated employees and their managers report concerns about children and young people. Some organisation policies (such as NSW Health) require non-mandated reporters to report to the Child Protection Helpline, so practitioners need to be familiar with the legislation as well as their organisation’s policy on reporting risk of significant harm.

**Protection for mandatory reporters**

Where a report is made in good faith there is no:

- breach of professional ethics or etiquette or departure from professional standards
- liability for defamation
- grounds for civil proceedings for malicious prosecution or conspiracy

Generally the law requires that the identity of the reporter not be disclosed. However, it may be disclosed if this occurs in connection with the investigation of an alleged serious offence committed against a child or young person and the disclosure is necessary for the purposes of safeguarding or promoting the safety, welfare and well-being of any child or young person (whether or not the victim of the alleged offence).
Handout 8 Exchange of information fact sheet

What legislation governs exchange of information in relation to children and young people?

Chapter 16A, Children and Young Persons (Care and Protection) Act 1998 allows for the exchange of information between prescribed bodies without any Community Services involvement.

S.248 allows for Community Services to direct prescribed bodies to provide information and may also provide information to prescribed bodies. Prescribed bodies may also request information from Community Services.

What type of information can be shared?

The information must relate to safety, welfare or wellbeing of a child or young person. Information may be shared if it relates to:

- a child or young person’s history or circumstances; and/or
- a parent or other family member; and/or
- people having a significant or relevant relationship with a child or young person; and/or
- the other organisations’ dealings with the child or young person, including past support or service arrangements

An organisation is not required to disclose information under Chapter 16A if it believes it would prejudice a criminal investigation or coronial inquest, endanger a person’s life or is not in the public interest.

The reporter’s details cannot be exchanged without their permission unless it is required as part of the investigation of a serious offence alleged to have been committed against a child or young person even if a report has been made to a Child Wellbeing Unit or directly to the Community Services Helpline.

What about privacy and client confidentiality?

While the new legislation permits information exchanged between prescribed bodies, a “prescribed body” must not use or disclose the information for any purpose that is not associated with the safety, welfare or wellbeing of the child or young person.
Is the consent of the child, young person or family necessary to exchange information?

Consent should be sought where possible, however it is not essential to obtain this consent where it is likely to further jeopardise the child or young person’s safety, welfare or wellbeing.

How is the information exchanged?

Written exchange is preferred and standard forms, letters, emails and other forms of electronic communication can be used. In addition, information may be exchanged verbally, for example where there is an established arrangement between organisations or at a case conference. However, a written record of the verbal exchange is required and should be stored securely on file consistent with your organisation’s policies and procedures.

What is a prescribed body?

A prescribed body is any organisation specified in section 248 (6), Children and Young Persons (Care and Protection) Act 1998 or in clause 7, Children and Young Persons (Care and Protection) Regulation 2000.

‘Prescribed bodies’ under the legislation are:

- NSW Police
- a government department or a public authority
- a government school or a registered non-government school or a TAFE
- a public health organisation or private hospital
- a private fostering organisation or private adoption organisation
- organisations that provide residential child care or a child care service under the Act
- any other organisations that have direct responsibility for, or supervision of, the provision of healthcare, welfare, education, children’s services, residential services, or law enforcement, to children
- the Family Court of Australia (with Community Services only for the purposes of section 248 but not Chapter 16A)
- Centrelink (with Community Services only for the purposes of section 248 but not Chapter 16A)
- Commonwealth Department of Immigration and Multicultural and Aboriginal Affairs (with Community Services only for the purposes of section 248 but not Chapter 16A)
Can information obtained from a prescribed body be shared with other parties?

Information obtained from a prescribed body can only be shared with other parties under the provisions of Chapter 16A. This means it can only be provided to another prescribed body and then only in relation to the safety, welfare or wellbeing of a child/ren or young person/s.
Handout 9 Exchange of information case studies

Is this exchange of information covered by the Children and Young Persons (Care and Protection) Act 1998?

1. Sunny Lane Family Centre is contacted by Community Services and is asked whether their staff have seen any indications that a parent is using illegal drugs. The parent has a history of drug use that has previously impaired her capacity to care for her child.

2. A practitioner from a health service has been working with Lisa and her son Tim since Lisa separated from her partner because of domestic violence. Last time the practitioner went to visit Lisa at home it was apparent that she had moved out. The practitioner noticed damage to the front door that hadn’t been there before and was concerned that Lisa may have been pressured into going back to her former partner. She contacts Centrelink to ask for Lisa’s address.

3. Greenfields Centre has been providing counselling to a 12 year old girl with mental health issues and her family. There has been conflict between the family and the service about the best way to assist the girl and the parents have advised Greenfields Centre that they have found another organisation and they have an appointment next week. Greenfields Centre staff are concerned that the family may drop out of treatment altogether and believe that this could have very adverse consequences for the girl. Staff from Greenfields Centre contact the new organisation to confirm that they have an appointment with the family. They ask the organisation to confirm that they will be offering a service to the family after they meet with them.

4. Oxley Neighbourhood Centre has received a complaint from Elena Poulos that the organisation refused to provide her with counselling for no good reason. The manager dealing with the complaint believes the complaint is not justified because the organisation assessment identified that Ms Poulos is already receiving services from another organisation and involvement with Oxley Neighbourhood Centre would only duplicate what is already being provided. The manager contacts the other organisation and asks for information to help refute the complaint.

5. Mountain View Youth Support has been providing services to a twelve year old child. Staff receive a request from a prescribed body asking about the educational needs of the child’s fourteen year old brother. They have not had contact with the fourteen year old prior to receiving the request. The organisation is the only service currently involved with the family.
6. Green Mountains Family Centre received a referral where Community Services requested that the organisation respond in a timely way to the family. The organisation made initial contact with the family and identified that they had many needs. Family members were reluctant to allow staff from the service to meet the children in the home or to provide information about the children’s development. After several sessions the parents advised that they had found another service they preferred and that Community Services staff were happy with this arrangement. The organisation contacts Community Service to confirm that there is no longer an expectation that they are working with the family.

7. Blackfield Health Centre received request for information from Forest Way Catholic School about Hua and her seven year old daughter Lian. Staff at the school are concerned that Hua’s mental health is deteriorating. She has previously been treated for depression and is becoming withdrawn and sometimes talks in ways that don’t make sense. Lian seems unhappy and worried about her mother. Staff of the school have tried to talk with Hua about the situation but she doesn’t want to talk with them. School staff previously attended an interagency planning meeting for Hua and Lian after Hua was hospitalised for depression a year ago. At that time Blackfield Health Centre were providing services to Hua. Forest Way Catholic School staff want to know if Hua is still receiving treatment, and if she is well enough to care for Lian. Blackfield Health Centre staff have been providing services to Hua, but over the last two months she has missed most of her appointments.
Section 4: Child safe workplaces

Content:
- Prohibited employment
- Background checking
- Allegations against employees

PowerPoints
PowerPoint 4.1: Child safe workplaces
PowerPoint 4.2: Can Mr. B complete a student placement at a youth refuge?
PowerPoint 4.3: Child-related employment
PowerPoint 4.4: Can Ms C get another job working with children?
PowerPoint 4.5: Child protection and employment

Handouts
Handout 10: Child protection employment legislation in NSW
### Handout 10: Child protection employment legislation in NSW

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Prohibited employment</th>
<th>Working with children check</th>
<th>Reportable conduct</th>
</tr>
</thead>
</table>
| **Commission for Children and Young People Act 1998**<br>Part 7 Division 2 | **Commission for Children and Young People Act 1998**<br>Part 7 Division 3 | **Ombudsman Act 1974** | **Designated organisations (Government departments and some non-government organisations) must report allegations of ‘reportable conduct’ by an employee to the Ombudsman within 30 days. Organisations must conduct investigations into allegations or convictions and take action as required.**<br>**Reportable Conduct under this Act is defined as:**<br>- any sexual offence, or sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence), or<br>- any assault, ill-treatment or neglect of a child, or<br>- any behaviour that causes psychological harm to a child, whether or not, in any case, with the consent of the child. Includes one off incidents – there is a higher expectation of behaviour for employees than families |<br>**Handout 10: Child protection employment legislation in NSW**

<table>
<thead>
<tr>
<th><strong>Responsibility as an employee</strong></th>
<th>Disclose status to employer.&lt;br&gt;Do not apply for or remain in child related employment.</th>
<th>Consent to background checking.&lt;br&gt;Provide references.</th>
<th>Report to head of organisation or delegate allegations of reportable conduct/ conviction occurring in or outside workplace.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prohibits people with convictions for serious sexual offences and child-related personal violence offences including murder from working in child-related employment.</strong>&lt;br&gt;This is employment that primarily involves direct unsupervised contact with children by paid employees or volunteers.&lt;br&gt;Prohibited employees cannot apply for, or remain in, child related employment.&lt;br&gt;<a href="http://www.kids.nsw.gov.au">www.kids.nsw.gov.au</a></td>
<td><strong>Makes background checking mandatory for paid child-related employment, foster carers, Ministers of religion and certain volunteer or student positions.</strong>&lt;br&gt;The applicant’s background is checked for:&lt;br&gt;- relevant criminal records&lt;br&gt;- relevant apprehended violence orders (i.e. relating to a child)&lt;br&gt;- relevant employment proceedings: (i.e. all employers must advise the Commission of completed disciplinary proceedings involving reportable conduct or an act of violence committed in the course of employment and in the presence of a child. This information is then part of the Working with Children Check.)&lt;br&gt;<a href="http://www.kids.nsw.gov.au">www.kids.nsw.gov.au</a></td>
<td><strong><a href="http://www.ombo.nsw.gov.au">www.ombo.nsw.gov.au</a></strong></td>
<td></td>
</tr>
</tbody>
</table>
Section 5: Nurturing practices

Content
- Define nurturing practices
- Identify the impact of nurturing practices in work with children and young people

PowerPoints
PowerPoint 5:1 NSW Ombudsman: physical contact with children

Handouts
Handout 11: Nurturing practices
Handout 12: Nurturing care case studies
Handout 11 Nurturing practices

Nurturing care practices are fundamentally child-focused. Nurturing care practices include the following.

- **Use of child focused communication**
  - e.g. using age-appropriate language and avoiding jargon
  - explaining your role and its limitations in ways children and young people can understand

- **Demonstrating awareness and sensitivity to children and young person’s needs**
  - being on time
  - following through on commitments
  - recognising the impact of a child’s concentration
  - looking for what is prompting poor behaviour (such as boredom or anxiety)
  - acknowledging children’s dislikes and fears
  - being aware of significant relationships that children may have, both within and beyond their family

- **Including children and young people in participatory decision-making processes**
  - involving children and young people in assessments of their needs, and of family needs
  - making meetings comfortable for children and young people
  - providing opportunities for children and young people to express their views about things that affect them

- **Making special allowances to meet needs of children and young people**
  - children with disabilities may need extra time and attention to ensure inclusion
  - children from culturally diverse communities often face additional barriers to service access

- **Taking time to engage children and young people in developmentally appropriate ways**
  - children and young people often feel uncomfortable in offices
  - children and young people often engage most readily through interests such as sport and music

- **Ensuring the presence of children and people in assessments or at home visits**
  - observation of children and young people as a source of information
  - timing visits so that there is direct contact with children and young people

- **Maintaining a child-focused approach in work with families and organisations**
  - ensuring a primary focus on the child or young person’s needs and concerns
Handout 12 Nurturing care case studies

How can you provide care that addresses the child’s needs while working within your organisation’s policy and procedures?

Olivia
Olivia is 18 months old. Her mother wants Olivia to be more independent describing her as ‘clingy and attention seeking’. Olivia often starts to cry when other children approach her or when something happens that she wasn’t expecting. Olivia often approaches staff when not openly distressed holding up her arms and saying ‘up, up’.

Asher
Asher has autism and a developmental disability. He is terrified of dogs. He runs away when he sees or hears a dog. When this occurs he is unaware of his own safety. For example, he may try to run across roads or away from carers in public places. If Asher hears a dog bark but cannot see it he assumes that he is in danger and will run out of the room regardless of what else is happening around him. This may happen in the classroom or in a therapy session.

Taban
Taban is six years old. Another child runs into Taban accidentally while they are playing and Taban grazes his leg. He is distressed, and the wound needs cleaning. Taban is very angry about the actions of the other child, and runs towards him shouting ‘I’m going to get you for that.’

Sophia
Sophia is 13 years old. She regularly seeks to initiate physical contact with staff by putting her arms around them or by trying to wrestle them. Sophia is keen to talk with staff on her own about difficulties she is facing. When upset she reaches out to hug any staff member who comes near to her.

Jorge
Jorge is 16 years old. He is often reluctant to get out of bed in the morning. He reacts by yelling and threatening to hit adults who ask him to do things that he doesn’t want to do. With his peers he is quick to take offence and reacts aggressively when he feels aggrieved.
Section 6: Ethical practice

Content
- Identify ethical frameworks
- Examples of ethical frameworks
- UN Convention on the Rights of the Child
- Ethical decision making

PowerPoints
PowerPoint 6.1: Ethical practice with children and young people

Participant’s Guide
Handout 13: Ethical frameworks
Handout 14: Ethical dilemmas working with children and young people
Handout 13 Ethical frameworks

Ethical frameworks provide guidance with decisions which involve stakeholders with competing needs and interests. Ethics may be informed by consideration of:

- rights – trying to protect and respect the rights of stakeholders
- values – rules or principles of behaviour
- fairness – trying to treat everyone using the same standards
- the common good – recognising the inter-dependence of relationships
- utilitarianism – trying to do the most good and the least harm

Frameworks developed by professional bodies and organisations

A number of professional bodies and organisations in Australia have developed their own codes of ethics or conduct, or practice standards. Some examples include:

**Australian Association of Social Workers**
Code of Ethics (www.aswa.asn.au)

**Australian Psychological Society**
Code of Ethics (www.psychology.org.au)

**Early Childhood Australia**
Code of Ethics (www.earlychildhoodaustralia.org.au)

**NSW Family Services**
Principles of Family Support (www.familyservicesnsw.asn.au)

**NSW Institute of Teachers**
Professional Teaching Standards (www.nswteachers.nsw.edu.au)

**Australian Nursing and Midwifery Council**
National Code of Ethics for Nurses and Midwives (www.anmc.org.au)

**Australian Institute of Welfare and Community Workers**
Code of Ethics (www.aiwcw)

**Youth Action and Policy Association NSW**
Code of Ethics (www.yapa.org.au)

For information about developing Codes of Conduct see: *Developing Codes of Conduct*, NSW Commission for Children and Young People, www.kids.nsw.gov.au
United Nations Convention on the Rights of the Child

Laws and policies about children in Australia should be consistent with the United Nations Convention on the Rights of the Child which is a universally agreed set of non-negotiable standards and obligations. A full text of the convention can be found at: www.unicef.org/crc/.

This summary of the Convention on the Rights of the Child was prepared by Amnesty International.

All children, from birth to 18 years, have:

- the right to life
- the right to a name and nationality
- the right to be with their parents or with those who will care for them best
- the right to have ideas and say what they think
- the right to practice their religion
- the right to meet with other children
- the right to get information they need
- the right to special care, education, and training, if needed
- the right to health care
- the right to enough food and clean water
- the right to free education
- the right to play
- the right to speak their own language
- the right to learn about and enjoy their own culture
- the right not to be used as a cheap worker
- the right not to be hurt or neglected
- the right not to be used as a soldier in wars
- the right to be protected from danger
- the right to know about their rights and responsibilities
Handout 14 Ethical dilemmas working with children and young people

What are the competing interests in this situation? How would you ensure ethical practice in this situation?

Mia
Michelle is a 25 year old sole parent. She has a daughter, Mia who is 2 years old. Michelle has lived with her mother Sue since Mia was born. Michelle has a history of depressive illness and her mother has been very involved in caring for Mia when she has been unwell. Since Mia was born there have been several periods of some weeks where Michelle has not been able to provide basic care for Mia, and her mother has undertaken all her care. At other times Michelle is quite involved with Mia, although she relies on her mother to give her regular breaks, as she finds Mia quite demanding and gets upset if Mia shows a preference for her grandmother. Mia attends childcare two days a week and Michelle and Sue have both taken her to a supported playgroup run by a local family support organisation.

Over the last month there has been conflict between Michelle and Sue because of different ideas about how much routine Mia needs. Michelle feels Sue is too rigid and is angry that she doesn’t respect her role as Mia’s mother. Michelle contacts your service asking for a support letter for an application for housing and assistance so she can live with Mia away from her mother.

Hugh
Hugh is four years old. He lives with his mother Sara, and his step-father Tim. Sara has an acquired brain injury and has difficulty keeping up with household tasks and coping with Hugh. Tim moved in six months ago. Since he moved in Sara has sometimes complained that he takes her money to buy marijuana, is sometimes controlling and threatening and puts her down. Sara’s mother says she should kick Tim out because she thinks he is bad for Sara’s confidence and he isn’t a good influence on Hugh. You have also noticed that the house has been tidier since he moved in and Sara says she is happier. Tim approaches you and asks if you can refer him to a parent education program so that he can handle Hugh better.
**Tenneh**

Tenneh’s family arrived in Australia two years ago as refugees from Sierra Leone. Tenneh is ten years old and has two older brothers, and three younger brothers and sisters. Tenneh’s parents believe that she is old enough to take on household tasks in the same way that her mother did when she was a child. They expect her to supervise her younger siblings, cook meals and clean. They encourage their sons to study, but they do not see education as important for Tenneh and her parents do not allow time for her to do homework. Tenneh was recently upset when her parents would not allow her to attend a school disco. At a parent teacher meeting her father became angry with her teacher when it was suggested that Tenneh should be encouraged to do her homework and be able to attend school activities.

**Anka**

Anka is twelve years old and has a younger brother and sister aged eight and four. They are Aboriginal. Anka and her siblings recently returned home to their mother’s care after she spent twelve months addressing issues with alcohol. Anka spent the time away with her aunty, while the younger children were with their grandmother. The children were returned home with an agreement from Anka’s mother that she would remain abstinent. Today, Anka tells you in passing that she had to take her younger siblings to school today because her mother slept in after a big night out for her birthday the previous night. When you ask more about this Anka says that her mother had a few drinks but it was only because it was her birthday and it won’t happen again. She becomes distressed and says that you have no idea how awful it was being separated from her brother and sister and if anyone asks her she’ll tell them that her mother only drank soft drink and was just tired because she had a late night.

**Kara**

Kara is thirteen years old. She was sexually assaulted by her uncle over a number of years. He has now been convicted for these assaults. Some of Kara’s extended family members say that Kara made up what happened to get attention. Kara has said if she knew how much conflict her disclosure would cause she would have kept quiet. Kara has been self-harming over the last year and has been suspended from school because of her defiant behaviour towards staff. Kara does not want to see a counsellor because she says talking just makes her feel worse.
Grant

Grant is 15 years old and has a history of disturbed behaviour. One staff member on your team Mark has a reputation for being skilled with young people like Grant and other staff defer to his opinion. You have noticed that when other members of the team aren’t around Mark is inconsistent with Grant. Sometimes he bends the rules for Grant. Other times he puts Grant down or taunts him. When Grant reacts, Mark documents this in a way that highlights how difficult Grant is and how skilled Mark is. As Mark is well regarded it would be difficult to raise any issues about his work with colleagues.

Emma

Emma is the 13 year old daughter of your colleague. You know that Emma’s behaviour has been very challenging in recent years. She has been missing school and has run away from home several times. Your colleague tells you that Emma told her last night that her step-father, your colleague’s partner has sexually abused her. Your colleague says that she is sure that this is just a ploy Emma has made up to make trouble so she won’t be doing anything about it. She has told her partner and he agrees.
Section 7: Identifying risk of significant harm

Content
- Indicators and dynamics of abuse and neglect
- Risk of significant harm

PowerPoints
PowerPoint 7:1 When should I make a report?
PowerPoint 7.2: What is cumulative harm?
PowerPoint 7.3: s.23 (1) (a-b1)
PowerPoint 7.4: Neglect
PowerPoint 7.5: s.23 (1) (c) Physical abuse and ill-treatment
PowerPoint 7.6: s.23 (1) (c) Sexual abuse and ill-treatment
PowerPoint 7.7 Prevalence of child sexual abuse
PowerPoint 7.8: Factors influencing disclosure
PowerPoint 7.9: s.23 (1) (d) Domestic violence
PowerPoint 7.10: Domestic violence and other forms of maltreatment
PowerPoint 7.11: Working with families where there is domestic violence
PowerPoint 7.12: s.23 (1) (e) Serious psychological harm
PowerPoint 7.13: s.23 (1) (f) Prenatal reports
PowerPoint 7.14: 154 (2) (a) and 156A (3) Relinquishing care

Handouts
Handout 15: Definitions of terms used in the NSW Mandatory Reporter Guide (MRG)
Handout 16: When should I make a report of risk of significant harm?
Handout 17: Neglect/supervision/assessing degree of risk when a child is left alone
Handout 18: Examples of significant injuries
Handout 19: Cycle of violence
Handout 20: Examples of psychological harm indicators
Appendices 2 to 6: Indicators of child abuse and neglect
Handout 15 When should I make a report of risk of significant harm Mandatory Reporter Guide (MRG)

Physical abuse
Physical abuse is where a child/young person has a suspicious current injury, suspected to be caused by the parent/carer AND where it has not occurred accidentally OR the child or young person is being treated in a way that may have or is likely to cause injury.

Neglect
Neglect – lack of supervision is where a child/young person is alone and based on their age/development/circumstances this is unsafe. It may also be where a child/young person is currently not under the care and supervision of an appropriate carer and due to age/development/disability this is unsafe.

Neglect – lack of physical shelter/environment is where a child/young person or family has no safe place to stay or there is imminent danger of serious harm in the current residence
- dependant on their age/development/disability and
- where the parent/carer is not ensuring the child’s safety
(Note: reporting the homelessness of young people aged 16 to 17 years is not mandatory and can only be done with the consent of the young person.)

Neglect – food – medical professionals is where a child/young person has a condition caused or exacerbated by inadequate or poor diet or where the child is aged under 5 and is failing to keep pace with expected growth and there is no known organic cause.

Neglect – food – non-medical professionals is where a child or young person is:
- reporting persistent hunger
- reporting persistent withholding of food as punishment
- thin, frail, listless
- frequently begging/stealing/hoarding food
- mentioning going without eating
- frequently arriving at school without breakfast/ lunch
- having difficulty concentrating and you suspect poor nutrition
Neglect – medical care – medical professionals is where:
- a child/young person requires medical care for an acute condition for which parents/carers are not providing the recommended medical treatment
- there is a chronic condition which is not being treated or a treatment plan is not being followed and this is likely to result in significant harm

Neglect – medical care – non-medical professionals is where:
- a child/young person has a physical health condition that appears to need immediate care which is not being provided
- parent/carer is refusing or unable to seek recommended medical care
- there is a medical condition that requires an ongoing treatment plan that is not being followed

Neglect – mental health care is where:
- a child/young person is suicidal/ has committed or is threatening serious violence or is causing significant self-harm
- parent/carer is refusing to provide or access mental health care that the child/young person requires.

Neglect – education – not enrolled is where a child/young person is of compulsory school age and is not enrolled.

Neglect – education – habitually absent is where a child/young person is of compulsory school age and is enrolled and is habitually absent.

Sexual abuse

Sexual abuse – child is where a child has made a clear, unambiguous statement of sexual assault or is:
- pregnant
- diagnosed with a sexually transmitted disease
- displaying trauma to genital area
- where you are aware by other means that a child has been sexually abused.

It will also be a cause for reporting if:
- there is a concern a child will have significant contact with an alleged or known sex offender or
- the child is exposed to sexually explicit material or acts including pornography and communication of sexual matters and the child expresses fear, discomfort or shows symptoms of significant harm
**Sexual abuse – young person** is where a young person has made a clear, unambiguous statement of sexual abuse, or you are aware by other means, the young person has been sexually abused.

It may also be a cause for reporting if:
- the young person is engaged in prostitution or pornography and
- the young person appears subject to coercion or intimidation

**Child/young person problematic sexual behaviour** is where a child/young person is engaged or may be engaged in sexually abusive behaviour, indicated by:
- a victim who is substantially younger, smaller, weaker, less mature or cognitively/physically less capable
- pressure, coercion, aggression, bribery, secrecy or other grooming behaviours have been used

It may also be a cause for reporting:
- when the victim is a relative of the initiating child/young person
- when the victim lives in the same household or
- where the action was significantly outside normal sexual behaviour

It may also be a cause for reporting where the child/young person has continuing or imminent contact with the victim.

**Psychological harm**

**Psychological harm** is where a child/young person is exposed to:
- chronic or severe domestic violence
- severe parental/carer mental health or substance abuse concerns
- parental/carer behaviours that are persistent, repetitive and have a negative impact on a child/young person’s development, social needs, self worth or self-esteem
- parental/carer criminal and/or corrupting behaviour
- parental/carer behaviours that deliberately expose a child/young person to traumatic events

**Relinquishing care**

**Relinquishing care** is where the parent/carer is no longer willing to provide shelter/food/supervision for the child/young person or child/young person has been in voluntary care for longer than the legislation allows.

It is also a cause for reporting if there are no alternative care arrangements in place for the next 72 hours.
Carer concerns

**Parent/carer substance abuse** is where the substance abuse impacts on the parent/carer’s ability to meet the child/young person’s needs; causes significant harm and/or where the child/young person’s behaviour indicates the impact of substance abuse.

**Parent/carer mental health** is where the mental health concern impacts on the parent/carer’s ability to meet the child/young person’s needs; causes significant harm and/or where the child or young person’s behaviour indicates the impact of the parent/carer’s mental health concern.

**Parent/carer domestic violence** is where there has been an incident of domestic violence, there is a child or young person in the home and where one or more of the following occurred, whether the child was present or not:

- use of weapon
- strangulation/suffocation attempt
- serious injury to adult
- physical injury to child/young person
- serious threat to harm child/young person/adult/self
- a significant increase in the pattern of violence.

**Unborn child**

**Unborn child** is where there is a history of abuse or neglect of siblings of the unborn child; siblings have been removed, or died in circumstances that have been reviewed by the Ombudsman.

It may also be where you are aware of circumstances that suggest either parent/carer will be unable to care for baby upon birth due to:

- suicidal tendencies
- substance abuse
- mental illness
- domestic violence
- cognitive disability
- medical condition
- homelessness
- inadequate preparations for birth
Other reasons to notify the Child Protection Helpline

The Child Protection Helpline should be notified if a child/young person is under the parental responsibility of the Minister, there is no concern that reaches the threshold of risk of significant harm but the child/young person is:

- pregnant
- runaway
- missing
- homeless (in the case of homelessness review the Neglect: Physical Shelter/Environment tree first. If that leads to a report to Community Services, report as neglect. If it does not lead to a report to Community Services, advise the Child Protection Helpline that the report is being made solely because the child or young person is in care, and is not due to neglect.)

Reference

Interagency Child Wellbeing and Child Protection Guidelines

Available from:
Handout 16 When should I make a report of risk of significant harm?

Relevant legislation
The legislation addressing reports of risk of significant harm is found in s.23 and s.24 of the Children and Young Persons (Care and Protection) Act 1998.

Threshold
The statutory threshold or the point at which a concern should be reported to the Community Services Helpline is ‘risk of significant harm’. A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or well being of the child or young person are present to a significant extent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person’s safety, welfare or wellbeing, or in the case of an unborn child, after the child’s birth. The threshold was determined by the 2008 Woods Inquiry which recommended that a statutory threshold of risk of significant harm was appropriate so that:

- those children and young people who do not require a statutory response are no longer reported to the Community Services Helpline
- more families are supported at a local level by other government organisations and non-government services
- Community Services is able to focus on the most serious cases

Current concerns
The Child Wellbeing and Child Protection Interagency Guidelines describe current concerns as:

“Significant harm arising from abuse or neglect is recent or likely in the foreseeable future should circumstances continue unchanged. Current concerns may also arise from a child or young person having contact with someone who is known to be responsible for causing harm to a child in the past. Current concerns also refer to situations where the abuse or neglect of the child or young person occurred sometime in the past but continue to have an impact on the child or young person’s safety, welfare or wellbeing.”
Reasonable grounds

The Child Wellbeing and Child Protection Interorganisation Guidelines describe reasonable grounds as:

Reasonable grounds refers to the need to have an objective basis for suspecting that a child or young person may be at risk of significant harm, based on:

- first hand observations of the child, young person or family
- what the child, young person, parent or another person has disclosed
- what can reasonably be inferred based on professional training and/or experience

It does not mean that reporters are required to confirm their suspicions or have clear proof before making a report.

Harm circumstances

The legislation requires the presence of one or more harm circumstances which are summarised below (s.23(1) Children and Young Persons) Care and Protection Act 1998).

(a) basic physical or psychological needs not being met or are at risk of not being met
(b) parent/carer unwilling or unable to provide necessary medical care
(b1) parent/carer unwilling or unable to arrange for the child or young person to receive an education
(c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated
(d) risk of serious physical or psychological harm resulting from exposure to domestic violence
(e) serious psychological harm resulting from parent or carer’s actions
(f) mother did not act to eliminate or minimise risks following prenatal report under s.25

S.23 also says that a child or young person should be taken to be at risk of significant harm where the following sections of the Children and Young Persons) Care and Protection Act 1998) apply:

s.154(2): situations involving a child being in out-of-home care for more than 28 days unless this is arranged by Community Services or is provided by an authorised carer or a close relative.

S.156A(3): voluntary out-of-home care arrangements made by a relevant agency where the child or young person remains in out-of-home care for more than three months in any period of 12 months unless care is provided by a designated agency, or where a child or young person remains in voluntary out-of-home care for more than 180 days unless
the agency has prepared a plan to meet the needs of the child or young person in accordance with the Children’s Guardian’s Guidelines.

**Cumulative harm**

S.23 (2) says: “Any such circumstances may relate to a single act or omission or to a series of acts or omissions. Cumulative harm may be caused by an accumulation of a single adverse circumstance or event, or by multiple different circumstances and events. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child’s sense of safety, stability and well-being”.

Since the majority of children who experience maltreatment experience multiple incidents and multiple types we need to be alert to the possibility of cumulative harm in all reports.

**NOTE:** For further information about the threshold of risk of significant harm refer to the Mandatory Reporting Guide.

**References**


Handout 17 Neglect/supervision/assessing degree of risk when a child is left alone

Child/young person MAY be considered in danger if left alone longer than indicated in the following table. These times are a guide only. Times would be dependent on the environmental context and the individual characteristics of the child/young person. For example, a toddler who is unable to swim should not be unattended near water for any amount of time. The greater the environmental risk, the shorter the time a child/young person should be unattended. The circumstances listed provide examples of conditions that, if present, may mitigate risk.

<table>
<thead>
<tr>
<th>Age/Developmental Age of Oldest Child/Young Person</th>
<th>Time Alone</th>
<th>Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant/Toddler</td>
<td>May be briefly unattended with parent/carer in another room.</td>
<td>Another responsible adult is present. Child is asleep or in safe setting (e.g. play pen, child seat, protected area) while parent/carer sleeps or attends to other responsibilities, including self-care.</td>
</tr>
<tr>
<td>Preschool</td>
<td>5–15 minutes, parent/carer within hearing of child</td>
<td>Child is asleep, quietly playing, or in safe circumstances and has been given instructions child is capable of following for remaining where he/she is.</td>
</tr>
<tr>
<td>Ages 5–7</td>
<td>15–60 minutes, parent/carer within hearing of child</td>
<td>Child is in safe circumstances and has been given instructions child is capable of following for remaining where he/she is.</td>
</tr>
<tr>
<td>Ages 8–9</td>
<td>2 hours</td>
<td></td>
</tr>
<tr>
<td>Ages 10–13</td>
<td>12 hours, and not alone between 10:00 p.m. and 6:00 a.m.</td>
<td>There is a backup adult available to child who is accessible, on call and able to give assistance. Is responsible for supervision of only one or two other children.</td>
</tr>
<tr>
<td>Age/Developmental Age of Oldest Child/Young Person</td>
<td>Time Alone</td>
<td>Circumstances</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Ages 14–15</td>
<td>24 hours</td>
<td>There is a backup adult available to child.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child has demonstrated ability to self-supervise.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is responsible for supervision of only one or two other children.</td>
</tr>
<tr>
<td>Ages 16–17</td>
<td>More than 24 hours</td>
<td>Assess safety based on young person’s capacity to live independently. Refer to ‘Lack of Shelter’ decision tree if needed.</td>
</tr>
</tbody>
</table>

**Note:** this extract from the MRG is provided for training purposes only. You must refer to the full Guide when making a decision about reporting significant risk of harm.
### Handout 18 Examples of significant injuries

<table>
<thead>
<tr>
<th>Area of Injury</th>
<th>Physician</th>
<th>Non-physician</th>
<th>Others—In most instances, a significant injury will require medical assessment and/or treatment and a physician will determine whether or not the injury is significant. However, a layperson can reasonably conclude that an injury is significant if the following circumstances exist:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head</strong></td>
<td>Skull or facial fractures</td>
<td>Child/young person lost consciousness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intra-cranial and retinal haemorrhage</td>
<td>Obviously disfigured nose/jaw</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brain oedema</td>
<td>Injury to eyes/teeth: for example, eye is swollen shut, child has been blinded, permanent teeth have been broken or knocked out</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injuries to eyes/teeth</td>
<td>Bruises to head, including earlobe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anoxic brain injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neck</strong></td>
<td>Cervical fracture</td>
<td>Bruise or redness that goes around neck</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injury to pharynx/larynx</td>
<td>Child/young person is unable to talk normally</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ligature marks</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Torso</strong></td>
<td>Rib or spinal fractures</td>
<td>Child/young person is coughing/spitting blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal organ injuries</td>
<td>Child/young person is in significant back or abdominal pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investigation suggests abdominal trauma</td>
<td>Child/young person is throwing up, or becoming pale or faint</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bruises: deep bruises that are consistent with internal injuries even if no internal injuries are present at this time</td>
<td>Bruises to back, sternum or stomach</td>
<td></td>
</tr>
<tr>
<td><strong>Arms/legs</strong></td>
<td>Broken bones, sprains, dislocations</td>
<td>Child/young person is holding an arm or leg in an odd position</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ligature marks</td>
<td>Child/young person cannot bear weight</td>
<td></td>
</tr>
<tr>
<td><strong>Skin</strong></td>
<td>Burns: all 2nd and 3rd degree</td>
<td>Burns that require medical care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lacerations: all lacerations requiring sutures</td>
<td>Burns that require stitches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bruises: deep bruises that are consistent with underlying haematoma</td>
<td>Bruses to stomach, back or head</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOTE: If the child has not yet received medical care, such care should be arranged AND it is recommended that you consult with the medical provider in determining whether injury is significant.</td>
<td></td>
</tr>
</tbody>
</table>
Non-physician Others—In most instances, a significant injury will require medical assessment and/or treatment and a physician will determine whether or not the injury is significant. However, a layperson can reasonably conclude that an injury is significant if the following circumstances exist:

<table>
<thead>
<tr>
<th>Area of Injury</th>
<th>Physician</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-physician Others</td>
<td>Female genital mutilation is suspected, for a girl who:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Genital damage consistent with female genital mutilation</td>
<td>is reluctant to be involved in sport of other physical activities when previously interested</td>
</tr>
<tr>
<td></td>
<td>Serious damage resulting from circumcision of a boy by an unqualified practitioner</td>
<td>has difficulties with toileting or menstruation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>has long periods of sickness</td>
</tr>
</tbody>
</table>

**Note**: this extract from the MRG is provided for training purposes only. You must refer to the full Guide when making a decision about reporting significant risk of harm.
Handout 19 Cycle of violence

POWER AND CONTROL

PHYSICAL VIOLENCE

SEXUAL VIOLENCE

USING COERCION AND THREATS
- Making and/or carrying out threats to do something to hurt her
- Threatening to leave her, to commit suicide, to report her to welfare, making her drop charges

USING ECONOMIC ABUSE
- Preventing her from getting or keeping a job
- Making her ask for money
- Giving her an allowance
- Taking her money
- Not letting her know about or have access to family income

USING EMOOTIONAL ABUSE
- Putting her down
- Making her feel bad about herself
- Calling her names
- Making her think she’s crazy
- Playing mind games
- Humiliating her
- Making her feel guilty

USING MALE PRIVILEGE
- Treating her like a servant
- Making all the big decisions
- Acting like the “master of the home”
- Using the son to define men’s and women’s roles

USING CHILDREN
- Making her feel guilty about the children
- Using the children to relay messages
- Using the children to harass her
- Threatening to take the children away

USING ISOLATION
- Controlling what she does, who she sees
- Making her feel isolated

MINIMIZING, DENYING AND BLAMING
- Minimizing the abuse
-可不是发生
- Shifting responsibility for abuse behavior

DOMESTIC ABUSE INTERVENTION PROJECT
269 East Superior Street
Duluth, Minnesota 55802
218-722-2791
www.duluth-model.org
### Handout 20 Examples of psychological harm indicators

<table>
<thead>
<tr>
<th>Examples of psychological harm indicators</th>
<th>Infant</th>
<th>Toddler</th>
<th>School age</th>
<th>Teen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infant</strong></td>
<td>Not responding to cuddling</td>
<td>Regression in toilet training, language or other skills</td>
<td>Bed wetting</td>
<td>Involved in violent relationships</td>
</tr>
<tr>
<td></td>
<td>Not smiling or making sounds</td>
<td></td>
<td></td>
<td>Difficulty maintaining long-term significant relationships</td>
</tr>
<tr>
<td></td>
<td>Losing developmental milestones already achieved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inconsolable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head banging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Toddler</strong></td>
<td>Upset by loud noises, quick movements</td>
<td>Self-harming/suicidal</td>
<td>Constant worry about violence/dangers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Withdrawn, not playful and/or play imitates violence between parents/carers</td>
<td></td>
<td>Desensitisation to violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unusually extreme separation anxiety or no separation anxiety</td>
<td></td>
<td>Decline in school performance</td>
<td></td>
</tr>
<tr>
<td><strong>School age</strong></td>
<td>Increased aggressive behaviour</td>
<td></td>
<td>Feels worthless about life and him/herself</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Loss of interest in previously pleasurable activities (i.e., not merely moving on to an interest in a new activity)</td>
<td></td>
<td>Unable to value others or show empathy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extreme insecurity</td>
<td></td>
<td>Lacks trust in people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extreme anxiety, such as inability to sit still that is NOT related to ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lacks interpersonal skills necessary for age-appropriate functioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extreme attention seeking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Takes extreme risks; is markedly disruptive, bullying or aggressive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Avoids adults or is obsessively obsequious/submissive to adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Highly self-critical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feelings of hopelessness, misery, despair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Significant change in child/young person’s personality/behaviour (stopped all social activities, a new pattern of getting involved in fights, failing in school despite history of good performance, becoming involved in offences)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Teen</strong></td>
<td>More than occasional difficulty sleeping or eating, displays startle response, losing weight, eating compulsively and becoming obese (and/or bulimic), episodes of physical complaints for which there is no known physical cause (e.g. stomach aches, headaches)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** this extract from the MRG is provided for training purposes only. You must refer to the full Guide when making a decision about reporting significant risk of harm.
Section 8: Making reports of risk of significant harm

Content

- NSW Mandatory Reporter Guide
- Reports of significant harm
- Feedback to reporters
- Responding when concerns are below the risk of significant harm threshold
- Role of the child wellbeing unit

PowerPoints

PowerPoint 8.1: Welcome to the NSW Online MRG
PowerPoint 8.2: Neglect concerns
PowerPoint 8.3: Other concerns
PowerPoint 8.4: Recording of other concerns
PowerPoint 8.5: Final decision: report to Community Services
PowerPoint 8.6: Final decision: immediate report to Community Services
PowerPoint 8.7: Document and continue relationship (MRG)
PowerPoint 8.8: Document and continue relationship
PowerPoint 8.9: Refer to Child Wellbeing Unit (CWU)
PowerPoint 8.10: Consult with a professional

Handouts

Handout 21: Decision tree: Physical abuse
Handout 22: Decision tree: Neglect – supervision
Handout 23: Decision tree: Neglect – food
Handout 24: Decision tree: Sexual abuse – child
Handout 25: Decision tree: Psychological harm
Handout 26: Decision tree: Carer concern – mental health
Handout 27: How to report risk of significant harm
Handout 28: Child Wellbeing Unit/Consult with a Professional
Handout 21 Decision tree: Physical abuse

Are you aware or reasonably suspicious of a current injury?

- **Yes:**
  - Is the injury significant?
    - **Yes:** Immediate report to CS
    - **No:** Is injury suspicious? OR is explanation inconsistent? OR are there injuries of various ages?
      - **Yes:** Immediate report to CS
      - **No:** Are you aware of a pattern of multiple injuries OR is child under age 5 or with a disability OR is child/young person refusing/afraid to go home?
        - **Yes:** Report to CS
        - **No:** Are you aware of any other serious non-accidental injury?
          - **Yes:** Report to CS
          - **No:** Document and continue relationship
    
- **No:** Are you aware of or reasonably suspicious that parent/carer has done any of the following:
  - Used a form of discipline that often results in significant harm;
  - Acted in a dangerous way toward child/young person that is likely to result in significant injury, including during a domestic violence incident;
  - Threatened to kill or cause significant injury to child/young person;
  - Circumstances suggest that genital mutilation is planned?

**Reference:** NSW Division of Community Services, *NSW Mandatory Reporter Guide*, NCCD, 2009

This diagram is provided solely for the purpose of Keep Them Safe training. The Mandatory Reporter Guide is a copyright document, and no alteration of the content is permitted.
Handout 22 Decision tree: Neglect – supervision

Have you been informed that child/young person is currently alone or will be alone in the next 3 days in circumstances that create danger?

- **Yes**
  - Are you aware of incidents in which child/young person was significantly injured or narrowly escaped significant injury because parent/carer was absent or not paying attention to child/young person?

  - **Yes**
    - During the incident(s), did the time the child/young person was alone or the level of inattentiveness exceed reasonable standards given child/young person’s age/development or the conditions?

    - **Yes**
      - Does child/young person appear to be significantly affected by chronic parent/carer absence or inattentiveness?

    - **No**
      - Document and continue relationship

  - **No**
    - Immediate report to CS

- **No**
  - Immediate report to CS

Are you aware that family is currently benefiting from services to address problem?

- **Yes**
  - Immediate report to CS

- **No**
  - Report to CS

Is child under age 5 or with a disability?

- **Yes**
  - Immediate report to CS

- **No**
  - Document and continue relationship

Are you aware that family is currently benefiting from services to address problem?

- **Yes**
  - CWU

- **No**
  - CWU

Reference: NSW Division of Community Services, *NSW Mandatory Reporter Guide*, NCCD, 2009

This diagram is provided solely for the purpose of Keep Them Safe training. The Mandatory Reporter Guide is a copyright document, and no alteration of the content is permitted.
Handout 23 Decision tree: Neglect – food

MEDICAL ONLY: Has child/young person been diagnosed with a condition caused or exacerbated by inadequate or poor diet OR is a child under age 5 failing to keep pace with expected growth AND there is no known organic cause?

Do you have information that the parent/carer refused evaluation and/or treatment plan OR would parent/carer be unable to follow plan OR have there been actions that are potentially criminal OR suitable for a JIRT response?

NON-MEDICAL STARTS HERE

Does child/young person:
- Report persistent hunger;
- Report persistent withholding of food as punishment;
- Appear thin, frail, listless;
- Frequently beg/steal/hoard food?

Are you aware that the parent/carer has refused or avoided resources that would evaluate or remedy situation?

Does child/young person, without plausible explanation:
- Occasionally mention going without eating;
- Frequently arrive at school without breakfast/lunch;
- Have difficulty concentrating, and you suspect poor nutrition?

Are you aware that family is currently benefiting from services to address problem?

Document and continue relationship

Reference: NSW Division of Community Services, NSW Mandatory Reporter Guide, NCCD, 2009
Handout 24 Decision tree: Sexual abuse child

SEXUAL ABUSE OF CHILD (AGE 0-15 years)

Did child make a clear, unambiguous statement of sexual abuse AND/OR is pregnant, has a diagnosed STI or trauma to genital area diagnosed by a medical professional, or are you aware by any other means that a child has been sexually abused?

- yes → Immediate report to CS
- no

Are any of the following present:

- Child made an indirect statement of sexual abuse;
- Child displays behaviour that causes you to have significant concern;
- You are aware of the child having significant contact with a known sexual offender?

- yes → Report to CS
- no

Are you aware of exposure to sexually explicit material or acts including pornography and communication of sexual matters?

- yes → Report to CS
- no

Are you concerned that a child has been exposed to grooming behaviour?

- yes → CWU
- no

Does the child express fear, discomfort, or exhibit symptoms of significant harm?

- yes → Report to CS
- no → CWU

Document and continue relationship
SEXUAL ABUSE OF YOUNG PERSON (Age 16-17 years)

Has the young person made a clear, unambiguous statement of sexual abuse
OR
Are you aware by any other means that a young person has been sexually abused?

If no:

Is the young person engaged in prostitution or pornography?

If no: Is there coercion or intimidation?

If no: Report to CS

If yes: Document and continue relationship

If yes: CWU or consult with sexual assault service

If yes: Report to CS

Reference: NSW Division of Community Services, NSW Mandatory Reporter Guide, NCCD, 2009. This diagram is provided solely for the purpose of Keep Them Safe training. The Mandatory Reporter Guide is a copyright document, and no alteration of the content is permitted.

Reference: NSW Division of Community Services, NSW Mandatory Reporter Guide, NCCD, 2009. This diagram is provided solely for the purpose of Keep Them Safe training. The Mandatory Reporter Guide is a copyright document, and no alteration of the content is permitted.

Reference: NSW Division of Community Services, NSW Mandatory Reporter Guide, NCCD, 2009. This diagram is provided solely for the purpose of Keep Them Safe training. The Mandatory Reporter Guide is a copyright document, and no alteration of the content is permitted.
CHILD/YOUNG PERSON PROBLEMATIC SEXUAL BEHAVIOUR

Was the victim substantially younger, smaller, weaker, less mature or cognitively/physically less capable

OR

Did the child/young person use pressure, coercion, aggression, bribery, secrecy or other grooming behaviours?

Is victim a relative of the initiating child/young person or do they live in the same household OR was action significantly outside normal sexual behaviour?

Document and continue relationship

Is there information that the parent/carer is responding appropriately?

Does child/young person have continuing or imminent contact with victim?

Report to CS

Immediate report to CS

Reference: NSW Division of Community Services, NSW Mandatory Reporter Guide, NCCD, 2009

This diagram is provided solely for the purpose of Keep Them Safe training. The Mandatory Reporter Guide is a copyright document, and no alteration of the content is permitted.
Handout 25 Decision tree: Psychological harm

Are you aware that the child/young person experiences or is exposed to any of the following:
- Chronic/severe domestic violence;
- Severe parental/carer mental health or substance abuse concerns;
- Parental/carer behaviours that are persistent, repetitive, and have a negative impact on a child/young person's development, social needs, self-worth or self-esteem;
- Parental/carer criminal and/or corrupting behavior;
- Parental/carer behaviour that deliberately exposed a child/young person to traumatic events?

Yes

No

Does the child/young person exhibit emotions and/or behaviours that indicate the child/young person is significantly affected?

Yes

No

Document and continue relationship

Have the concerns been raised with the family?

Yes

No

Immediate report to CS

Are you concerned that raising these concerns will place the child/young person at greater risk of harm?

Yes

No

CWU

Is the family willing and/or does family have the capacity to engage with services to assist the child/young person?

Yes

No

Report to CS

Document and continue relationship

Is the child/young person afraid to go/remain home OR are you concerned for the child/young person's safety at home?

Yes

No

Are you aware that the child/young person experiences or is exposed to any of the following:
- Chronic/severe domestic violence;
- Severe parental/carer mental health or substance abuse concerns;
- Parental/carer behaviours that are persistent, repetitive, and have a negative impact on a child/young person's development, social needs, self-worth or self-esteem;
- Parental/carer criminal and/or corrupting behavior;
- Parental/carer behaviour that deliberately exposed a child/young person to traumatic events?

Reference:
NSW Division of Community Services, NSW Mandatory Reporter Guide, NCCD, 2009
Handout 26 Decision tree: Carer concern – mental health

Does the parent/carer’s mental health concern impact or is it likely to impact his/her ability to meet the child/young person’s needs; cause significant harm; and/or does the child/young person’s behaviour indicate the impact of parent/carer’s mental health concern?

- yes
- no

Are you aware of another parent/carer who adequately provides for and protects child/young person?

- yes
- no

Document and continue relationship

Are you aware that family is currently benefiting from services to address problem?

- yes
- no

Document and continue relationship

Is there a child under age 5 or a child/young person with a disability OR are you aware that child was the subject of a prenatal report related to mental health of the mother who failed to engage with services to reduce the risk?

- yes
- no

Report to CS

Are you aware that family is currently benefiting from services to address problem?

- yes
- no

Is the young person under age 13?

- yes
- no

Report to CS

Reference: NSW Division of Community Services, NSW Mandatory Reporter Guide, NCCD, 2009
Handout 27 How to report risk of significant harm

In an emergency, where there are urgent concerns for the child’s health or life, it is important to contact the police, using the emergency line ‘000’.

In other circumstances, all mandatory reporters will report matters to the Child Protection Helpline where they believe a child is at risk of significant harm. They can:

- * call 13 3627
- * fax 9633 7666 using the designated fax form in accordance with organisation policy
- * eReport (where available)

Before making a report, mandatory reporters should consult the MRG to assess whether a child or young person is at risk of significant harm. The MRG will also be available to anyone concerned about a child or young person and who wants help with determining if a report to the Child Protection Helpline is necessary.

All mandatory reporters should also seek direction from their organisation procedures on making a child protection report. Mandatory reporters employed in government organisations that have a Child Wellbeing Unit can call that unit for help when they are in doubt about whether a case meets the new threshold of risk of significant harm.

The general public will continue to make reports to the Child Protection Helpline by calling 132 111.

Reports to the Child Protection Helpline must be made by phone where the child is at high or imminent risk of significant harm due to:

- serious physical injury to a child or young person requiring medical attention
- serious neglect to a child or young person of an immediate nature
- domestic violence involving serious injury and/or use of a weapon
- sexual harm involving serious current concern
- a high risk prenatal report where the birth is imminent
- immediate safety issues
- death of a sibling in circumstances which are reviewable by the NSW Ombudsman (See www.ombo.nsw.gov.au for further information)

The report concerns:

- a group of children/young people other than a sibling group
- a child or young person who resides outside of NSW
• an alleged person causing harm who has access to the child AND there is concern that the child may experience harm in the foreseeable future
• complex information which is more easily communicated verbally than in writing
• the reporter is unsure how to interpret the MRG outcome and needs to discuss this with a Helpline caseworker. Reporters with a Child Wellbeing Unit will discuss such an outcome with the Child Wellbeing Unit.

Information required in a report
The detail and quality of the information provided to the Helpline by the reporter is critical to the quality of the decision making that follows. It is important to provide all relevant information when making a child protection report.

Prepare for making a report to Helpline by gathering all the available information together. Note that reports must still be made where only a little information is known but there is risk of significant harm.

The kind of information which is useful includes risk of significant harm information, as prompted by the MRG, as well as information about the child or young person, the family, the reporter, and the context of the report, as follows:

Child’s information
• Name of child or young person (or alias) or other means of identifying them
• Age and date of birth (or approximation)
• If child is Indigenous – Aboriginal, Torres Strait Islander or both
• Cultural background of child, language(s) spoken, religion and other cultural factors
• Name, age of other household children or young people
• Address of child and family
• School or child care details
• If child has a disability – nature/type, severity, impact on functioning
• Is the child/young person subject of an Apprehended Violence Order?
• Is the child or young person under the care of the Minister or residing in out-of-home care?
Family information
- Name, age of parents/carer and household adults
- Home and/or mobile phone number
- Cultural background of parents, language(s) spoken, religion and other cultural factors
- Information about parental risk factors and how they link to child’s risk of harm
- Domestic violence
- Alcohol or other drug misuse
- Unmanaged mental illness
- Intellectual or other disability
- Protective factors and family strengths
- Non-offending carers’ capacity to protect child
- Any previous suspicious death of a child or young person in the household?
- Is the parent/carer pregnant?
- Is the parent/carer the subject of an Apprehended Violence Order?
- Description of family structure (for example, biological parents, single parent, blended family)
- Name, age, gender of siblings. Do siblings live with the child or young person?

Reporter details
- Name, organisation address, phone and email details
- Position
- Reason for reporting today
- Nature of contact with child or family
- Nature of ongoing role with child or family (include frequency, duration and type)
- If report is being made by someone else in the organisation, name of the organisation worker who sourced the report

Other information
- Services involved with child/family if known
- Principal language of family and whether an interpreter for a spoken or signed language is required
- If parent knows of report and their response
- If child or young person knows about the report and their views
Information related to worker safety issues

Outcome of Mandatory Reporter Guide

Once a report is made to the Child Protection Helpline no further report needs to be made unless new information comes to hand. Reports should be made in one form only, i.e. either by phone or fax or eReport. Duplicating or confirming a report in writing is unnecessary. Note that the summary page or the decision report from the online Mandatory Reporter Guide can be printed and placed on your records.

While the legal obligation to report significant harm remains, the penalty applying to mandatory reporters who fail to report concerns about risk of harm was removed from the legislation in late January 2010.
Handout 28 Child Wellbeing Unit/Consult with a Professional

Child Wellbeing Unit (CWU)

Who has access to a Child Wellbeing Unit?

CWUs are established in those organisations that make the majority of the reports to the Helpline. These are: NSW Health, the Department of Education and Training, NSW Police and the newly formed Department of Human Services (covering Juvenile Justice, Housing and Ageing, Disability and Home Care). You should check your organisation’s policies and procedures for details for contacting your CWU.

The role of the Child Wellbeing Units

- Helping organisation mandatory reporters identify whether a child meets the new risk of significant harm threshold.
- Providing advice to mandatory reporters about possible service responses to children below the threshold.
- Driving better alignment and coordination of organisation service systems over time, to enable better responses to children and families in need of assistance.

When to call the CWU?

If you are a mandatory reporter in an organisation with a CWU you should call your CWU to:

- determine whether your concerns meet the risk of significant harm threshold where you are not sure, after consulting the MRG tool
- identify whether another organisation has concerns or is working with a particular child, young person or family and whether this information could possibly increase the level of risk
- receive advice and assistance to plan referrals and services to assist the child, young person and their family

What to expect when you call a CWU

The CWU will record details about you, the child and your concerns and will also ask you to consent to your contact details being shared with other organisations as needed.

Each CWU will have limited access to other organisations CWU databases, as well as to the Community Services KIDS system to assist the sharing of information to determine risk. CWUs will document
concerns that do not reach the statutory threshold to ensure that these concerns do not get lost in the system and that a cumulative assessment of risk is built across organisations.

Information sharing will also ensure that cumulative concerns for children and young people’s wellbeing are monitored and reported to Community Services if they reach a level that it is now considered risk of significant harm.

If following assessment, the child or young person is considered at risk of significant harm the CWU will advise the mandatory reporter to report the matter to Community Services Helpline. When needed the CWU may make reports directly to the Helpline.

**What support will the CWU provide for concerns below the threshold of risk of significant harm?**

If the child is not considered at risk of significant harm, CWU officers will help to identify potential responses within your organisation, that are intended to support the child, young person or family. If the organisation working with the family is not in a position to offer a service directly to the family the CWU will provide advice to mandatory reporters to determine access to suitable local services (both government and non-government including Regional Intake and Referral Services) with the intention of avoiding referral to the statutory child protection system.

**Non-CWU Organisations**

All organisations, both government and non-government are responsible for thinking about how they can support vulnerable children and young people.

Mandatory reporters who do not have a CWU in their organisation will use the MRG tool to assess whether their concerns for a child or young person meet the threshold of risk of significant harm. If this is the case these mandatory reporters will continue to report concerns of risk of significant harm to the Community Services Helpline.

**What supports are available to reporters without a CWU?**

Where the concerns fall below the threshold of risk of significant harm mandatory reporters, where possible, will:

- provide a service through their own organisation (where appropriate)
- use their own local contacts to make appropriate referrals (including the DV Line, Early Intervention Services or other Government and non-government organisations)
- use the Family Referral Services where these have been established to find an appropriate service
use the Human Services Network database ServiceLink as a way of providing details of the services within your local community (www.hsnet.nsw.gov.au). Note that this is a free service but employees must register and obtain a password to access this site. Organisations should also ensure that their service is listed on ServiceLink if they believe referrals to their service may be of benefit where there are concerns about the safety, welfare or wellbeing of children.

**What feedback will be available from Community Services?**

Community Services will provide feedback to all mandatory reporters about whether their report about a child or young person met the statutory threshold. Where the statutory threshold isn’t met, this will prompt mandatory reporters to make local referrals to services, thereby ensuring children and young people below the threshold of risk of significant harm still receive an appropriate response.

**How will a cumulative picture of risk be built?**

It is anticipated that Community Services will continue to record contacts from other mandatory reporters that fall below the statutory threshold to enable cumulative risk of significant harm to be identified. Government organisations and non-government organisations will be able to exchange information under Chapter 16A in the new legislation, where that information is relevant to the safety, welfare or wellbeing of a child or young person and not just where the report meets the threshold of risk of significant harm.
Section 9: Working with children, young people and families

Content
- Talking with families
- When not to talk with families
- Responding to disclosures
- Facilitator led discussion

PowerPoints
PowerPoint 9.1 Psychological harm: discussion with family
PowerPoint 9.2 Talking to families about concerns
PowerPoint 9.3 Responding to disclosures
PowerPoint 9.4 Making effective referrals

Participant’s Manual
Handout 29: Responding to disclosures
Handout 29 Responding to disclosures

- Always believe the child or young person.
- Don’t make promises you can’t keep.
- Reassure the child or young person it is right to tell.
- Don’t be scared of saying the ‘wrong’ thing.
- Maintain a calm appearance.
- Try to provide a comfortable, private space.
- Let the child or young person take his or her time.
- Let the child or young person use his or her own words.
- Accept the child or young person will tell you as much or as little as they want to.
- Tell the child or young person what you plan to do next
- Do not confront the perpetrator

References
Quadara, A. (2008)‘Responding to young people disclosing sexual assault’, A resource for schools, Australian Centre for the Study of Sexual Assault Wrap No6.
Section 10: Working collaboratively with other organisations

Content
- Features of collaboration
- Barriers to collaboration
- Examples of collaboration
- Facilitator led discussion

PowerPoints
PowerPoint 10.1 Features of collaboration
PowerPoint 10.2 Working collaboratively

Participant’s Manual
Handout 30: Working collaboratively with other organisations
Handout 30 Working collaboratively with other organisations

Layla is a thirty four year old mother of three children. Layla was born overseas but grew up in Australia. Mariah is thirteen years old, Joshua is 6 and Luisa is 2 years old. Mariah’s father Ammon died in a car-accident shortly after she was born. Layla separated last year from Luisa’s father, Carlos because of ongoing arguments. Joshua’s father left Layla before Joshua was born.

Layla and her children currently live in community housing. Layla remains in regular contact with Carlos and has voiced some resentment that other people encouraged her to separate, although she also says, ‘I know Carlos is no good for me’. Layla grew up with family conflict, and remembers seeing her father rape her mother in front of her. Her mother committed suicide when she was 12 years old. Layla lived with various relatives during her teenage years and left school early.

Layla has various physical ailments, which affect her energy levels and mobility. She regularly visits doctors but it is difficult to get a clear understanding of what is wrong with her. She often has difficulty attending to household tasks and sometimes the children have to go out without clean clothes. Layla often relies on take away food and sometimes struggles to make ends meet financially. She is currently behind with her rent. She is increasingly relying on Mariah to cope with caring for the younger children and Mariah has occasionally missed school so that she can do things for her mother. Mariah is in Year 8 at high school.

Layla’s son Joshua has recently been diagnosed with an autism spectrum disorder. Unexpected changes make him anxious and he has poor social skills and co-ordination. Layla says Joshua is bullied at school and last week was asked to leave a meeting with the school principal after she started screaming at him. Other parents have complained to the school about Layla approaching them complaining about their children. Layla feels she needs more support for Joshua.
This year Lucia started childcare several days a week. The childcare staff have noticed that Lucia has well developed language skills but is clingier than other children her age. Layla likes to talk with the childcare staff about her troubles.

Layla is quite stressed at present because she thought she would get a victim’s compensation payment from an incident when she reported a robbery, but there was insufficient evidence.

**Your role is: ________________________________**

*What knowledge or skills might be missed, or opportunity lost if your knowledge or skills weren’t available?*
Section 11: Keeping children safe in practice

Content
- Practice determining whether concerns meet the risk of significant harm threshold
- Considering continuing professional relationships

PowerPoints
PowerPoint 11.1: Child protection and wellbeing is everyone’s business

Participant’s Manual
Handout 31: Keeping children safe practice case studies

Other equipment
Training evaluation form
Handout 31 Keeping children safe practice case studies

Amy

Amy is a 2 year old child who has attended a children’s service for the last three months. Her mother Jessie is 22 years old. Children’s service staff have noted that Jessie can be socially inappropriate, telling parents who she does not know very personal details, including that she has been diagnosed with bi-polar disorder and that before she had Amy she tried to commit suicide. Staff are aware that Jessie is a client of a community mental health service but are not sure whether she takes medication. Jessie makes sure Amy is always well dressed and fed and likes to tell everyone about interesting things they have done together.

Last week one of the children’s service staff overhead her telling another parent that she thinks Amy is very bright because everyone says she has such good manners. As Amy’s key worker you are concerned that Amy has delayed language development and feel she should have a hearing test and possibly a speech therapy assessment. Today Jessica came in looking very down and tells a staff member that she has received an eviction notice from her unit.

Check the relevant decision trees to see if you need to make a report of risk of significant harm.

- If a report is needed, show the steps on the relevant decision tree.

If no report is required and you have a continuing professional relationship:

- What would alert you to increased risk?
- Is there anything you should talk about with the family?
- Can you provide or refer the family for assistance that could address concerns and reduce risk?
- What opportunities exist for collaborative work e.g. exchanging information with another organisation, shared case planning or service delivery
Chet, Mali and Niran

Sunee and Frank have three children, Chet five years old, Mali three years old and Niran 6 months old. Sunee moved from Thailand ten years ago. Frank and Sunee recently moved to your community from a country town and are currently living in the local caravan park. Chet attends the local school.

Sunee and Frank are both on methadone programs and attend a service daily for dosing. Sunee takes Mali and Niran after she has dropped Chet off to school, while Frank usually goes on his own. Sunee has taken Niran for check ups at the local early childhood centre and has found a GP that she likes. Sunee has sought help from the local emergency relief service for food several times. She told them that she is getting resentful that Frank hasn’t been doing much with the children and spends most of his time hanging around with other men at the caravan park. They are starting to argue when he comes home, because she is sick of being left with the children. Last week someone at the caravan park called the police because Frank was yelling so loud.

Sunee thinks it would be easier if they had their own place. Sunee says she likes the town, but she is finding it hard to make friends, and she is nervous about other parents finding out that she is on methadone. Sunee takes Chet and Mali to play at local parks, which they enjoy. The children seem active and healthy and there are no concerns about Niran’s development. Occasionally their clothes are grubby and their hair needs brushing. Yesterday at the school gate Sunee hit Chet hard on the legs when he didn’t stop playing with friends when she was ready to leave and today there is a bruise visible on his lower thigh.

You have all the above information, either because Sunee has told you, or from observation.

Check the relevant decision trees to see if you need to make a report of risk of significant harm.

- If a report is needed, show the steps on the relevant decision tree.

If no report is required and you have a continuing professional relationship:

- What would alert you to increased risk?

- Is there anything you should talk about with the family?

- Can you provide or refer the family for assistance that could address concerns and reduce risk?

- What opportunities exist for collaborative work e.g. exchanging information with another organisation, shared case planning or service delivery
Ian

Ian is 8 years old. He attends school and out-of-school-hours care, as his mother Laura, works full-time. Ian’s parents are separated and were involved in lengthy disputes about contact and residence arrangements after they separated two years ago. Currently, Ian spends similar amounts of time each week with both his parents. Before his parents separated the police were called to several incidents of domestic violence and they only communicate now by email. Ian’s father Tom is taking him to a counsellor because he says he is concerned that Ian is unhappy. Laura is concerned that he is doing this to get information to take back to the family court.

At school Ian has always lacked confidence and finds it hard to make friends. Other children find him annoying and he is sometimes bullied. From kindergarten the school identified that Ian had poor concentration and needed help with reading. Laura’s brother was recently imprisoned for drug-related offences. Ian has visited him on several occasions in goal, and told an out of school hours care worker and his counsellor that he felt scared when he went to the jail. He is scared to tell his mum that he doesn’t want to go to the jail again.

You have all the above information, either because Tom has told you, or from observation.

Check the relevant decision trees to see if you need to make a report of risk of significant harm.

Check the relevant decision trees to see if you need to make a report of risk of significant harm.

- If a report is needed, show the steps on the relevant decision tree.

If no report is required and you have a continuing professional relationship:

- What would alert you to increased risk?
- Is there anything you should talk about with the family?
- Can you provide or refer the family for assistance that could address concerns and reduce risk?
- What opportunities exist for collaborative work e.g. exchanging information with another organisation, shared case planning or service delivery
Aisha

Aisha lives with her uncle. They arrived together three years ago as refugees from Sudan through the humanitarian migration program. Her uncle came with his wife but she has since separated from him and moved interstate. Aisha’s mother died in a refugee camp in Kenya. Aisha is in Year 8 at school. She has a close group of friends and regularly sleeps over at different girls’ homes. She sometimes attends a recreation group at a local youth centre. Teachers have identified Aisha as one of a group of girls in her year involved in self harm. Most recently they observed slash marks on her arm last week. In Aisha’s case, the marks are not deep and have not required medical care. Aisha’s friends are not good students and she does not show much interest in schoolwork, often not completing homework. Her uncle does not attend school functions but does ensure Aisha attends regularly. He bought her an expensive ipod for her birthday. She has mentioned at school that her uncle is planning to travel overseas next month seeking contact with family members whose whereabouts were unknown for some years but have recently been identified. Aisha is not sure whether he will expect her to remain at home alone while he is away.

You have all the above information, either because Aisha has told you, or from observation.

Check the relevant decision trees to see if you need to make a report of risk of significant harm.

- If a report is needed, show the steps on the relevant decision tree.

If no report is required and you have a continuing professional relationship:

- What would alert you to increased risk?
- Is there anything you should talk about with the family?
- Can you provide or refer the family for assistance that could address concerns and reduce risk?
- What opportunities exist for collaborative work e.g. exchanging information with another organisation, shared case planning or service delivery
Dheran

Dheran is 11 years old. He has three younger half brothers and sisters, two attending school and the youngest attending a children’s service. Dheran’s mother Emma is a sole parent and he has no contact with his father who is Aboriginal. Emma never talks about Dheran’s father, and is uncomfortable about Dheran’s identity as an Aboriginal person. Her younger children have occasional contact with their father. Emma has been diagnosed with depression by her GP and is taking anti-depressants. Recently Dheran has been more difficult to manage at home. He has been very rude to Emma and has been aggressive with his younger siblings. Yesterday he became angry with his little sister aged 5 and she has bruises on her arm where he grabbed her. Previously Dheran would offer to help Emma around the house, and would keep an eye on the younger children in the backyard so that Emma could have a break. Emma doesn’t like the boys that Dheran is hanging around with because there are rumours that they are smoking marijuana.

Check the relevant decision trees to see if you need to make a report of risk of significant harm.

- If a report is needed, show the steps on the relevant decision tree.

If no report is required and you have a continuing professional relationship:

- What would alert you to increased risk?
- Is there anything you should talk about with the family?
- Can you provide or refer the family for assistance that could address concerns and reduce risk?
- What opportunities exist for collaborative work e.g. exchanging information with another organisation, shared case planning or service delivery
Appendices

Appendix 1 PowerPoint presentation

Slide 1

Identify and respond to children and young people at risk

CHCCHILD401A

Slide 2

Training focus

• Roles and responsibilities regarding identifying and responding to children and young people at risk
• Working within an ethical framework
• Applying relevant legislation, policies and procedures
Slide 3

**Training context**

- 2008 Wood Inquiry and Keep Them Safe
- Changes to legislation
- Early intervention and referral
- Raising threshold for statutory intervention
- Promoting interagency collaboration

---

Slide 4

**What contact do you have with children and young people through your work?**

---

Slide 5

**Working with children, young people and their families**

- Continuum
- Strategic opportunity including early intervention and prevention
- Priority to children and young people’s concerns
- Role determines responsibilities
- No one organisation can meet all needs
Slide 6

**Risk and protective factors**

- Child factors
- Family factors
- School factors
- Community factors

---

Slide 7

**Professional boundaries**

"A boundary is a limit or an edge that defines you as separate from others."

- Anna Katherine 1991

---

Slide 8

**Maintaining professional boundaries**

- Safety
- Respect
- Confidentiality
- Transparency
- Consistency
- Focus on client need
Slide 9

**Diversity in NSW: statistics**

- 16.8% born in a non-English speaking country
- 2.1% Aboriginal or Torres Strait Islander
- 8.8% Australian born but both parents overseas born
- 20.1% speak language other than English at home
- 3.7% speak English not well or not at all

Source: ABS 2006

Slide 10

**NSW child protection legislation**

Children and Young Persons (Care and Protection) Act 1998 and Regulations

www.legislation.nsw.gov.au

- Principles for working with children, young people and families, and between agencies/organisations
- Reporting
- Information exchange

Slide 11

**Definitions**

Children and Young Persons (Care and Protection) Act 1998

- Child: a person aged 0-15 years
- Young person: a person aged 16 or 17 years
Guiding principles for care and protection

s.9(1) Children and Young Persons (Care and Protection) Act 1998

The safety, welfare and wellbeing of the child/young person are paramount.

Participation

s.10 Children and Young Persons (Care and Protection) Act 1998

Children and young people participate in decision making through:

• information
• help to express views freely
• options that suit age and capacity.

Decisions about Aboriginal and Torres Strait Islander children

• S.11 - self-determination as is possible
• S.12 – participation of families, kinship groups, organisations and communities
• S.13 – Aboriginal and Torres Strait Islander Placement principles
Slide 15

Interagency work

- s.15: Partnership
- s.17: Request for services from Community Services
- s.18: Best endeavours response
- s.245E: Reasonable steps to coordinate decision-making and service delivery

Slide 16

Reporting to Community Services

- s.23: Reporting risk of significant harm
- s.25: Prenatal reports
- s.120: Reporting homelessness of a child
- s.121: Reporting homelessness of a young person
- s.122: Mandatory reporting of homelessness of a child by persons providing residential accommodation

Slide 17

Mandatory reporters

- Providers of health care, welfare, education, children's services, residential services or law enforcement to children
- Supervisors (paid or voluntary) of provision of services
- Need reasonable grounds
- Grounds are work-based
**Exchange of information**

- Wood Inquiry – need for easier information exchange
- Focus on co-ordination of services and decision-making
- Need to provide services, and needs of children, young people and families receiving services take precedence over confidentiality or privacy

**Information exchange and families**

- Involve family wherever possible
- Tell families early about your obligations
- Not necessary to inform family where there is:
  - risk to child or young person
  - risk to you or another person
  - family can’t be contacted

**Who can exchange information? (prescribed bodies)**

- NSW Police
- Government department or a public authority
- Government school, a registered non-government school or a TAFE
- Public health organisation or a private hospital
- Private fostering agency or a private adoption agency
- Child care services
- Any other organisations that have direct responsibility for, or supervision of, the provision of healthcare, welfare, education, children’s services, residential services, or law enforcement, to children
- Commonwealth agencies only with Community Services
Slide 21

What information can be requested or provided?

- Information must relate to safety, welfare or wellbeing of a child or young person

Includes:
- A child or young person’s history or circumstances and/or
- A parent or other family member and/or
- Significant or relevant relationship with a child or young person and/or
- The other agency’s work now and in the past

3.13

---

Slide 22

Exchanging information under s.248

- Only between Community Services and prescribed bodies
- Safety, welfare and wellbeing of children and young people
- Is not limited by other laws
- Community Services can direct a body to give information or provides information
- Prescribed bodies can request information from Community Services

3.13

---

Slide 23

Exchanging information under Ch 16A

- Ch16A – allow for exchange of information between prescribed bodies

- Exemptions stated in the Act e.g. prejudice of legal proceedings

3.14
Information exchange

- Seek advice from your manager regarding any information exchange
- Children/young people - no need for report of risk of significant harm (ROSH)
- Unborn child – must have been ROSH
- Can’t identify reporter of ROSH**
- Verbal OK but best to keep record
- Exchange only what your agency/organisation already knows

Protection for reporters when information is exchanged (s.29 and s.245G)
Where information is provided in good faith and according to legal provisions:

- no breach of professional etiquette or ethics
- no breach of professional standards
- no liability for court action

Child safe workplaces
Commission for Children and Young People Act
Ombudsman Act
www.legislation.nsw.gov.au

- Who can work with children
- Employment screening
- Management of specific allegations against staff or volunteers
- Definition of a child: a person under 18 years.
Five years ago Mr. B was convicted of sexual assault involving a 19 year old woman and served 12 months in prison.

Can Mr. B complete a student placement at a youth refuge?

---

Child-related employment

- Primarily involves contact with children
- Involves direct contact with children
- Does not involve constant supervision by an adult with authority to direct them
- May be in paid employment, an authorised carer, serve as a minister or spiritual leader, be self-employed, or be a volunteer

---

Last year Ms C lost her job after she hit and repeatedly verbally abused a child at the child care centre where she worked.

Can Ms C get another job working with children?
Slide 30

Child protection and employment

- Ombudsman Act – designated agencies
- Reportable conduct and allegations notified to Ombudsman and investigated
- Relevant employment proceedings notified to Commission for Children and Young People
- Working with Children Check

Slide 31

NSW Ombudsman: physical contact with children

- Acknowledge nurturing role
- Some physical contact appropriate and necessary
- Contact reasonable in context
- Relevant codes of conduct or professional standards
- Follow agency policy and practice

Slide 32

Ethical practice with children and young people

- What makes this an ethical issue?
- Do I have enough facts to make a decision and if not, where could I get more information?
- What are the options and how would they impact on the child or young person and on other parties?
- Which option would best promote the safety, welfare and wellbeing of the child or young person now and in the foreseeable future?
- If I asked other people about my preferred option what would they say? Should I take these views into account?
- How can I undertake my responsibilities with care and attention to all the stakeholders (even if they don’t agree with my actions)?
Slide 33

**When should I make a report?**

s.23/24 Children and Young Persons (Care and Protection) Act 1998

- Current concerns
- Reasonable grounds
- Concerns for the safety, welfare or wellbeing of a child or young person
- Presence of one or more risk of significant harm circumstances s.23(a)-(f)
- Circumstances may relate to a single act or omission or a series of acts or omissions

Slide 34

**What is cumulative harm?**

- Accumulation of a single adverse circumstance or event or by multiple different circumstances and events
- Unremitting daily impact
- Profound and exponential impact
- Most maltreatment, multiple incidents and multiple types
- Be alert to cumulative harm in all reports. Bromfield and Miller, 2007

Slide 35

**s.23 (1) (a-b1)**

- (a) basic physical or psychological needs not being met or are at risk of not being met
- (b) parents/carers unwilling or unable to provide necessary medical care
- (b1) parents/carers unwilling or unable to arrange for the child or young person to receive an education
Slide 36

**Neglect**
- Lack of supervision
- Lack of food
- Lack of physical shelter
- Lack of medical care
- Educational neglect

Slide 37

*s.23 (1)(c)*

**Physical abuse and ill-treatment**

Physical abuse is:
- where a child/young person has a suspicious current injury suspected to be caused by the parent/carer and where it has not occurred accidentally or
- the child or young person is being treated in a way that may have or is likely to cause injury

Slide 38

*s.23(1)(c)*

**Sexual abuse and ill-treatment**

Sexual abuse can be described as:
- Any sexual act or sexual threat imposed on a child or young person
- Exploitation of dependency and immaturity
- Coercion intrinsic to child sexual abuse
Prevalence of child sexual abuse

• Most often perpetrated by someone known to the child
• 2004 population study reported 18% of women experienced childhood sexual abuse, 2% by parents, 16% by other such as family friends, neighbours and family members
• Most perpetrators are males, females may also be perpetrators, more often of male than female children
• Girls are three times more likely than boys to be the subject of a substantiated report
• Includes peer sexual activity e.g. date rape, sibling abuse
• Significantly under-reported

Factors influencing disclosure

• Confusion
• Fear
• May happen over time
• May be partial and accidental disclosure
• Retraction and re-disclosure common
• Older adolescents more likely to tell, usually to friends and mothers
• Support and belief may make the difference between further telling and recanting

s.23(1)(d) Domestic violence

Domestic violence (DV) includes:
• Violence, abuse and intimidatory behaviour in a personal, intimate relationship
• Violence perpetrated when couples are separated or divorced
• Harm to children from exposure to or from actual violence or both
Domestic violence and other forms of maltreatment

- Co-occurrence common
- Double whammy effect
- More likely in presence of other risk factors such as poverty, substance abuse, mental illness and lack of community resources
- Co-occurrence associated with increased child behaviour issues compared to DV alone

Working with families where there is domestic violence

- Hold perpetrators responsible for violence while prioritising safety of other family members
- Recognise dangers involved in leaving
- Look for resilience building opportunities for children while working to end exposure to violence
- A partner with acquired brain injury (ABI) is significantly more likely to be violent
- Head injury and ABI in victims of DV and in abused children may be overlooked

s.23 (1) (e)
Serious psychological harm

Child/young person is exposed to:
- chronic or severe domestic violence
- severe parental/carer mental health or substance abuse concerns
- persistent and repetitive parental/carer behaviours have a negative impact on child/young person
- parental/carer criminal and/or corrupting behaviour
- parental/carer behaviours that deliberately expose a child/young person to traumatic events
s.23 (1) (f)  
Prenatal reports

- Prenatal report made previously under s.25

- Birth mother not successfully engaged with support services

- Risk factors not eliminated or minimised

154 (2) (a) and 156A (3)  
Relinquishing care

Risk of significant harm includes:

- unauthorised foster care or

- voluntary Out-of-Home Care for more than three months that does not meet the Children’s Guardian’s Guidelines
Document and continue relationship

- Relationship is determined by your role and responsibilities
- Continue to build relationship
- Be observant – does new information indicate increased risk?
- Ensure intervention takes into account children’s needs
- Review progress to ensure that the service is effective

Refer to Child Wellbeing Unit (CWU)

Consult with a professional
Psychological harm: discussion with family

9.1

Talking to families about concerns

• Follow agency/organisation policies and procedures
• Be clear about the message
• Be clear about the reasons you are concerned not just your feelings
• Avoid jargon or judgmental language
• Invite the family to help you understand their position and listen to them carefully
• Have details of referral options handy

9.2

Responding to disclosures

• Believe the child or young person
• Reassure them
• Avoid promises you can’t keep
• Avoid rushing the child—allow time for them to speak
• Let them use their own words in their own time
• Tell them what will happen next

9.3
Slide 60

Making effective referrals
• Highlight service benefits
• Link to family concerns
• Give accurate information regarding the service
• Provide information regarding process and waiting time
• Assist families make the first contact
• Follow up

Slide 61

Features of collaboration
- Communication
- Co-operation
- Co-ordination
- Coalition
- Integration

Low level collaboration → High level collaboration

Agency focused → Collaboration focused

Slide 62

Working collaboratively
• Practice the same approach to building relationships with other agencies/organisations as you do with working with families: respect, trust, honesty
• Take opportunities for interagency training
• Make efficient use of interagency meetings and email communication
• Work with families collaboratively to share information and avoid duplication
• Address conflict in direct but respectful ways
Slide 63

**Child wellbeing and protection is everyone’s business**

---

Keep Them Safe  
CHCCHILD401A – Participant’s Manual  
© The NSW Technical and Further Education Commission  
(TAFE NSW – Industry Skills Unit, Meadowbank, 2010)
Appendix 2 Indicators of neglect

Neglect is the failure to provide the basic necessities of life. It is typically regarded as an act of omission or commission, and as such may or may not be intentional. Neglect is potentially serious and can have long-term developmental consequences for children.

<table>
<thead>
<tr>
<th>In children</th>
<th>In young people</th>
<th>In parents and caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>Low weight for age and/or failure to thrive and develop</td>
<td>Poor standards of hygiene and self-care</td>
<td>May have poor standards of hygiene and self-care</td>
</tr>
<tr>
<td>Poor primary health care (e.g. untreated sores, serious nappy rash, significant dental decay)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor standards of hygiene (i.e. child consistently unwashed, bad odour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor complexion and hair texture</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>Child not adequately supervised for their age</td>
<td>Stays at the homes of friends and acquaintances for prolonged periods, rather than at home</td>
<td>Unable/unwilling to provide adequate food, shelter, clothing, medical attention, safe home conditions</td>
</tr>
<tr>
<td>Scavenges or steals food; Focus is on basic survival</td>
<td>Cannot access adequate self-care resources such as washing facilities and food</td>
<td>Leaves the child without appropriate supervision</td>
</tr>
<tr>
<td>Longs for or indiscriminately seeks adult affection</td>
<td>Poor school attendance</td>
<td>Abandons the child</td>
</tr>
<tr>
<td>Displays rocking, sucking, head-banging behaviour</td>
<td></td>
<td>Withholds physical contact or stimulation for prolonged periods</td>
</tr>
<tr>
<td>Poor school attendance</td>
<td></td>
<td>Unable or unwilling to provide psychological nurturing – low-warmth parenting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has limited understanding of the child’s needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has unrealistic expectations of the child</td>
</tr>
</tbody>
</table>

Indicators listed for children may also be evident in young people.
Appendix 3 Indicators of physical abuse

Physical abuse is harm to a child or young person that is caused by non-accidental actions of a parent or other person responsible for their care. Physical abuse is often a particularly visible form of child maltreatment. Acts such as beating, shaking, biting, deliberate burning with an object, attempted strangulation and female genital mutilation are a range of examples of physical abuse or ill treatment.

<table>
<thead>
<tr>
<th>Child</th>
<th>Young person</th>
<th>Parents or caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Physical</td>
</tr>
<tr>
<td>Bruises on face, head or neck, other bruises or marks which may show the shape of the object that caused it</td>
<td>Abdominal pain (may be caused by ruptured internal organs)</td>
<td></td>
</tr>
<tr>
<td>Lacerations and welts</td>
<td>Ingestion of poisonous substances, alcohol or drugs, lacerations, welts bruising, burn marks</td>
<td></td>
</tr>
<tr>
<td>Head injuries where the infant may be drowsy or vomiting, or have glassy eyes, fixed pupils or pooling of blood in the eyes suggesting the possibility of having been shaken</td>
<td>Unspecified internal pains</td>
<td></td>
</tr>
<tr>
<td>Adult bite marks and scratches, bone fractures, especially in children under three years old</td>
<td>Frequent visits with child to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or internal complaints</td>
<td></td>
</tr>
<tr>
<td>Dislocations, sprains, swelling, burn marks and scalds, multiple injuries or bruises</td>
<td>Explanation of injury is not consistent with the visible injury</td>
<td></td>
</tr>
<tr>
<td>Child’s explanation inconsistent with injury</td>
<td>General indicators of female genital mutilation</td>
<td></td>
</tr>
<tr>
<td>Social/Psychological</td>
<td>Social/Psychological</td>
<td>Social/Psychological</td>
</tr>
<tr>
<td>Wears clothing that is inappropriate to the weather conditions, to conceal injuries</td>
<td>Aggressive and violent behaviours toward others, particularly younger children</td>
<td>Family history of violence</td>
</tr>
<tr>
<td>Fears adults</td>
<td>Explosive temper that is out of proportion to precipitating event</td>
<td>History of their own maltreatment as a child</td>
</tr>
<tr>
<td>Is aggressive, lacks empathy</td>
<td>Constantly on guard around adults, cowers at sudden movements, unusual deference to adults</td>
<td>Fears injuring their child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses excessive discipline</td>
</tr>
</tbody>
</table>

Indicators listed for children may also be evident in young people.
Appendix 4 Indicators of sexual abuse

**Sexual abuse** is any sexual act or threat to a child or young person that causes them harm, or to be frightened or fearful. It covers non-contact forms of harm, such as flashing, having a child or young person pose or perform in a sexual manner, exposure to sexually explicit material or acts (including pornographic material) and a communication of graphic sexual matters (including by email and SMS). Contact forms of harm can include a range of contact behaviours including kissing, touching or fondling the child or young person in a sexual manner, penetration of the vagina or anus either by digital, penile or any other object or coercing the child to perform any such action themselves or anyone else.

<table>
<thead>
<tr>
<th>Child</th>
<th>Young person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>Bleeding from the vagina, external genitalia or anus tears or bruising to the genitalia, anus or perineal regions</td>
<td>Adolescent pregnancy, and/or reluctance to identify father of child</td>
</tr>
<tr>
<td>Trauma to the breasts, buttocks, lower abdomen or thighs including bite/burn marks</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted disease</td>
<td></td>
</tr>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>Direct or indirect disclosures</td>
<td>Poor self esteem</td>
</tr>
<tr>
<td>Describes sexual acts with age-inappropriate knowledge</td>
<td>Runs away from home, homelessness</td>
</tr>
<tr>
<td>Age-inappropriate behaviour and/or persistent sexual behaviour</td>
<td>Particularly negative reaction to adults of only one sex</td>
</tr>
<tr>
<td>Self-destructive behaviour, drug misuse, suicide attempts, self-mutilation</td>
<td>De-sexualisation (e.g. wearing baggy clothes in order to disguise gender)</td>
</tr>
<tr>
<td>Runs away from home persistently</td>
<td>Artwork or creative writing with obsessively sexual themes</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>Sexually provocative behaviour</td>
</tr>
<tr>
<td>Goes to bed fully clothed</td>
<td>Engaging in/talking about violent sexual acts</td>
</tr>
<tr>
<td>Regression in developmental achievements in younger children</td>
<td>Knowledge about practice and locations usually associated with prostitution</td>
</tr>
<tr>
<td>Has contact with a known or suspected pedophile</td>
<td>Risk-taking behaviours – self-harm, suicide attempts</td>
</tr>
<tr>
<td>Unexplained money and gifts</td>
<td>Contact with a known or suspected pedophile</td>
</tr>
<tr>
<td><strong>In non-offending parent, caregivers or others</strong></td>
<td><strong>In perpetrator</strong></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>Defers to partner</td>
<td>Controlling attitude and behaviour to children and/or partner</td>
</tr>
<tr>
<td>May minimise disclosure</td>
<td>Inappropriately curtails child’s age - appropriate development of independence from the family</td>
</tr>
<tr>
<td></td>
<td>Overly critical of adult partner</td>
</tr>
<tr>
<td></td>
<td>Defends against accusations by claiming the child or young person is lying</td>
</tr>
<tr>
<td></td>
<td>Encourages/tolerates sexualised behaviour between family members</td>
</tr>
<tr>
<td></td>
<td>Exposes child or young person to prostitution or pornography or uses a child or young person for pornographic purposes</td>
</tr>
<tr>
<td></td>
<td>Intentionally exposes child or young person to the sexual behaviour of others</td>
</tr>
<tr>
<td></td>
<td>Committed/been suspected of child sexual abuse or child pornography</td>
</tr>
<tr>
<td></td>
<td>Coerces child or young person to engage in sexual behaviour with other children and young people</td>
</tr>
<tr>
<td></td>
<td>Verbal threats of sexual abuse</td>
</tr>
<tr>
<td></td>
<td>Family denies adolescent pregnancy</td>
</tr>
</tbody>
</table>

Indicators listed for children may also be evident in young people.
**Appendix 5 Indicators of domestic violence**

**Domestic violence** is any abusive behaviour used by a person in a relationship to gain and maintain control over their intimate partner. It can include a broad range of abusive and intimidatory behaviour causing fear and physical and/or psychological harm. Domestic violence can be physical assault, sexual assault or psychological abuse. It may also include behaviour such as restricting a partner’s or child’s social contact and financial deprivation.

<table>
<thead>
<tr>
<th>Child</th>
<th>Young Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>Preterm and low birth weight baby</td>
<td>Unexplained physical injuries</td>
</tr>
<tr>
<td>Slow weight gain in infants</td>
<td>Eating disorders, such as anorexia and bulimia</td>
</tr>
<tr>
<td>Difficulties with sleeping/eating</td>
<td>Uses alcohol and drugs</td>
</tr>
<tr>
<td>Unexplained physical injuries.</td>
<td>Psychosomatic complaints</td>
</tr>
<tr>
<td>Higher rates of genital tract infection</td>
<td></td>
</tr>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>Defiant at school, particularly with female teachers</td>
<td>Depressed</td>
</tr>
<tr>
<td>Aggressive or violent behaviour</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Over-protects mother or fears leaving mother at home</td>
<td>Takes extreme risks</td>
</tr>
<tr>
<td>Poor concentration</td>
<td>Physically and verbally abusive</td>
</tr>
<tr>
<td>Constantly fights with peers</td>
<td>Abuses siblings, parents, peers</td>
</tr>
<tr>
<td>Frequently absent from school</td>
<td>Sexually abusive</td>
</tr>
<tr>
<td>Clingy, dependent, sad and secretive</td>
<td>Frequently absent from school and poor academic achievement</td>
</tr>
<tr>
<td>Regressive behaviour</td>
<td>Disruptive homeless or stays away from home for prolonged time</td>
</tr>
<tr>
<td>Delayed or problematic language development</td>
<td>Socially isolated</td>
</tr>
<tr>
<td>Stealing</td>
<td></td>
</tr>
</tbody>
</table>

**In parents and caregivers – adult victims**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries do not fit the cause/history given</td>
<td>Physical signs of the victim fighting back, such as facial scratches and injuries to hands</td>
</tr>
<tr>
<td>Bite marks</td>
<td></td>
</tr>
<tr>
<td>Unwanted pregnancy or sexually transmitted infection through coerced sex/refusal to use contraceptives</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Social/Psychological</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Bruising /other injuries, especially if pregnant</td>
<td>Anxious, depressed</td>
</tr>
<tr>
<td>Unexplained miscarriage or stillbirth</td>
<td>Suicidal thoughts and attempts</td>
</tr>
<tr>
<td>Nutritional/sleep deprivation or disorders</td>
<td>Low self-esteem</td>
</tr>
<tr>
<td>Alcohol and drug abuse</td>
<td>Socially isolated</td>
</tr>
<tr>
<td>Psychosomatic complaints</td>
<td>Submissive and withdrawn</td>
</tr>
<tr>
<td></td>
<td>Repeat/after hours presentations at emergency departments</td>
</tr>
<tr>
<td></td>
<td>Seldom/never makes decisions without referring to partner</td>
</tr>
<tr>
<td></td>
<td>Fears reprisal</td>
</tr>
<tr>
<td></td>
<td>Frequent absences from work/studies</td>
</tr>
<tr>
<td></td>
<td>Presents as the victim of abuse, discrimination or allegation of abuse</td>
</tr>
<tr>
<td></td>
<td>Admits to some violence but minimises its frequency and severity</td>
</tr>
<tr>
<td></td>
<td>Visible rough handling of victim/children/pets</td>
</tr>
<tr>
<td></td>
<td>Impresses as overly concerned about suspected victim</td>
</tr>
<tr>
<td></td>
<td>Threatens to commit acts of violence</td>
</tr>
<tr>
<td></td>
<td>Is unable to control angry outbursts</td>
</tr>
<tr>
<td></td>
<td>Always speaks for partner/children</td>
</tr>
<tr>
<td></td>
<td>Believes he ‘owns’ partner/children</td>
</tr>
<tr>
<td></td>
<td>Describes partner as incompetent or stupid</td>
</tr>
<tr>
<td></td>
<td>Holds rigidly to stereotypical gender roles</td>
</tr>
<tr>
<td></td>
<td>Jealous of partner, lacks trust in her or anyone else</td>
</tr>
<tr>
<td></td>
<td>Does not allow partner or child to access service providers alone</td>
</tr>
</tbody>
</table>

Indicators listed for children may also be evident in young people.
Appendix 6 Indicators of psychological harm

Psychological harm is serious harm caused by the psychologically abusive behaviour of a parent or other caregiver. Serious psychological harm can occur where the behaviour of their parent or caregiver damages the confidence and self-esteem of a child or young person, resulting in serious emotional deprivation or trauma.

Serious psychological harm can lead to significant impairment of a child’s or young person’s social, emotional, cognitive, intellectual development and/or disturbance of a child’s or young person’s behaviour.

Although it is possible for ‘one-off’ incidents to cause serious harm, in general it is the frequency, persistence and duration of the parental or carer behaviour that is instrumental in defining the consequences for the child. Additionally, individual child factors can mediate the impact of psychological harm – such as age, intelligence, resilience and the nature of support the child receives from others.

<table>
<thead>
<tr>
<th>Child</th>
<th>Young Person</th>
<th>Parent or Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>Feels worthless about life and themselves</td>
<td>Avoids all adults</td>
<td>Constantly criticises, belittles, teases a child or young person</td>
</tr>
<tr>
<td>Unable to value others or show empathy</td>
<td>Is obsessively obsequious to adults</td>
<td>Ignores or withholds praise and affection</td>
</tr>
<tr>
<td>Lacks trust in people</td>
<td>Has difficulty maintaining long-term significant relationships</td>
<td>Excessively criticises a child in comparison to child’s peers</td>
</tr>
<tr>
<td>Lacks interpersonal skills necessary for age appropriate functioning</td>
<td>Is highly self-critical</td>
<td>Is persistently hostile and verbally abusive, rejects and scapegoats</td>
</tr>
<tr>
<td>Extreme attention-seeking</td>
<td>Is depressed, anxious, other mental ill-health indicators</td>
<td>Makes excessive or unreasonable demands</td>
</tr>
<tr>
<td>Takes extreme risks, is markedly disruptive, bullying or aggressive</td>
<td>Is self-harming, Attempts suicide</td>
<td>Believes that a particular child or young person is bad</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses inappropriate physical or social isolation as punishment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domestic violence involvement such as where weapons are used, significant threats made</td>
</tr>
</tbody>
</table>

Indicators listed for children may also be evident in young people.
References and websites


Brain Injury Australia, Acquired brain injury and family violence, Fact Sheet 6


Department of Premier and Cabinet: www.keepthemsafe.nsw.gov.au


Identifying and Responding to Children and Young People at Risk of Harm (2003) VHS and DVD. This video presents five vignettes that explore the impact of different circumstances which can lead to risk of harm to children and young people. Available through The Education Centre Against Violence and NSW Community Services and Health ITAB.

Interagency Child Wellbeing and Child Protection Guidelines


NSW Ombudsman (2009): The death of Dean Shillingsworth: Critical challenges in the context of reforms to the child protection system


**Non-Government Organisations**

Aboriginal Child, Family and Community Care: [www.absec.org.au](http://www.absec.org.au)


Council of Social Services of NSW: [www.ncoss.org.au](http://www.ncoss.org.au)

Create: [www.create.org.au](http://www.create.org.au)

Foster Care Association: [www.fcansw.org.au](http://www.fcansw.org.au)

Foster Parents Support Networks: [www.fosterparentssupportnetwork.org.au](http://www.fosterparentssupportnetwork.org.au)

NSW Family Services: [www.nswfamilyservices.asn.au](http://www.nswfamilyservices.asn.au)


**NSW Government**


Department of Ageing, Disability and Home Care: [www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au)

Division of Community Services: [www.community.nsw.gov.au](http://www.community.nsw.gov.au)


## Common acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbSec</td>
<td>Aboriginal Child, Family and Community Care State Secretariat</td>
</tr>
<tr>
<td>ACWA</td>
<td>Association of Children’s Welfare Organisations</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CS</td>
<td>Division of Community Services</td>
</tr>
<tr>
<td>CWU</td>
<td>Child Wellbeing Unit</td>
</tr>
<tr>
<td>DADHC</td>
<td>Division of Ageing, Disability &amp; Home Care</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education and Training</td>
</tr>
<tr>
<td>DFV</td>
<td>Domestic/Family Violence</td>
</tr>
<tr>
<td>DJJ</td>
<td>Division of Juvenile Justice</td>
</tr>
<tr>
<td>DPC</td>
<td>Department of Premier and Cabinet</td>
</tr>
<tr>
<td>DVLO</td>
<td>Domestic Violence Liaison Officer</td>
</tr>
<tr>
<td>ECN</td>
<td>Early Childhood Nurse</td>
</tr>
<tr>
<td>EI</td>
<td>Early Intervention</td>
</tr>
<tr>
<td>FaHCSIA</td>
<td>Department of Families, Housing, Community Services and Indigenous Affairs</td>
</tr>
<tr>
<td>FCM</td>
<td>Family Case Management</td>
</tr>
<tr>
<td>FRS</td>
<td>Family Referral Service – (formally known as Regional Intake and Referral Service – RIRS)</td>
</tr>
<tr>
<td>HASI</td>
<td>Housing and Accommodation Support Initiative</td>
</tr>
<tr>
<td>HS Net</td>
<td>Human Services Network</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Division of Community Services, Division of Ageing, Disability and Home Care, Division of Housing NSW and Division of Aboriginal Affairs and Division of Juvenile Justice</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>JIRT</td>
<td>Joint Investigation Response Team</td>
</tr>
<tr>
<td>KTS</td>
<td>Keep Them Safe</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MRG</td>
<td>NSW Mandatory Reporter Guidance</td>
</tr>
<tr>
<td>NCOSS</td>
<td>Council of Social Service of NSW</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-government organisation</td>
</tr>
<tr>
<td>OOHC</td>
<td>Out of Home Care</td>
</tr>
<tr>
<td>ROSSH</td>
<td>Risk of Significant Harm</td>
</tr>
<tr>
<td>SAAP</td>
<td>Supported Accommodation Assistance Program</td>
</tr>
<tr>
<td>SDM (Tool)</td>
<td>Structured Decision Making (Tool)</td>
</tr>
<tr>
<td>SOG</td>
<td>Senior Officer’s Group</td>
</tr>
</tbody>
</table>