The Structured Decision Making® System

New South Wales Mandatory Reporter Guide

14 December 2010

CRC
Children's Research Center
608-831-1180
www.nccd-crc.org

ACKNOWLEDGEMENTS

This New South Wales Mandatory Reporter Guide represents the contribution of many individuals, whose efforts to develop, review and refine the following decision trees and their definitions are greatly appreciated.

Practitioners and policy officers from a wide range of non-government agencies, education providers, and representatives of peak bodies for the child and family welfare sector in NSW contributed to its development during 2009, together with representatives of various agencies and peaks on the Child Protection Advisory Group, the Service System Advisory Group and the Community and Carers Advisory Group. The Minister for Aboriginal Affairs Ministerial Advisory Council was also consulted to inform the development of the Guide.

Representatives from the following government agencies participated in workshops and have reviewed and approved the current document: Department of Education and Training, Department of Human Services NSW, Department of Justice and Attorney General, Department of Premier and Cabinet, NSW Department of Health and NSW Police Force.

Community Services, an agency of the NSW Department of Human Services, is licensed to reproduce, install and display SDM materials for internal purposes. Any modification or addition has to be approved by the National Council on Crime and Delinquency (NCCD). NCCD will then grant a license to use such agreed modifications or additions for internal purposes only.

© 2010 by NCCD, All Rights Reserved

TABLE OF CONTENTS

Children's Research Center is a nonprofit social research organisation and
a division of the National Council on Crime and Delinquency.

© 2010 by NCCD, All Rights Reserved

PURPOSE

This Guide is intended to assist mandatory reporters who have become concerned about possible abuse or neglect of a child/young person and must make a decision whether or not to report their concerns to the Child Protection Helpline.

The reporting decision is not an easy one, and the consequences of the decision are considerable. New South Wales has undertaken the effort to develop the first known statewide, multidisciplinary mandatory reporting guidance tool in order to achieve the following goals.

1. Assist mandatory reporters as they gain familiarity with a new reporting threshold, risk of significant harm.

2. Help ensure that children and families requiring statutory child protection services are promptly reported.

3. Help increase direct family contact in response to reports of risk of significant harm by eliminating time spent on reports that could be diverted for a more appropriate service/services.

4. Provide alternative options for reporters to assist children, young people and families who would be better served outside of the statutory child protection system.

This Guide is intended to complement rather than replace critical thinking and does not prohibit a mandatory reporter from any course of action he/she believes is appropriate. Instead, the Guide incorporates proven design principles that help focus on the most critical pieces of information for the decision at hand. The Guide reflects the consensus of multiple government departments and non-government agencies concerning situations that are best served through statutory responses and those that are best served through alternative interventions.

Finally, this Guide is a dynamic document. Continuing evaluation and feedback will be used to refine this manual over time.

© 2010 by NCCD, All Rights Reserved

STARTING PAGE

Welcome to the online Mandatory Reporter Guide (MRG). This Guide is intended to complement rather than replace critical thinking and does not prohibit a mandatory reporter from any course of action he/she believes is appropriate.

If you become concerned that a child/young person known to you in your capacity as a mandatory reporter is being abused or neglected, or is likely to be abused or neglected, this MRG is a resource to help you make a decision about whether to report.

Start on this page, and select the main decision tree that most closely matches the concern(s) you have. If you have more than one concern, start with your most serious concern. After selecting the applicable decision tree, you will be asked questions. It is important to read the accompanying definitions to complete a 'yes' or 'no' answer until a final decision is reached.

After completion of the MRG, a decision report will issue with an explanation of the outcome based on your completion of the decision tree. This should be printed and/or saved for your records.

If your concern does not fit any of the decision trees, it is probably not reportable, but you may consult with your department's Child Wellbeing Unit (CWU) and/or your supervisor as appropriate. You may call the Child Protection Helpline to report directly; however, the report should always be informed by having used the MRG, which defines the reporting threshold for statutory child protection reports, i.e., whether or not to report to Community Services.

Agencies are required to notify the NSW Ombudsman of any reportable allegations and convictions that concern their employees. Designated agencies** need to report such allegations and convictions, whether or not they arise in the course of the employee's work, while other public authorities are only required to report those actions that arise in the course of the employee's work.*
**See glossary for definition of reportable conduct.*
***See glossary for definition of designated agency.*

	Decision Tree	Use this when:
❑	**Physical Abuse**	• You know of a non-accidental injury to a child/young person that you suspect is caused by a parent/carer or other adult household member. • You know of treatment of a child/young person by a parent/carer or other adult household member that may have caused or is likely to cause an injury. • Child/young person was injured, or nearly injured, during a domestic violence incident involving adults. NOTE: If any of the above are true, but the person causing harm is a child living in the home, the decision to report should be guided by whether the incident was due to neglect: supervision. Please refer to that decision tree. If a child was injured by a non-household member, the issue may be a police matter.

© 2010 by NCCD, All Rights Reserved

	Decision Tree	Use this when:
❑	**Neglect**	• You suspect that a parent/carer is not adequately meeting child/young person needs. • A child/young person appears neglected. • A child/young/person is a danger to self or others and parents/carers are not supervising or providing care. NOTE: For concerns related to shelter, use this tree for a young person who is able to make an informed decision around placement. Use 'Relinquishing Care' if young person is unable to make an informed decision and for children whose parent/carer is refusing to provide shelter.
❑	**Sexual Abuse**	• You learn about sexual abuse or have concerns about sexual contact involving a child/young person. • A child/young person has medical findings suspicious for sexual abuse. • A child/young person's behaviour, including sexualised behaviour, makes you worry that he/she may be a victim of sexual abuse. • You are concerned that a child/young person is at risk of sexual abuse. • You are concerned about a child/young person's sexually abusive behaviour toward others.
❑	**Psychological Harm**	• A child/young person appears to be experiencing psychological/emotional distress that is a result of parent/carer behaviour such as domestic violence. • A child/young person is a danger to self or others. • You are aware of parent/carer behaviours, including domestic violence, that are likely to result in significant psychological harm.
❑	**Relinquishing Care**	• Parent/carer states he/she will not or cannot continue to provide care for child under the age of 16 or a young person over age 16 when he/she is currently unable to make an informed decision (temporarily or permanently). If the young person is 16 years old or over and able to make informed decisions, please refer to the 'Physical Shelter' tree. • Child/young person is in voluntary care for longer than legislation allows.
❑	**Carer Concern**	You have information that the child/young person is significantly affected by carer concerns. NOTE: If child/young person has already experienced abuse or neglect, use the relevant abuse/neglect decision tree first. If a report to CS is not indicated using those decision trees, you may consider a Carer Concern decision tree.
❑	**Unborn Child**	Use this when you are concerned for the welfare of an unborn child upon his/her birth. NOTE: Reports related to an unborn child are not mandatory. Whilst reports relating to an unborn child are not mandatory, those with mandatory reporting responsibility should consider the benefits for the mother and unborn child of making a report to: • Enable CS and other agencies to mobilise services for the potential benefit of the mother and unborn child; or • Enable CS to prepare appropriate statutory/protective intervention following the birth of the child.
None of the above, but CS notification is being made because:		
❑	**A child/young person who is in the care of the Minister is:**[1]	• Pregnant • Runaway • Missing • Homeless NOTE: If your concerns do not lead to report to CS, advise the Child Protection Helpline that the information is being provided solely because child/young person is in care, not due to neglect.

[1] If you are concerned about a child/young person who is in the care of the Minister and do not suspect the child/young person in the care of the Minister has been abused or neglected, but you have information that he/she has run away, is missing, is homeless or is pregnant, provide the information to CS; there are no further reporting requirements.

© 2010 by NCCD, All Rights Reserved

These descriptions will appear if mandatory reporter (MR) selects 'NEGLECT'.

		Use this when:
❑	**Supervision**	• A child/young person has been or is going to be alone. • A parent/carer is not paying enough attention to protect child/young person. • A child/young person is a danger to self or others and parent/carer is not providing supervision.
❑	**Shelter/Environment**	• A child/young person or family is homeless. • A child/young person is living in a dangerous environment. • A child/young person is refusing to stay in an available safe place.
❑	**Food**	A child/young person is not receiving appropriate nutrition.
❑	**Medical Care**	A child/young person has an untreated/inappropriately treated medical condition.
❑	**Mental Health Care**	• A child/young person has an untreated/inappropriately treated mental health condition. • A child/young person is a danger to self or others and parent/carer is not providing intervention.
❑	**Education** **❑ Not Enrolled** **❑ Habitual Absence**	• A child/young person of compulsory school age is not enrolled. • A child/young person of compulsory school age is habitually absent.

These descriptions will be displayed if MR selects 'CARER CONCERN'.

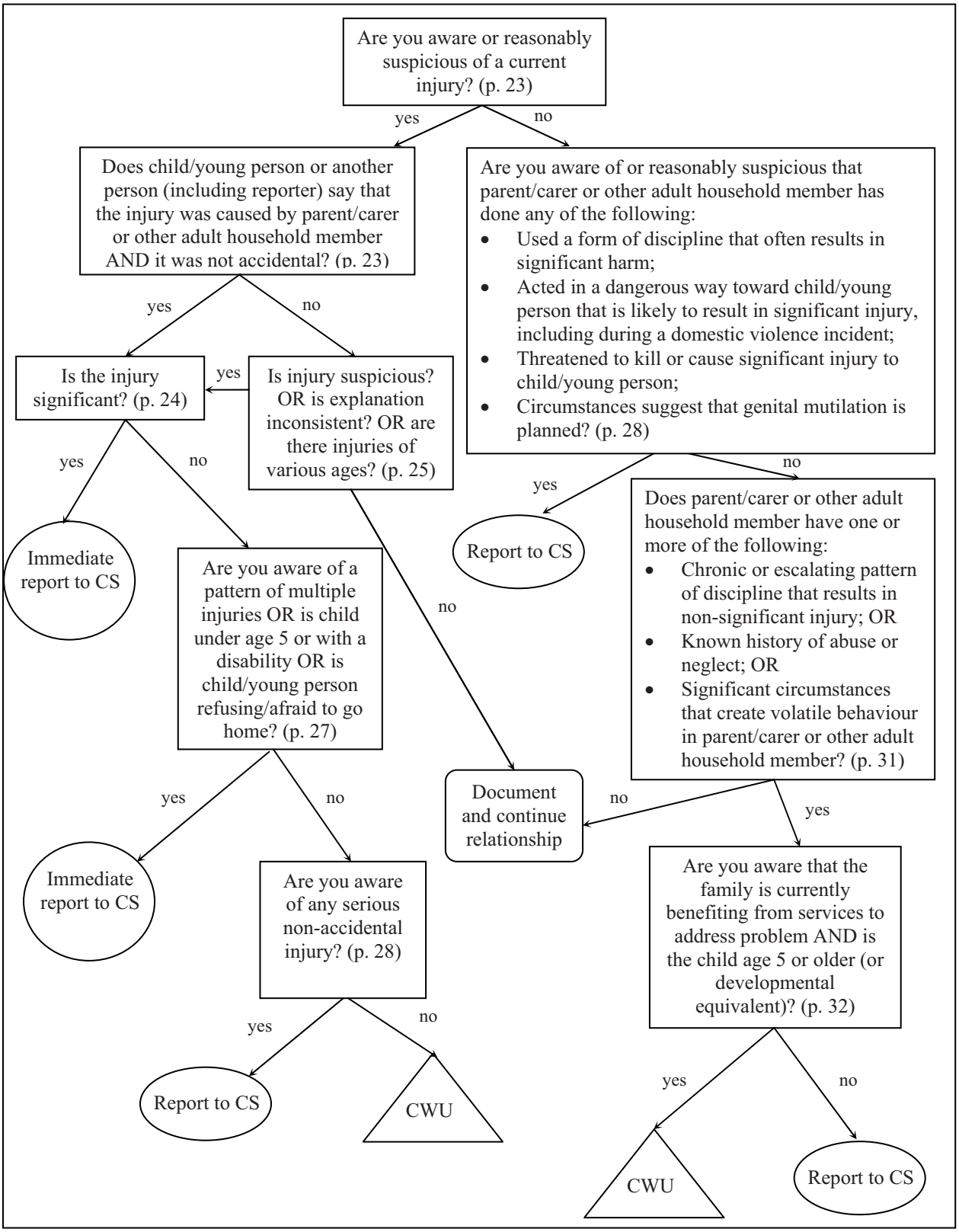
		Use this when you do not have information that a child/young person has been injured, neglected or psychologically harmed, however:
❑	**Substance Abuse**	• Use this when a child/young person discloses significant substance use by a parent/carer. • You observe a parent/carer to be significantly impaired by substance use. • Inappropriate parent/carer substance use is reported to you by a third party. • A child is born and there is evidence that the child was exposed to alcohol or drugs.
❑	**Mental Health**	• A child/young person discloses significant parent/carer mental health concerns. • You observe a parent/carer to be significantly impaired by mental health concerns. • Parent/carer mental health concerns are reported to you by a third party.
❑	**Domestic Violence**	• You are aware of an incident of domestic violence (observed by you or reported to you) that did not result in injury to a child/young person or psychological harm to a child/young person. • You suspect domestic violence based on observations of extreme power/control dynamics (e.g., extreme isolation) or threats of harm to adults in household.

These descriptions will be displayed if MR selects 'SEXUAL ABUSE'.

		Use this when:
❑	**Child**	The reported victim or potential victim is under age 16.
❑	**Young Person**	The reported victim or potential victim is age 16 or 17.
❑	**Problematic Sexual Behaviour Toward Others**	You are concerned that a child/young person has initiated sexually abusive behaviour toward others.

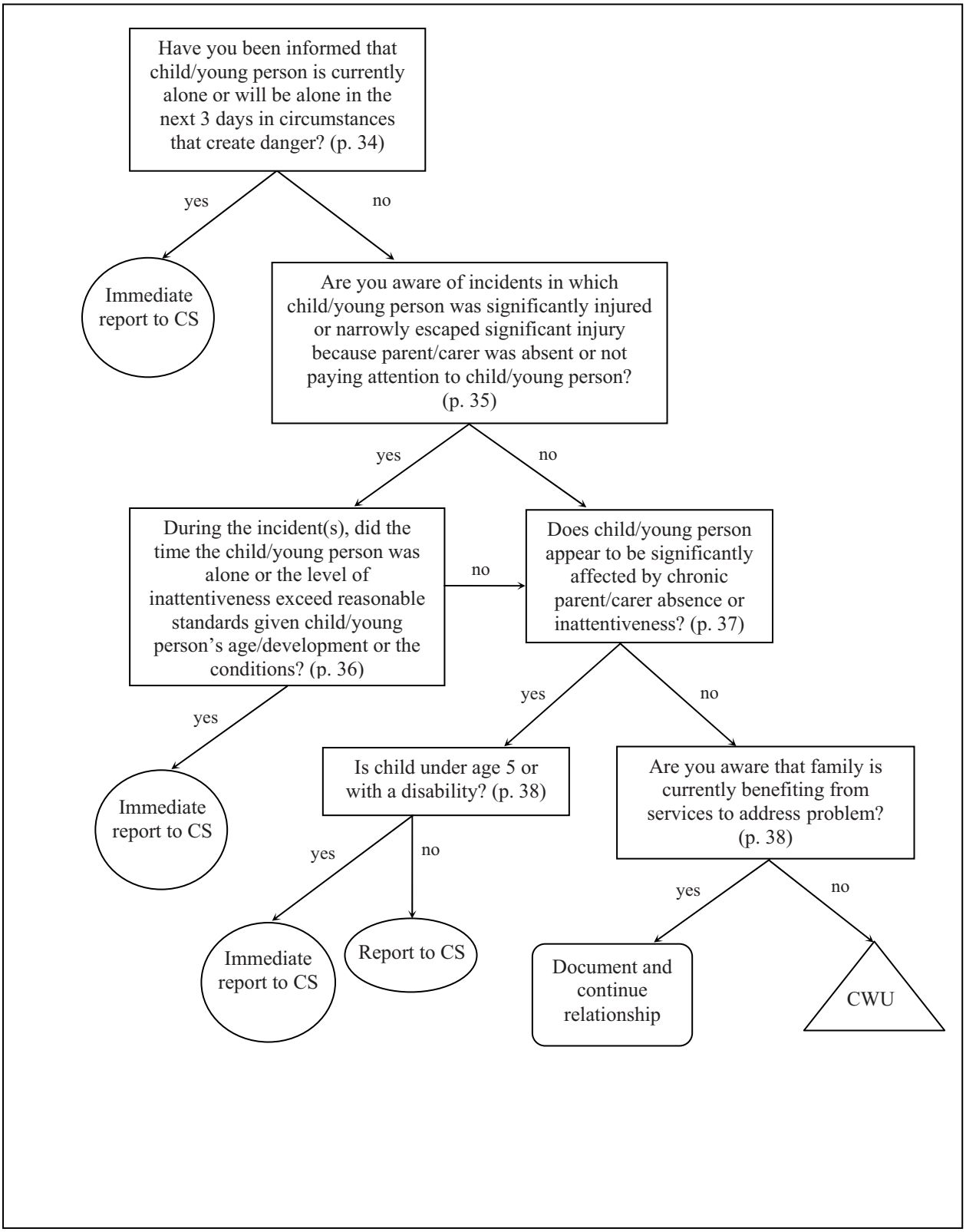
© 2010 by NCCD, All Rights Reserved

PHYSICAL ABUSE



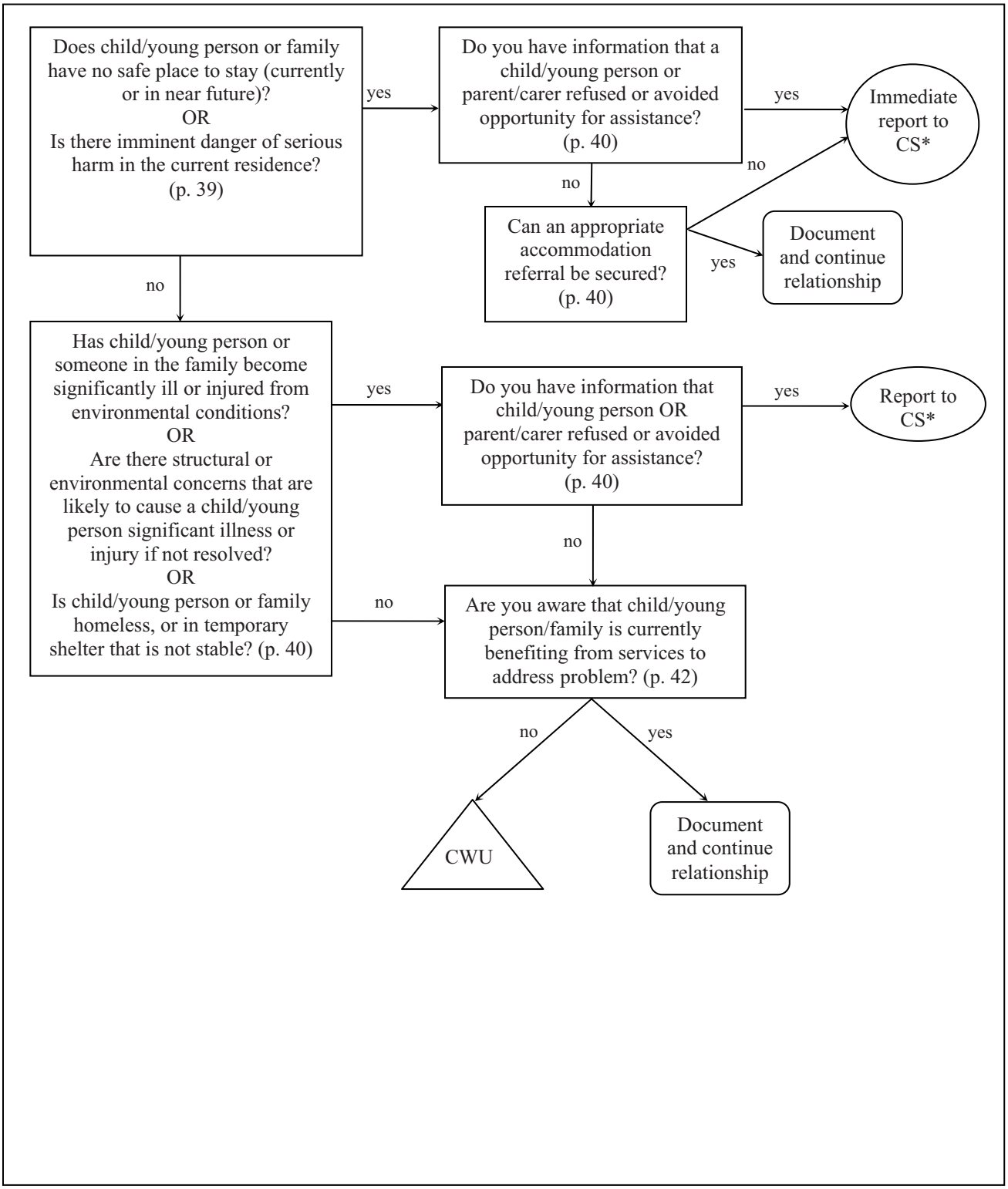
© 2010 by NCCD, All Rights Reserved

NEGLECT: SUPERVISION



© 2010 by NCCD, All Rights Reserved

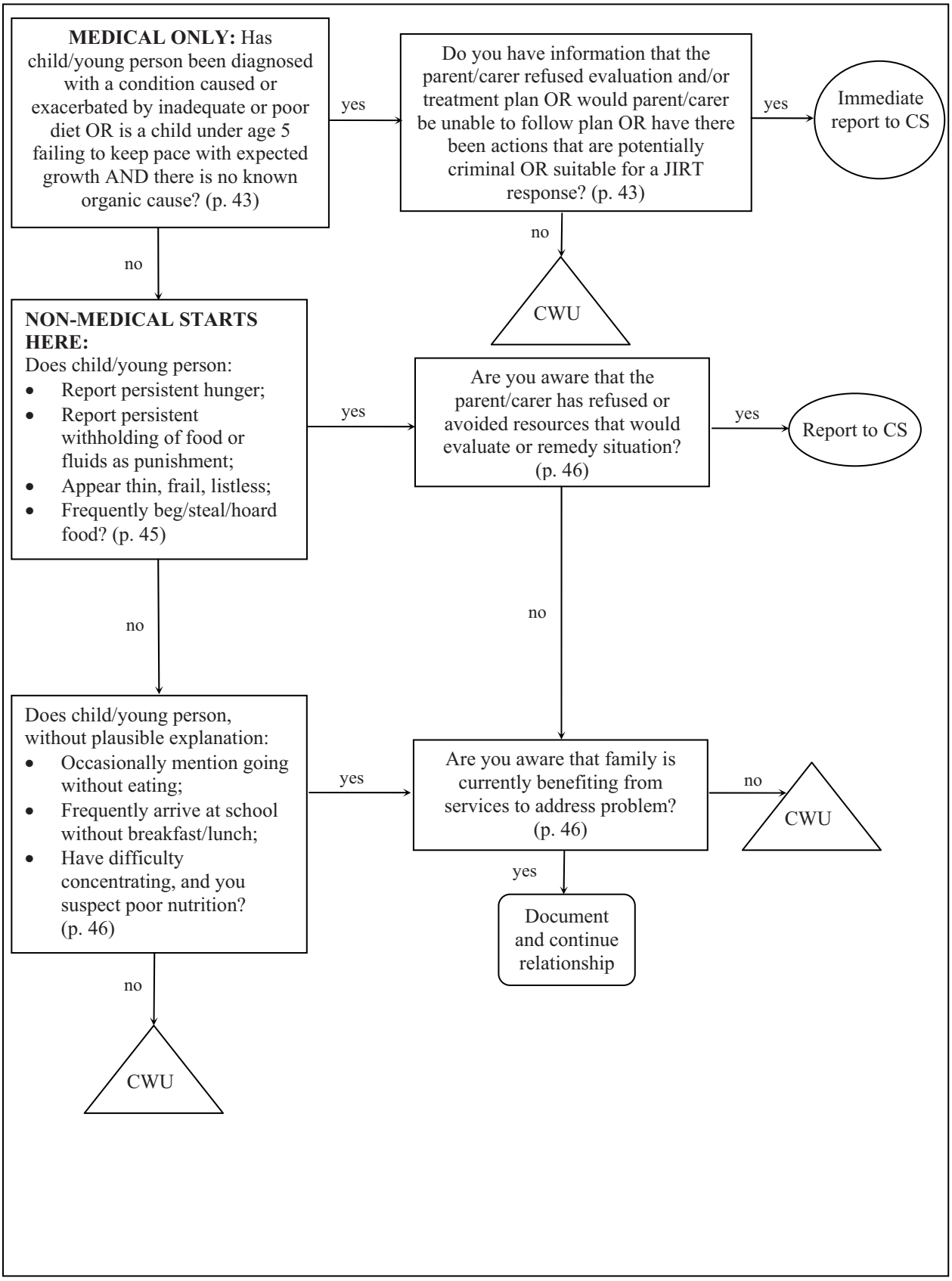
NEGLECT: PHYSICAL SHELTER/ENVIRONMENT



*For reports concerning a young person (age 16 or 17) who is homeless, his/her consent is necessary prior to making a report.

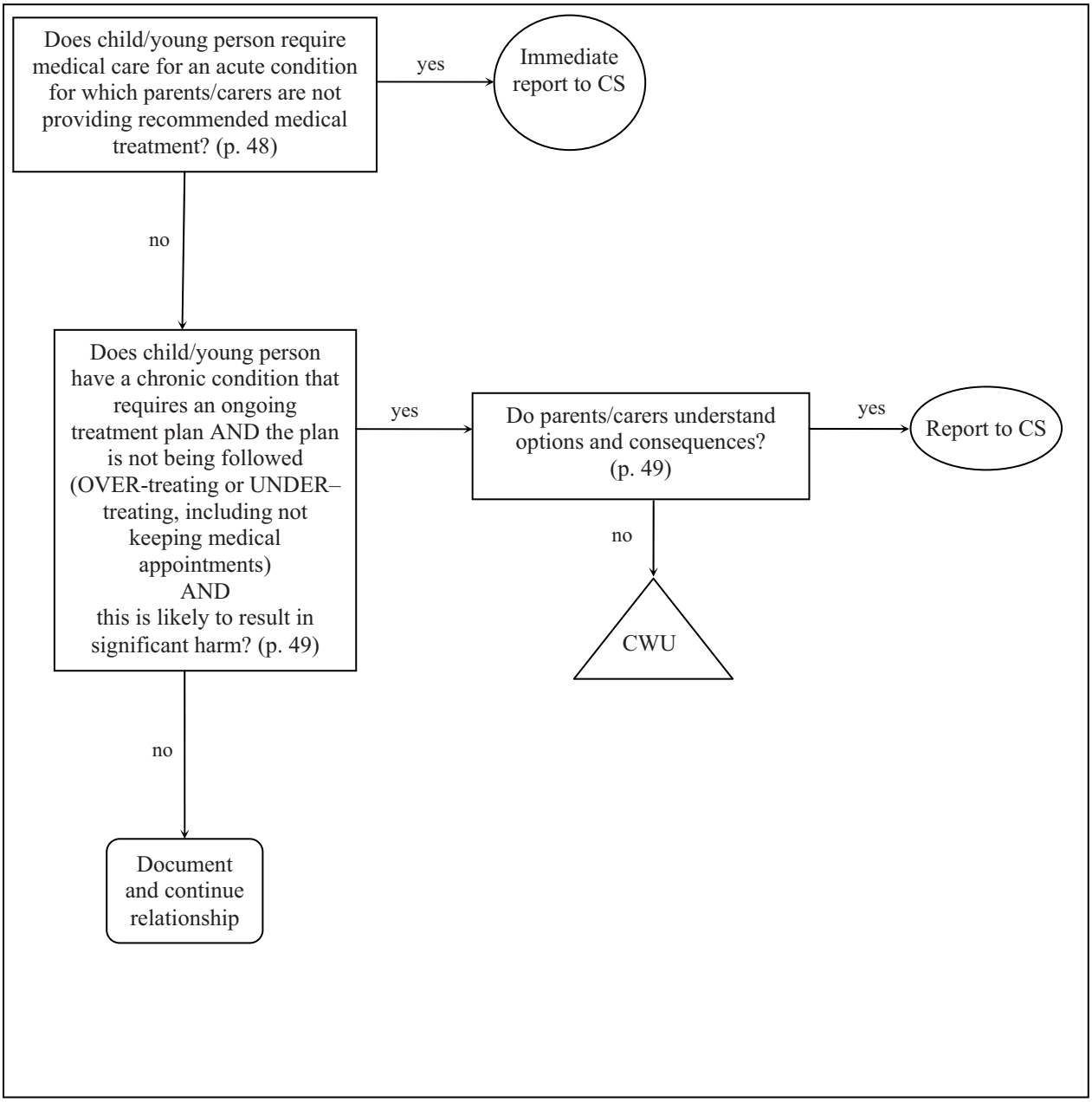
© 2010 by NCCD, All Rights Reserved

NEGLECT: FOOD



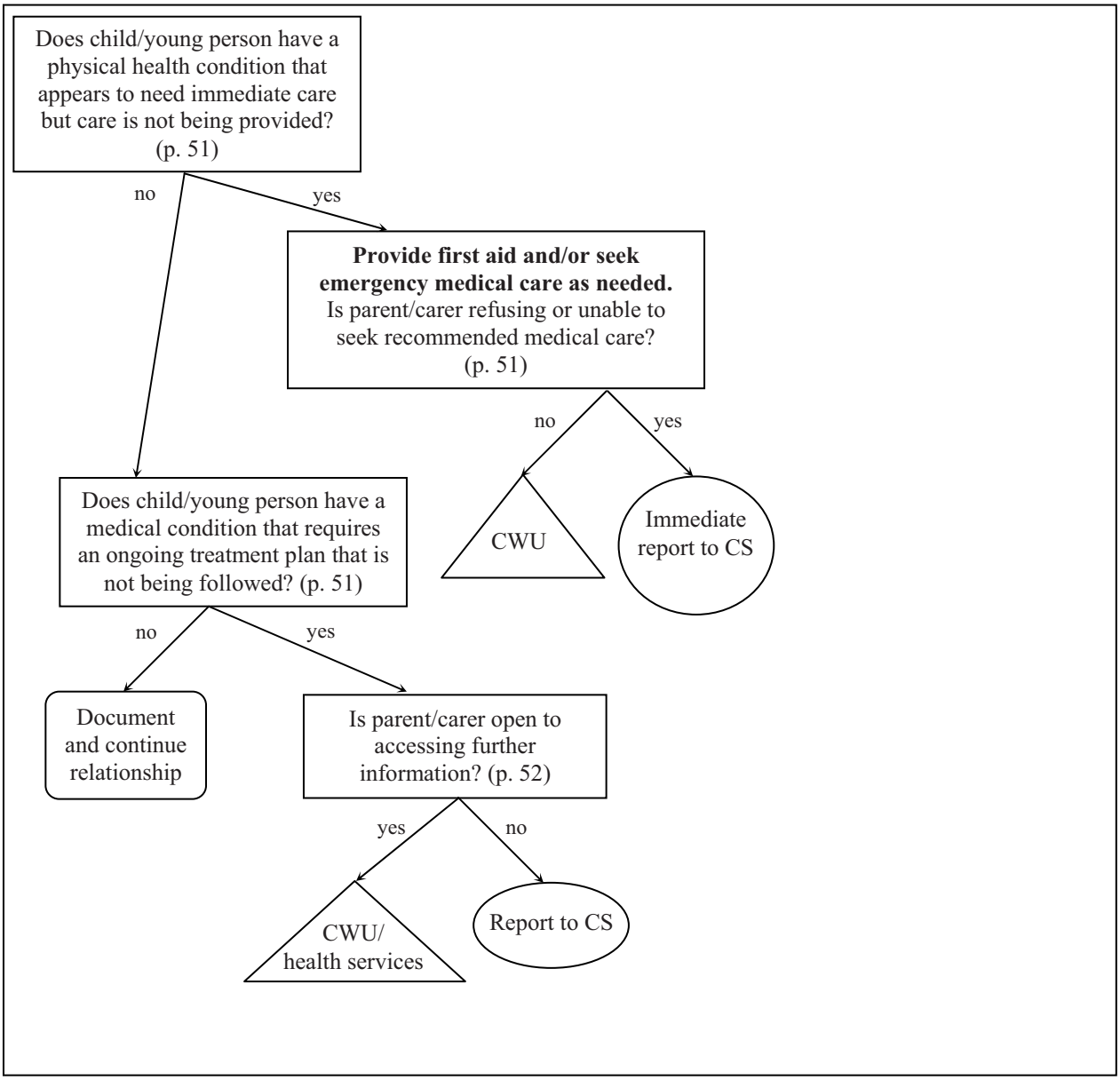
© 2010 by NCCD, All Rights Reserved

NEGLECT: MEDICAL CARE—MEDICAL PROFESSIONALS
(A medical professional is a person qualified to make a diagnosis and/or treat the condition being reported.)



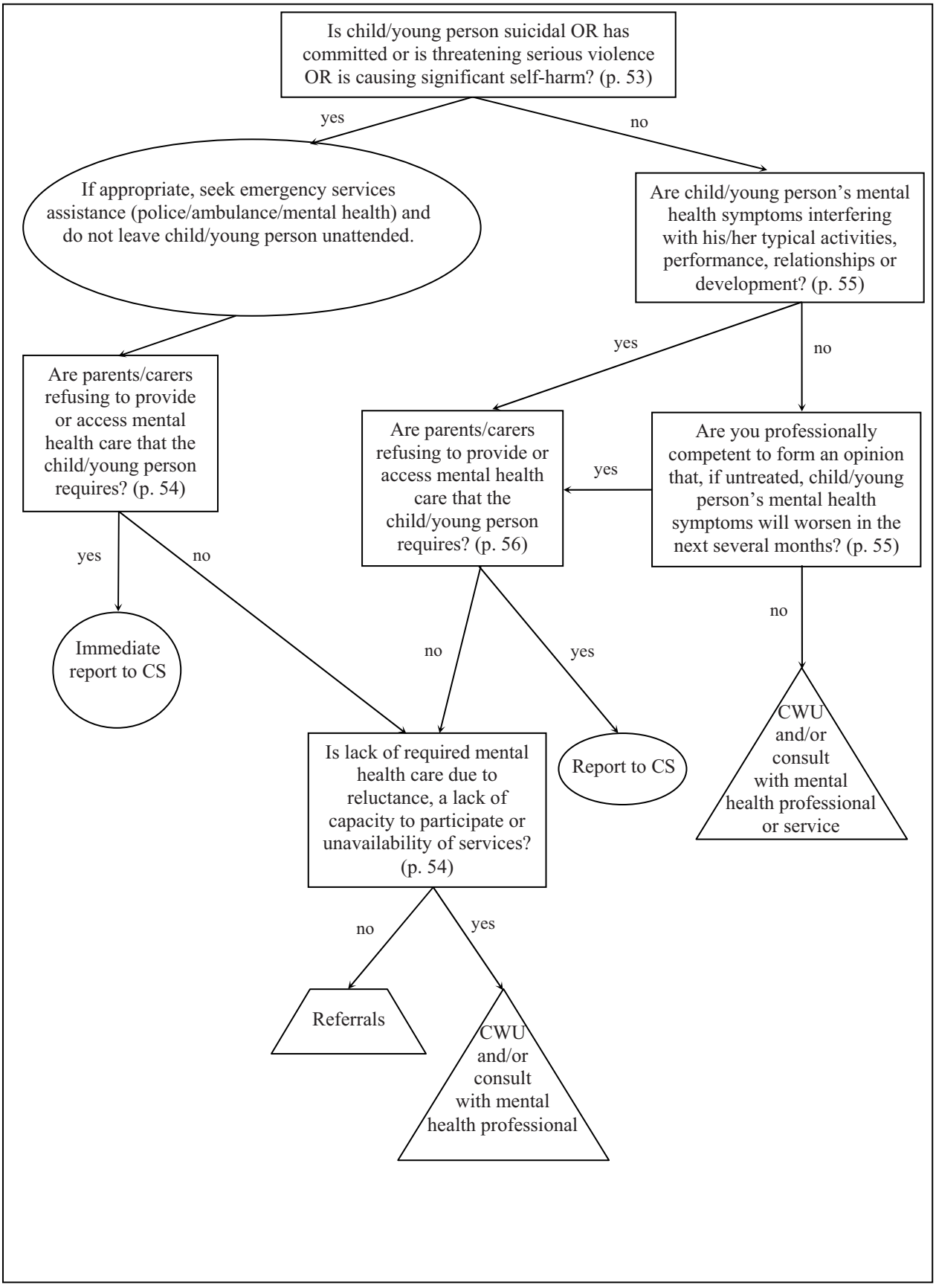
© 2010 by NCCD, All Rights Reserved

NEGLECT: MEDICAL CARE—NON–MEDICAL PROFESSIONALS



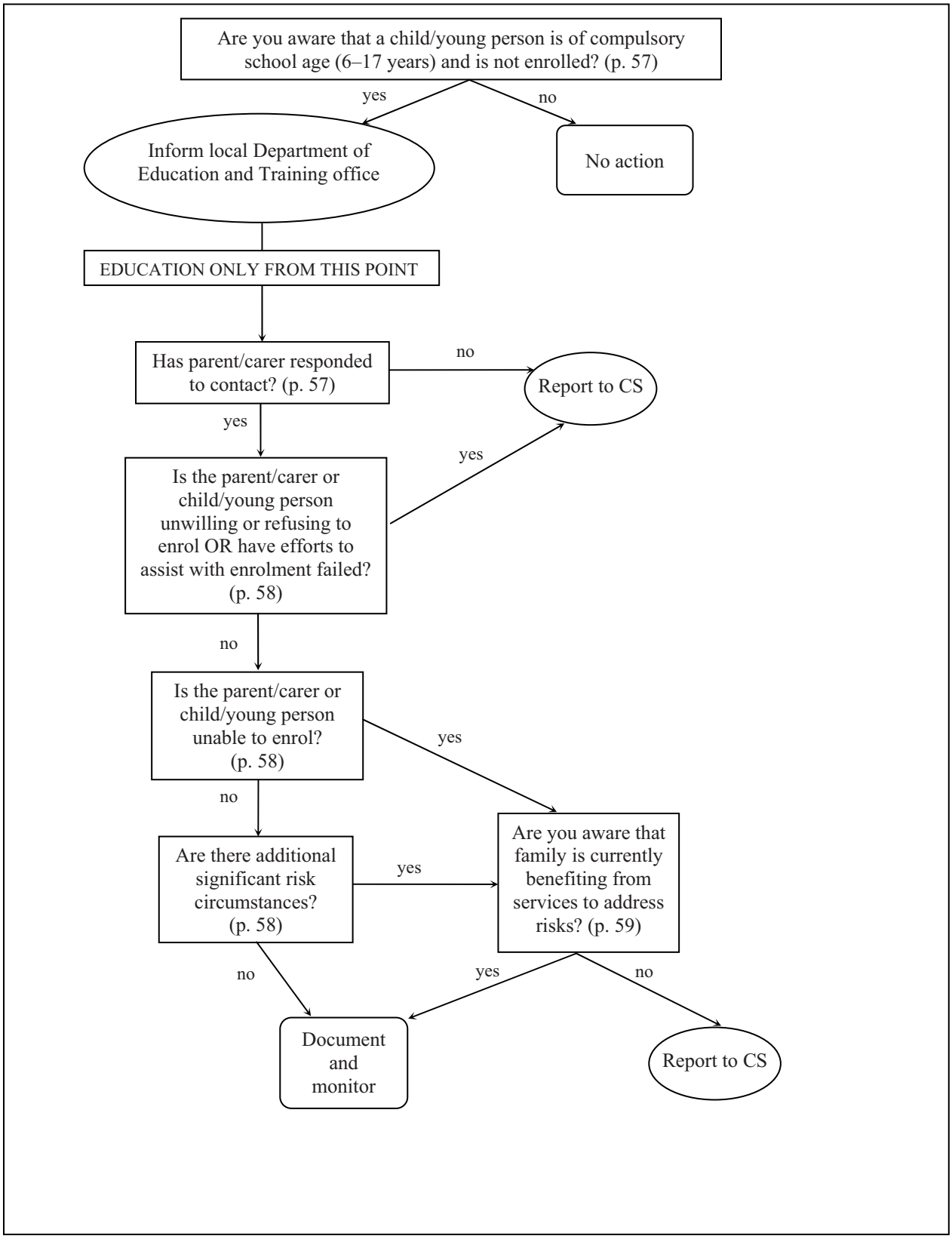
© 2010 by NCCD, All Rights Reserved

NEGLECT: MENTAL HEALTH CARE



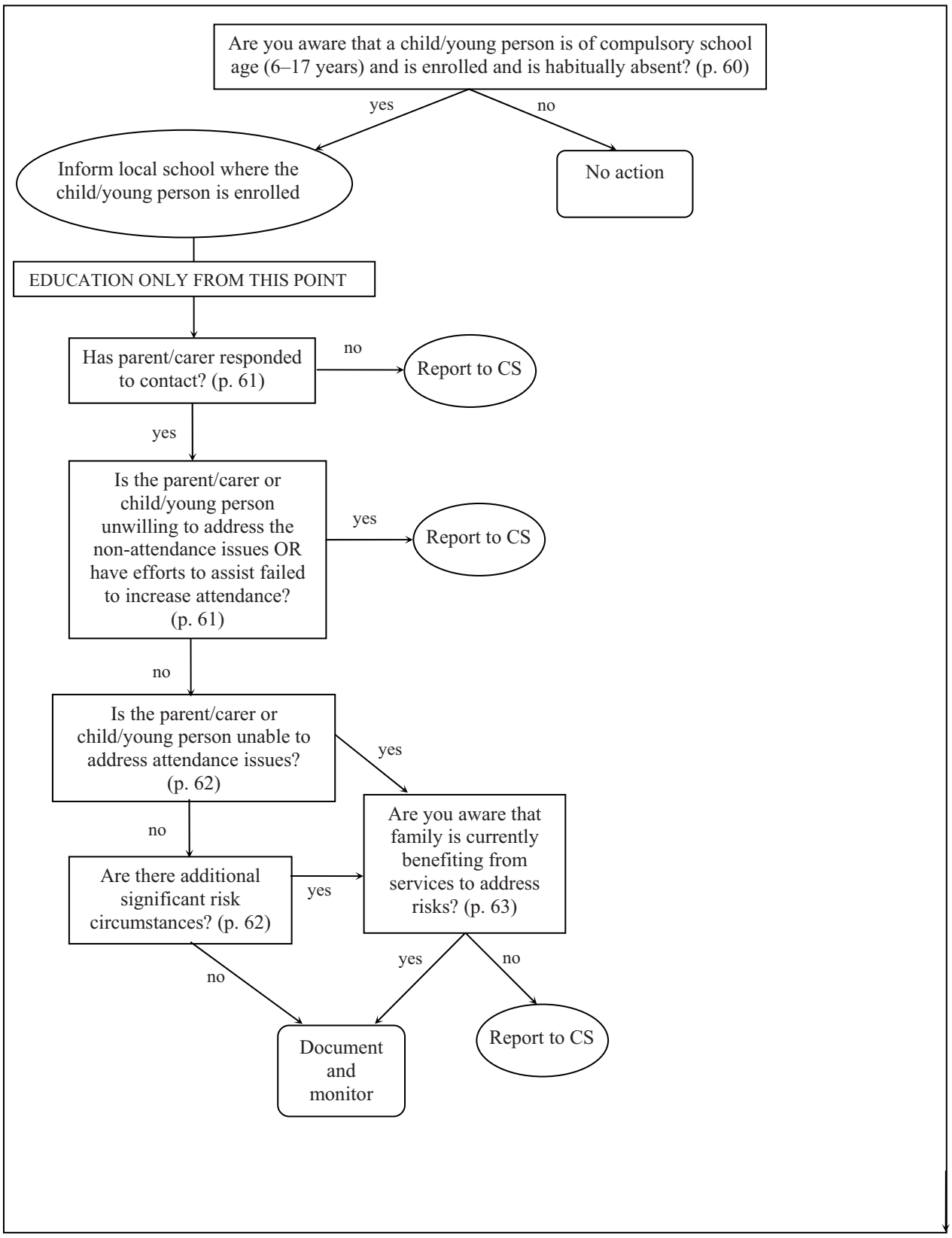
© 2010 by NCCD, All Rights Reserved

NEGLECT: EDUCATION—NOT ENROLLED



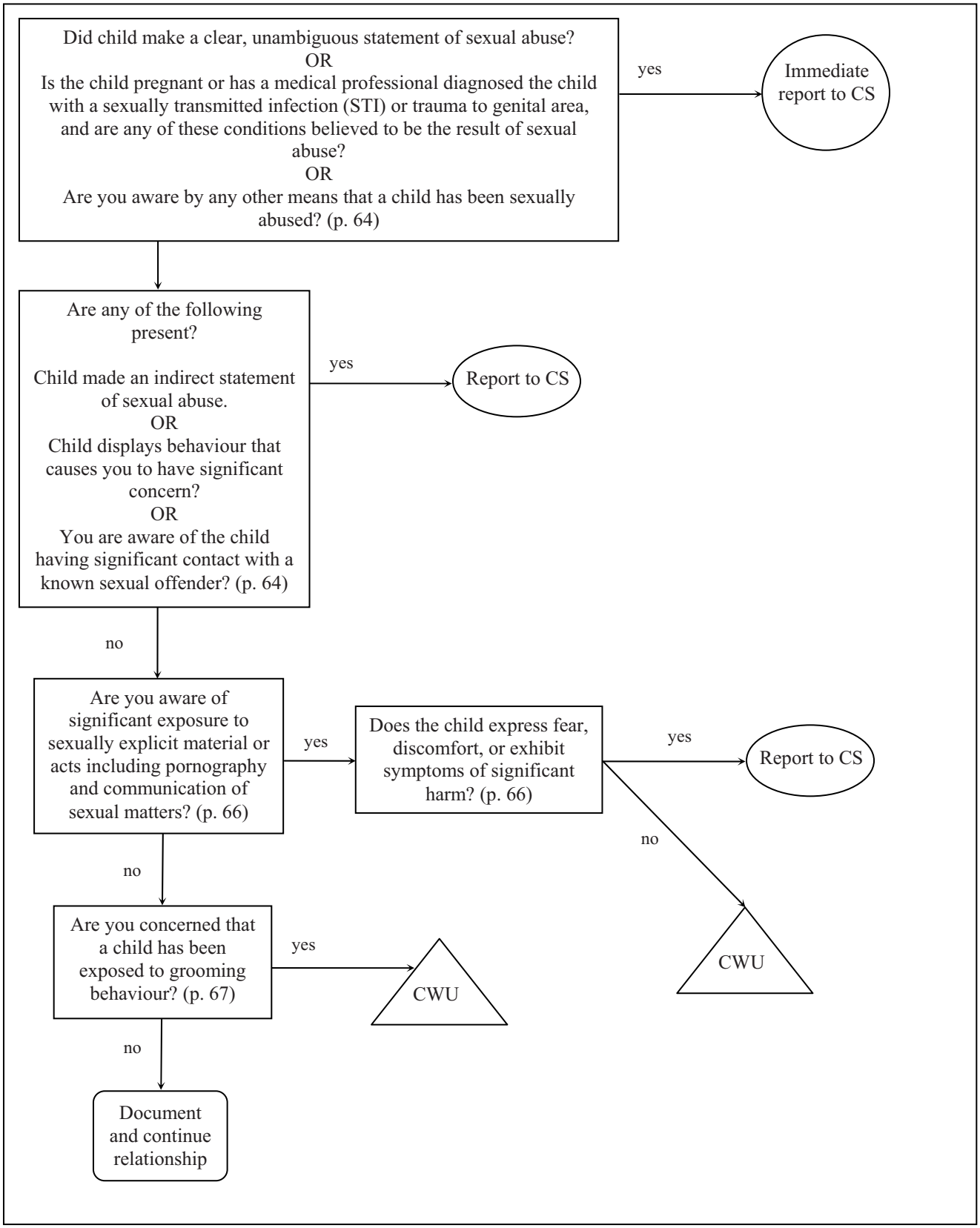
© 2010 by NCCD, All Rights Reserved

NEGLECT: EDUCATION—HABITUAL ABSENCE



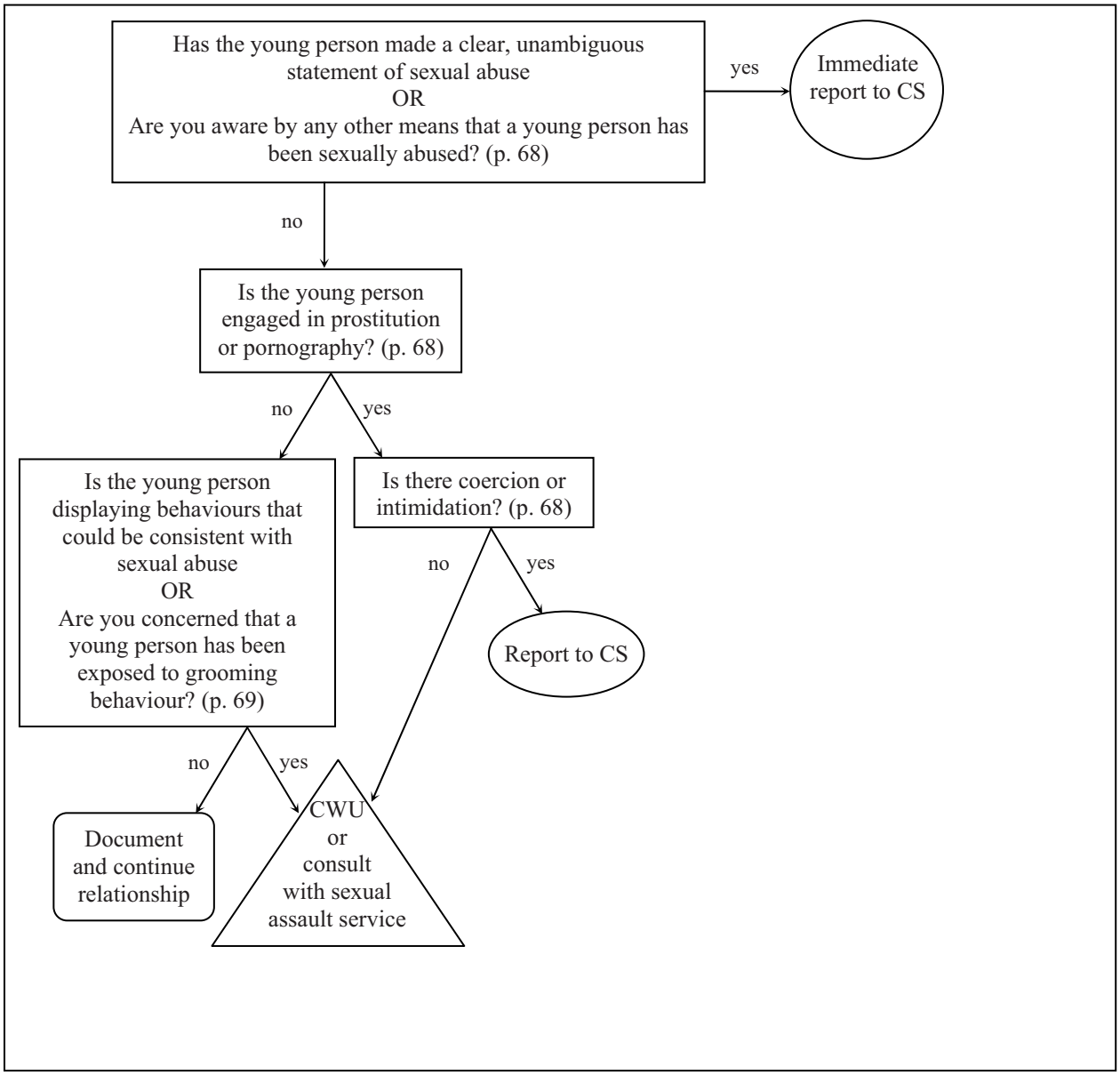
© 2010 by NCCD, All Rights Reserved

SEXUAL ABUSE OF CHILD (AGE 0–15 YEARS)



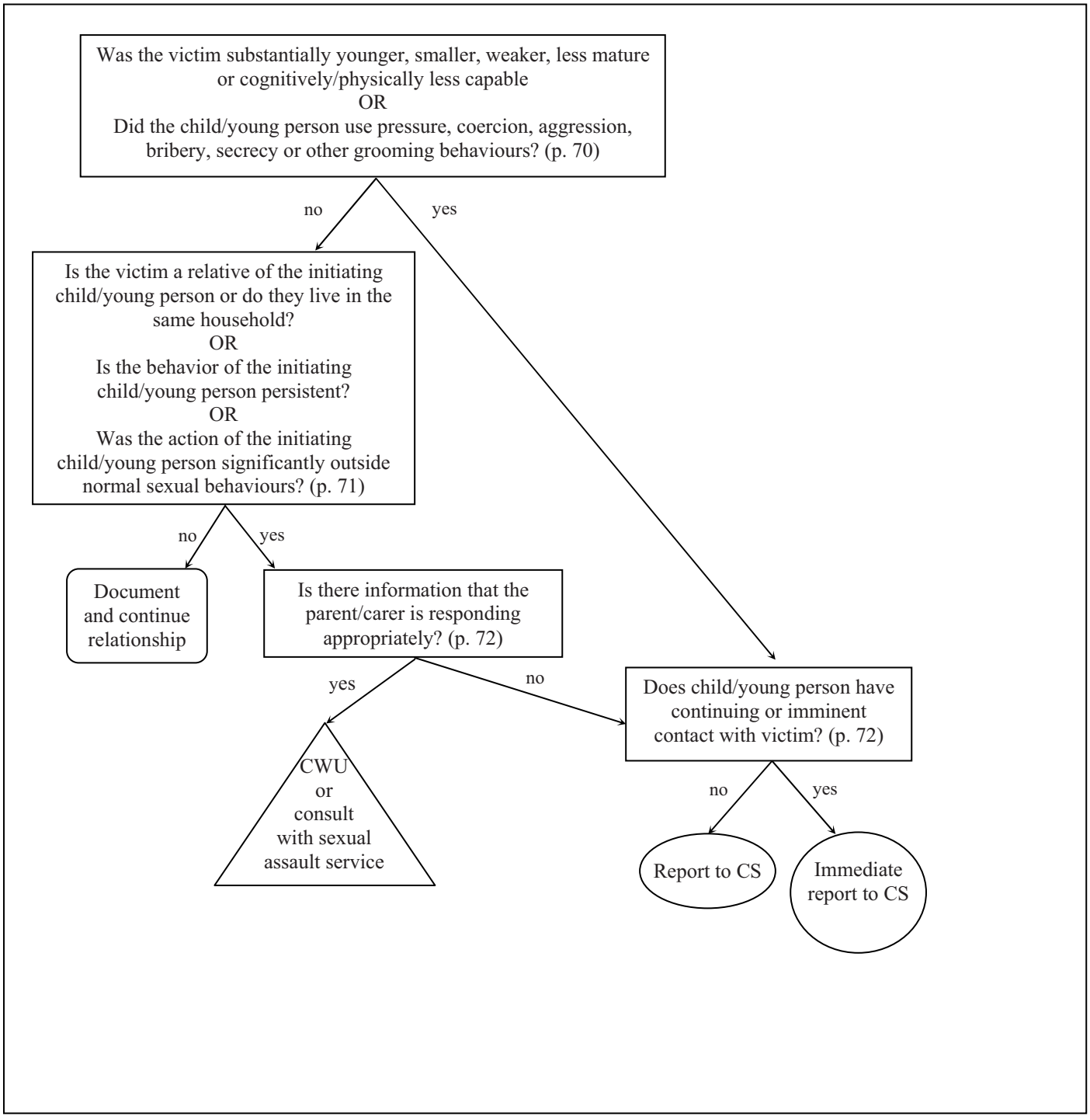
© 2010 by NCCD, All Rights Reserved

SEXUAL ABUSE OF YOUNG PERSON (AGE 16–17 YEARS)



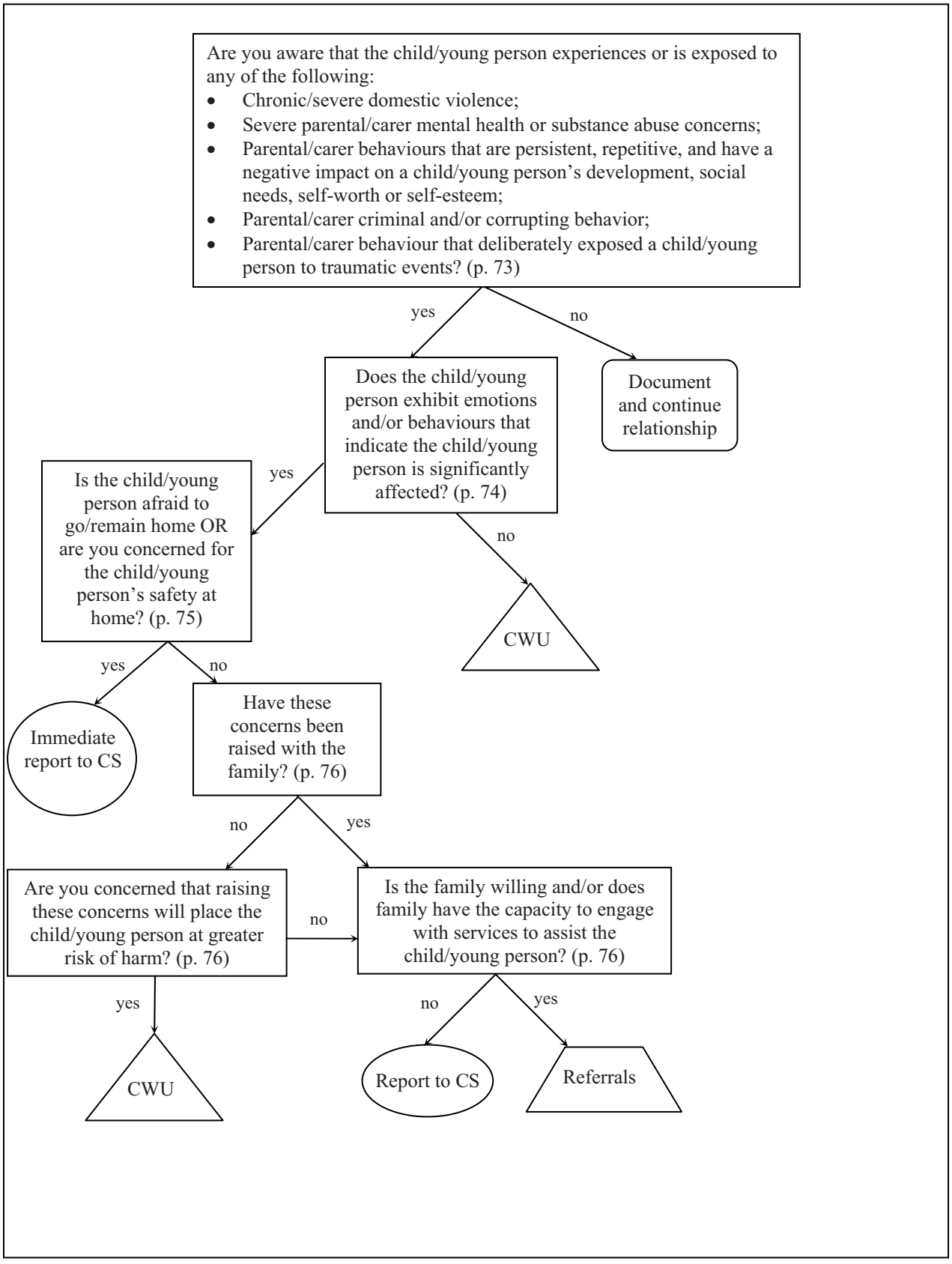
© 2010 by NCCD, All Rights Reserved

CHILD/YOUNG PERSON PROBLEMATIC SEXUAL BEHAVIOUR TOWARD OTHERS



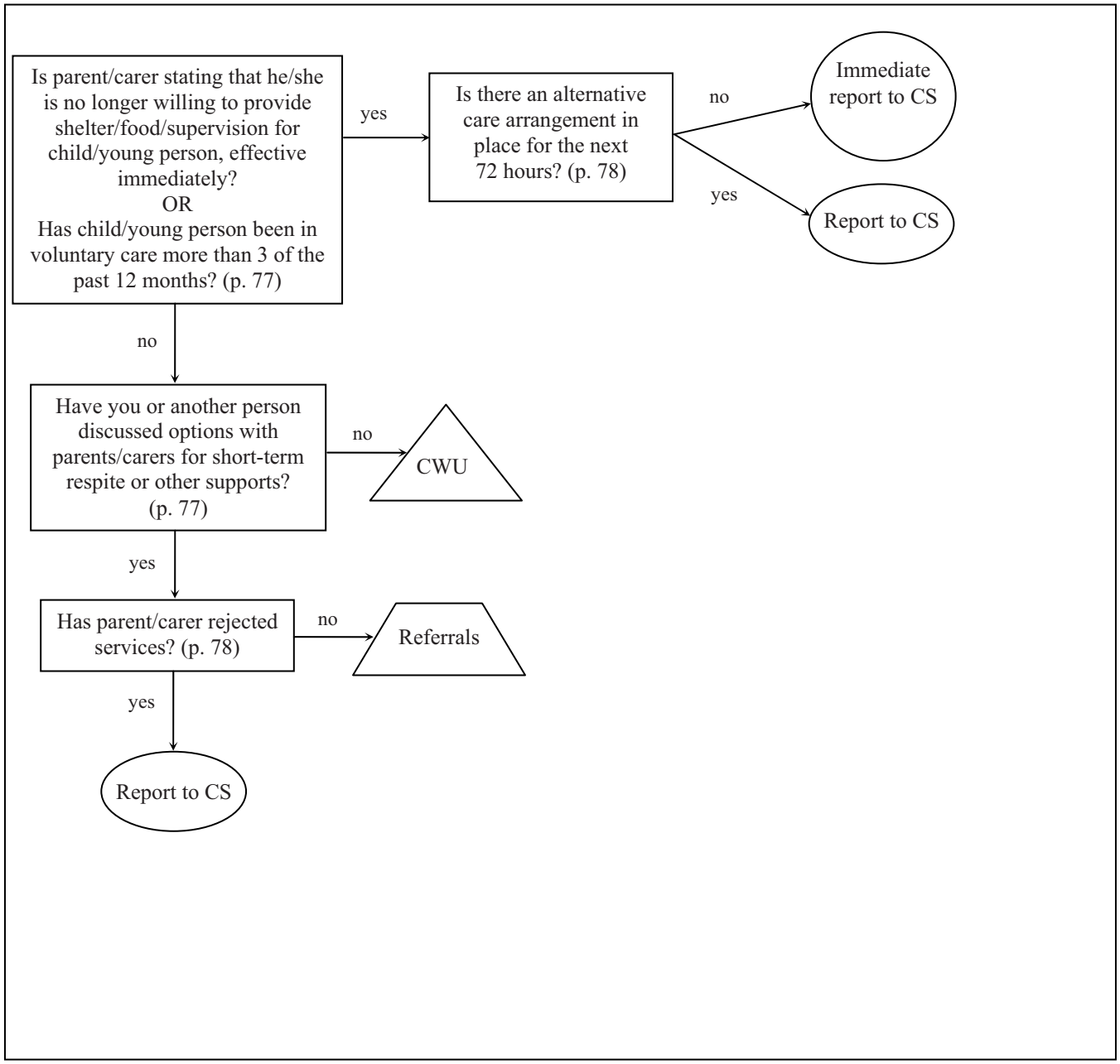
© 2010 by NCCD, All Rights Reserved

PSYCHOLOGICAL HARM



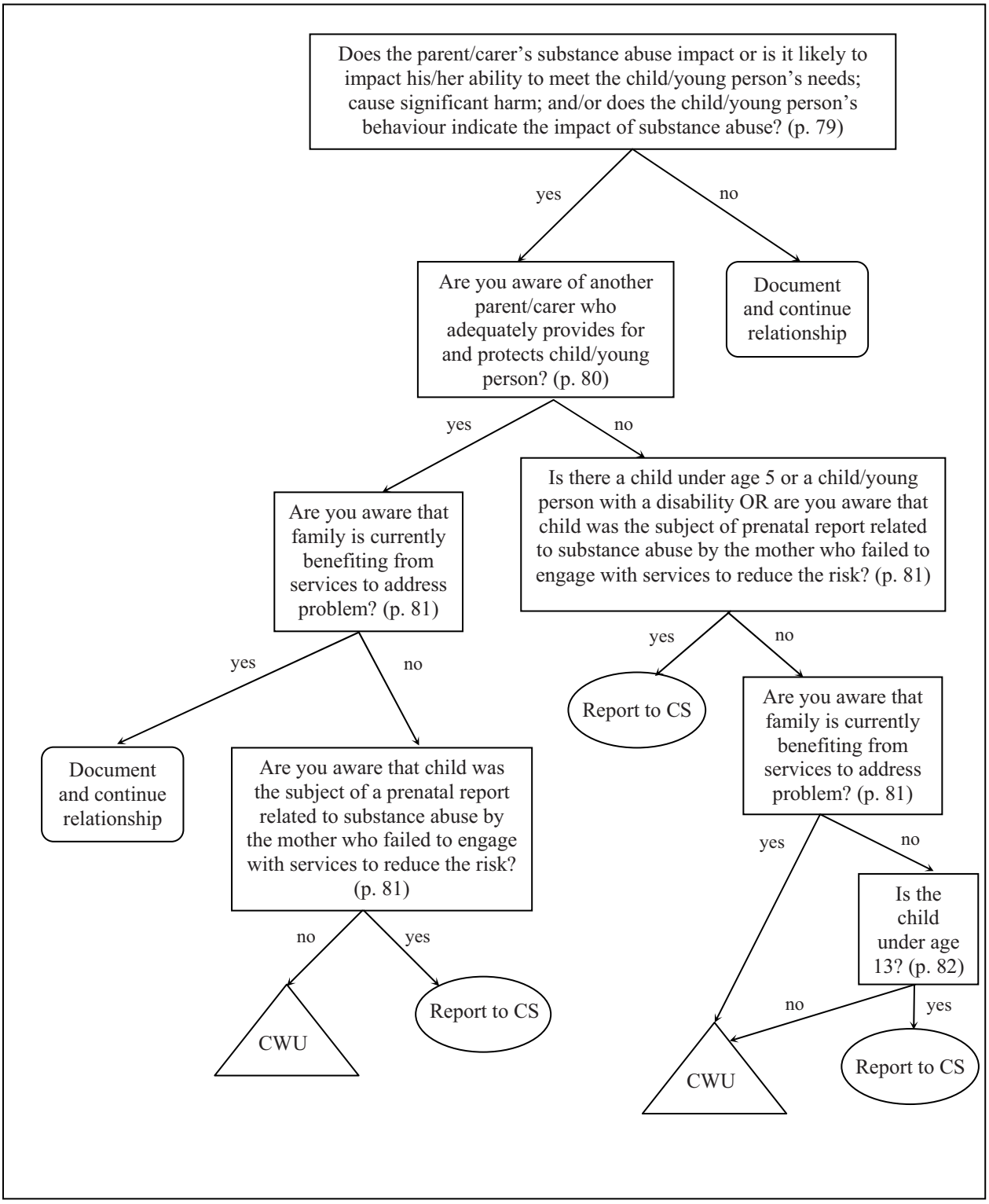
© 2010 by NCCD, All Rights Reserved

RELINQUISHING CARE



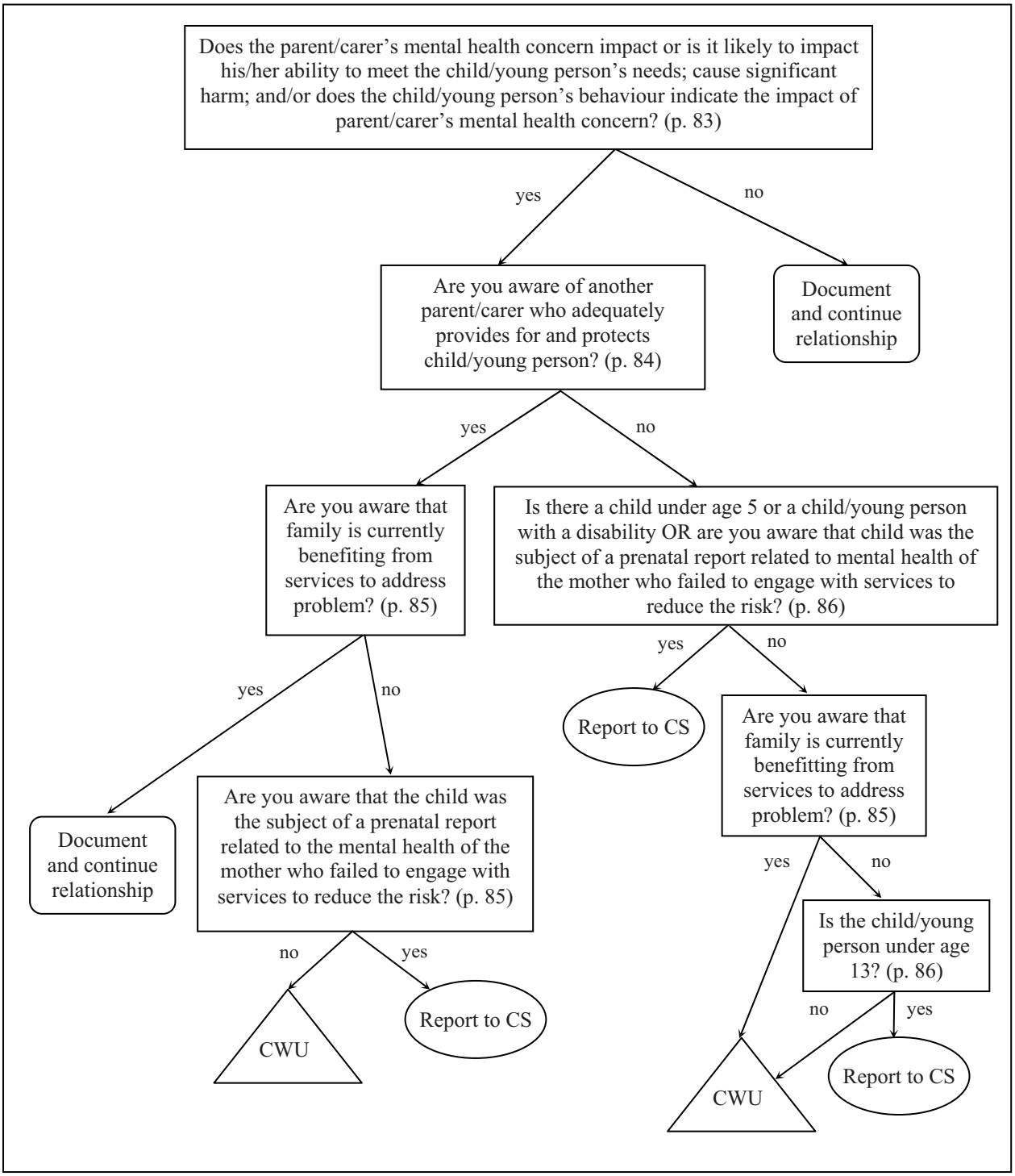
© 2010 by NCCD, All Rights Reserved

CARER CONCERN: SUBSTANCE ABUSE



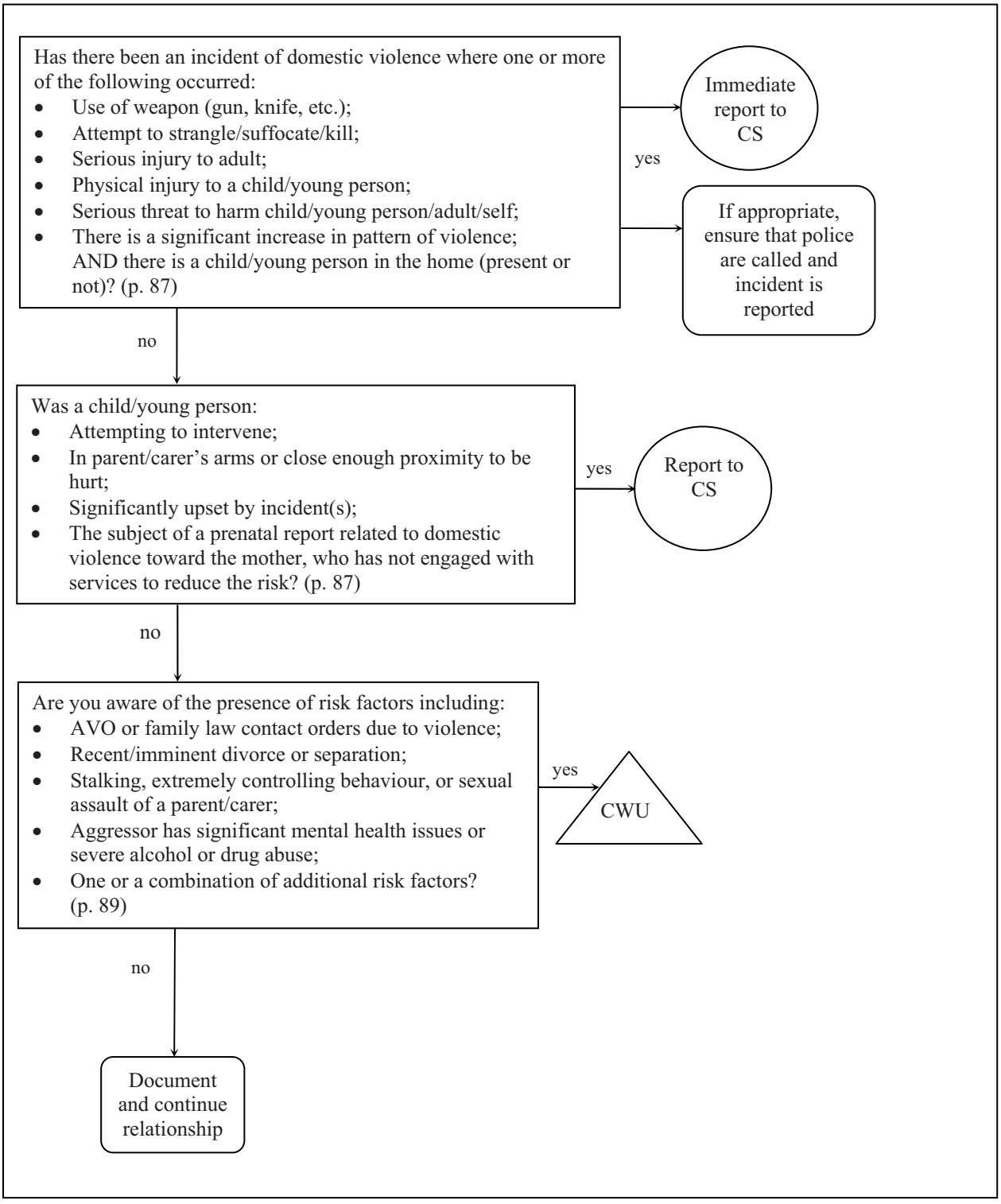
© 2010 by NCCD, All Rights Reserved

CARER CONCERN: MENTAL HEALTH



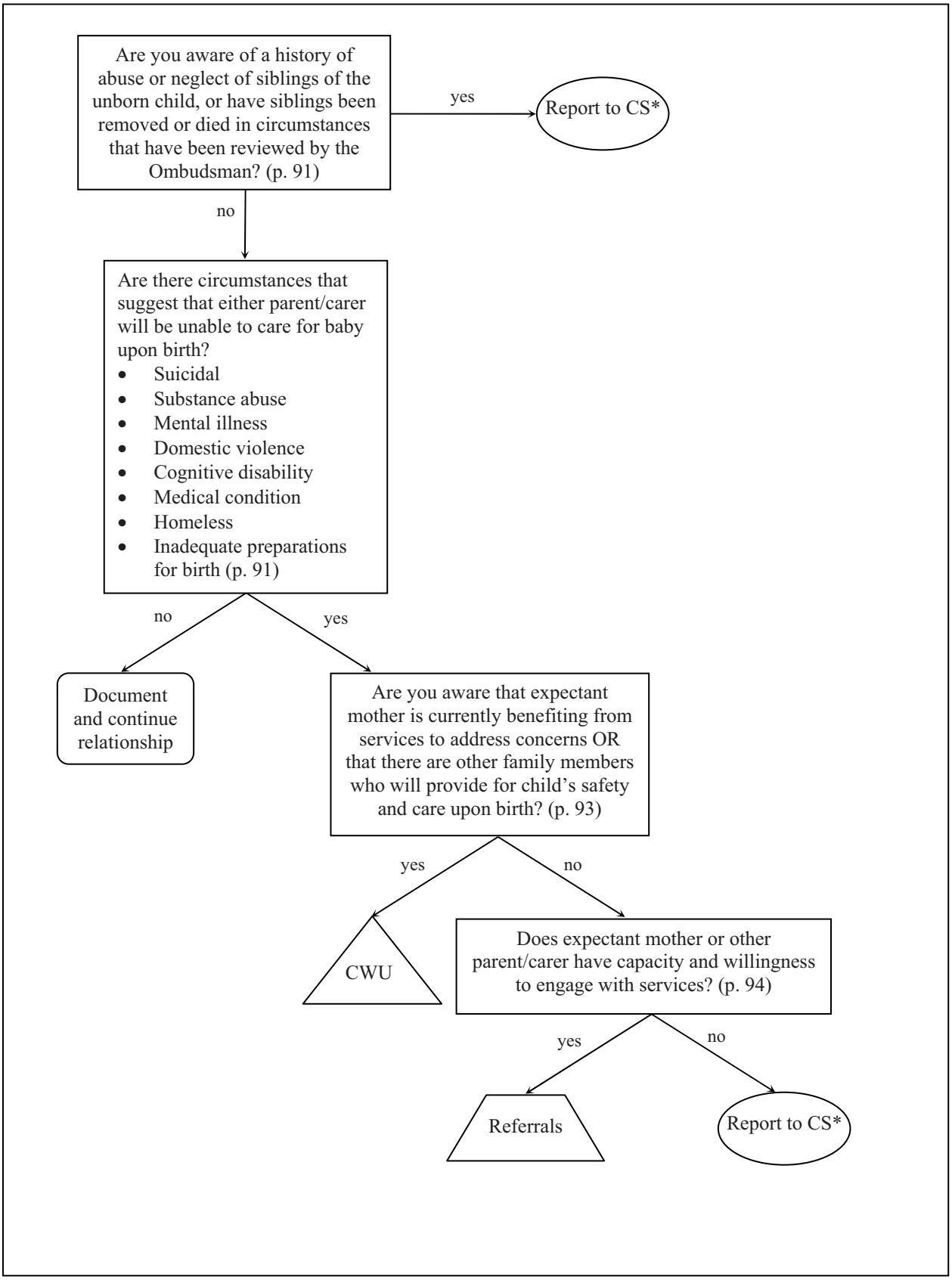
© 2010 by NCCD, All Rights Reserved

CARER CONCERN: DOMESTIC VIOLENCE



© 2010 by NCCD, All Rights Reserved

UNBORN CHILD



**If pregnancy is 37 weeks or more, report should be immediate. If you do not know exact length of pregnancy, use best judgment about whether birth appears imminent.*

© 2010 by NCCD, All Rights Reserved

PHYSICAL ABUSE

Are you aware or reasonably suspicious of a *current* injury?

ANSWER YES IF:

- You see that a child/young person has an injury ranging from a bruise, cut or burn to a severe injury, including genital mutilation; OR
- You suspect that a child/young person has an injury even if you cannot see it. For example:
  - » The child/young person tells you he/she has an injury that you are unable to see because it is covered by clothing.
  - » The child/young person is acting as if he/she may have injuries to joints, bones or muscles, such as limping; holding an arm or leg in an awkward position; or, not bearing weight.
  - » The child/young person is acting as if he/she may have internal injuries, such as being in pain, vomiting, growing pale or losing consciousness.
  - » The child/young person is acting as if he/she may have head injuries, such as losing consciousness, blurred vision or stopped breathing.
  - » The child/young person is acting as if he/she may have experienced genital mutilation, such as being reluctant to be involved in sports/activities he/she previously enjoyed, has difficulty toileting or difficulty with menstruation.

AND

- The injury is **current**. Include injuries that are present at this time, including any bruises, regardless of colour. If you are just learning of a prior injury that has already healed, answer 'no'.

Does child/young person or another person (including reporter) say that the injury was caused by parent/carer or other adult household member AND it was not accidental?

ANSWER YES IF:

- <u>The child/young person has provided an account of the injury</u>. The child/young person's account is that a parent/carer or other adult household member acted deliberately to cause the injury, or acted in a way that was likely to cause injury even if he/she had not planned in advance to cause injury. If the child/young person states that the injury was accidental, answer 'no' even if you remain concerned.
- <u>The child/young person has not provided an account of the injury</u>. The child is nonverbal (too young, developmentally delayed, or for any reason is not

© 2010 by NCCD, All Rights Reserved

explaining how the injury was caused); however, another person (including the reporter) saw the incident leading to the injury and states that the injury was caused by a parent/carer or other adult household member acting deliberately or recklessly.

EXAMPLES

Non-accidental	Accidental
• Parent/carer or other adult household member said he/she was going to hurt child. • Parent/carer or other adult household member said he/she was going to teach child a lesson. • Parent/carer or other adult household member hit or shook child hard enough to cause injury even though he/she later said he/she did not mean it and/or was sorry about it. • Circumcision by an unqualified practitioner. • Injuries are inconsistent with explanation provided.	• Parent/carer or other adult household member injured child while attempting to prevent child from greater danger (bruise on arm from grabbing child to prevent child from running into traffic; grabbing child by the arm whilst bathing or changing nappy to stop child from falling to the floor). • Parent/carer or other adult household member inadvertently injured child in the course of routine care.

ANSWER NO IF:
Child/young person does not report that injury was caused by a parent/carer/other adult household member AND you have no information that someone witnessed a parent/carer/other adult household member intentionally causing the injury.

Is the injury significant?

ANSWER YES IF:
The injury, if untreated, would likely result in death, significant disfigurement or loss or significant impairment of normal functioning. *NOTE: If you are at this question because you answered 'yes' to injuries of various ages, this question applies to any of the injuries, not just the current injury.*

Refer to the following table for examples of significant injuries.

Area of Injury	Physician	**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:*
Head	• Skull or facial fractures • Intra-cranial and retinal haemorrhage • Brain oedema • Injuries to eyes/teeth • Anoxic brain injury • Bruises to the pinna	• Child/young person lost consciousness • Obviously disfigured nose/jaw • Injury to eyes or teeth: for example, eye is swollen shut, child has been blinded, permanent teeth have been broken or knocked out • Bruises to head, including face and earlobe
Neck	• Cervical fracture • Injury to pharynx/larynx • Ligature marks	• Bruise or redness that goes around neck • Child/young person is unable to talk normally

© 2010 by NCCD, All Rights Reserved

Area of Injury	Physician	**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:*
Torso	• Rib or spinal fractures • Internal organ injuries • Investigation suggests abdominal trauma • Bruises: Deep bruises that are consistent with internal injuries even if no internal injuries are present at this time	• Child/young person is coughing/spitting blood • Child/young person is in significant back or abdominal pain • Child/young person is throwing up, or becoming pale or faint • Bruises to back, sternum or stomach
Arms/legs	• Broken bones, sprains, dislocations • Ligature marks	• Child/young person is holding an arm or leg in an odd position • Child/young person cannot bear weight
Skin	• Burns: All 2nd and 3rd degree • Lacerations: All lacerations requiring sutures • Bruises: Deep bruises that are consistent with underlying haematoma	• Burns that require medical care • Cuts that require stitches • Bruises to stomach, back or head 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.
Other	• Genital damage consistent with female genital mutilation • Serious damage resulting from circumcision of a boy by an unqualified practitioner	Female genital mutilation is suspected for a girl who: • Is reluctant to be involved in sport of other physical activities when previously interested • Has difficulties with toileting or menstruation • Has long periods of sickness

ANSWER NO IF:
Injury does not meet threshold for significant injury.

Is injury suspicious? OR
Is explanation inconsistent? OR
Are there injuries of various ages?

ANSWER YES IF:

Injury is suspicious. Suspicious injuries are those that are highly correlated with abuse. In most instances, a physician will determine whether or not the injury is suspicious. However, a layperson can reasonably conclude that an injury is suspicious, depending on the symptoms.

Refer to the following table for examples of suspicious injuries.

Area of Injury	Physician	Non-physician Others
Head	• Torn fraenulum in infant • Bruising to earlobe on both surfaces and underlying scalp • Constellation of injuries consistent with sudden impact • Scalp haematoma	• Facial bruising to soft tissue of cheek • Two blackened eyes • Cuts to face • Bruising to scalp • Bruise to earlobe
Neck	Bruising to neck	Bruising to neck

© 2010 by NCCD, All Rights Reserved

Area of Injury	Physician	Non-physician Others
Torso	• Multiple rib fractures (especially posterior) • Fractures to spine	Multiple bruising/lacerations
Arms/legs	• Spiral/oblique fracture • Corner fractures • Bucket handle tears • Multiple fractures of different ages	
Skin	• Human bite marks • Loop marks • Multiple linear marks • Marks in the shape of another object • Cigarette or other contact burns in the shape of an object • Stocking pattern burns • Marks that cover circumference (or nearly so) of a limb or neck • Multiple bruising of different colours (fresh and fading to yellow) that is not on knees, shins, elbows or other common areas for accidental bruising	

*Stocking pattern burns are those in which the foot or hand is burned, and the line separating burned from non-burned skin is relatively consistent. The burned area looks as if there is a stocking or mitten on the foot or hand. Non–stocking pattern burns have an irregular line separating burned from non-burned skin.

Explanation is inconsistent. The injury is a type that could be accidental or purposely inflicted, but the explanation given suggests that the injury was not caused in the manner reported. For example, the developmental age of the child does not match the explanation of the injury, as in the case of an infant who is not able to turn over being reported to have been injured whilst moving about.

Refer to the following table for examples of inconsistent explanations.

Area of Injury	Physician	Non-physician Others
Head	• Actual damage is rarely caused by amount of force reported (e.g., child has sheared cranial blood vessels and report is 'I just jiggled baby', or child has skull fracture crossing suture lines and report is child fell off of couch) • Report is of single impact but actual damage suggests multiple impacts	• Report is of fall but visible injuries are to non-prominent soft tissue (e.g., report is that child fell forward, but rather than injury to nose, chin, or forehead, injury is to cheek) • Report is of single impact (e.g., a fall) but injuries are on two or more surfaces that could not have been injured in single contact (e.g., marks on both left and right jaw). NOTE: A direct blow to nose could cause blackening of both eyes.
Neck		
Torso	• Internal injuries to non-ambulatory child with no history of trauma	
Arms/legs	• Broken bones in non-ambulatory child with no history of trauma • Spiral fracture with no history of torquing motion	
Skin	• Report of accidental burn from spilling liquid with no splash marks • Report of accidental burn from tap water, and burn is deeper than expected given water temperature and time of exposure	

Injuries of various ages: There are multiple injuries that appear to have been caused at different times. Timing of injuries is complicated and is primarily a determination made by a

© 2010 by NCCD, All Rights Reserved

physician. Many children/young people experience accidental injuries at different times in their lives, so the mere presence of injuries or healed injuries of different ages is not, in and of itself, sufficient to answer 'yes'.

ANSWER YES IF:

- Skeletal survey shows at least one prior broken bone for which there is no known medical history.

- Skeletal survey shows at least one prior broken bone for which there was a medical history, and in isolation both the current and prior injuries could be considered accidental. However, the chances of each injury being accidental are decreased.

- Child/young person has scars in the shape of loop marks, multiple linear marks, cigarette burns, scars bearing the shape of objects, burn scars in stocking pattern or bearing the shape of objects AND there is no confirmation that prior injuries have been reported to CS. (NOTE: CS will screen out if it is confirmed that prior injuries have been investigated, unless you have new information about the cause of the injuries.)

ANSWER NO IF:
Injury is not inherently suspicious OR the history provided by the child/young person and/or others leads to a reasonable conclusion that the cause was accidental, and there are no concerning prior injuries.

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?

ANSWER YES IF:

- <u>You are aware of a pattern of multiple injuries</u>. While the current injury is not significant, the child/young person has had multiple prior injuries. The pattern of prior injuries may include the following.

  » Prior confirmed physical abuse to any child/young person by any adult in child/young person's current household.

  » Prior investigations of any adult in child/young person's current household for physically abusing a child/young person.

  » Medical history showing a pattern of treatment for injuries that were reported to CS.

  » Medical history showing a pattern of injuries that, considered individually, were not suspicious, but in combination led the treating physician to suspect abuse.

© 2010 by NCCD, All Rights Reserved

» On at least one prior occasion, the reporter questioned child/young person about an injury, and while child/young person has consistently denied abuse, one of the following conditions is present:

- Prior injuries have been suspicious.
- Child/young person shows other signs of abuse, such as deterioration in school performance, withdrawing or aggressive behaviour.
- Reporter is aware of a pattern of domestic violence among adults in the home including physical and non-physical violence, or violent criminal and non-criminal acts.

- Child is under age 5 or has a disability. Child has not reached his/her fifth birthday OR child is over age 5 but has a developmental disability to the extent that he/she functions below age 5 cognitively or emotionally OR child has a physical disability to the extent that he/she is unable to move in ways that could be self-protective.

- Child/young person is refusing/afraid to go home. Child/young person is stating that he/she is afraid to go home. This may be fear of being harmed again, or fear of retribution for disclosing abuse. It is not necessary that child/young person specifically state he/she is afraid or refusing to go home if he/she appears extremely anxious (e.g., tearful, shaking, upset stomach). NOTE: If appropriate, child/young person should be kept with reporter until CS is able to respond.

Are you aware of any serious non-accidental injury?

ANSWER YES IF:

- Child/young person has injuries requiring assessment/treatment, but injuries are not life-threatening and not likely to result in temporary or permanent disability or disfigurement.

- Child/young person has injuries that do not require assessment/treatment; however, do not include very minor injuries. Very minor injuries are defined as those that involve only mild redness or swelling, minor welts/scratches/abrasions or brief and minor pain. However, any 'other' non-accidental injury to a child less than 1 year of age should not be considered very minor.

Are you aware of or reasonably suspicious that parent/carer or other adult household member 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?**

© 2010 by NCCD, All Rights Reserved

- **Threatened to kill or cause significant injury to child/young person?**

- **Circumstances suggest that genital mutilation is planned?**

ANSWER YES IF:

- Parent/carer or other adult household member used a form of discipline that can often result in significant harm. Based on what child/young person states happened, or what reporter or another person saw happen, the parent/carer or other adult household member's action was likely to cause a significant injury. Include the following:

  » Child/young person was significantly injured, but the injury is healed.

  » Reporter does not know whether child/young person was injured.

  » Child/young person escaped significant injury through the child/young person's own evasive or self-protective actions, the intervention of a third party or chance.

  AND

- This, in combination with any of the following, was likely to result in significant physical injury:

  » Parent/carer or other adult household member used a *disproportionate degree of force* relative to the child/young person's age/physical size/physical vulnerability (with or without use of an object).

  » Parent/carer or other adult household member hit child/young person in *sensitive areas* such as eyes, head, chest/abdomen.

  » Parent/carer or other adult household member was out of control while disciplining child/young person.

  » Parent/carer or other adult household member exposed child/young person to extreme heat/cold for sufficient duration to result in serious harm.

EXAMPLES

Include:	**Exclude:** While corporal punishment is not endorsed, it is not prohibited as long as physical force is not applied to any part of the head or neck of a child, or any other part of the body of a child in such a way as to be likely to cause harm to the child that lasts for more than a short period. (*Crimes Act* 1900 s 61AA; Education Act 1990)
Hit child/young person repeatedly with buckle end of belt that landed on buttock, upper thighs, lower back	Stinging, but otherwise not injuring, strikes with non-buckle end of belt on buttock

© 2010 by NCCD, All Rights Reserved

Parent/carer or other adult household member was holding child/young person in extremely hot water, but another person intervened within seconds and got child out before child sustained burns.	Parent/carer or other adult household member instantly realised water was too hot and removed child immediately.

- Parent/carer or other adult household member acted in a dangerous way toward child/young person that is likely to result in significant injury, including domestic violence. While parent/carer or other adult household member did not intend to harm child/young person, his/her dangerous behaviour in the child/young person's presence showed reckless disregard for the child/young person's safety and it was only due to the child/young person's protective/evasive behaviour, intervention by a third party, or chance that the child/young person was not significantly injured. Examples include the following.

  » Domestic/family violence incidents involving at least one parent/carer or other household member in which child/young person attempts to intervene, is being held by one parent/carer/other adult household member, or is close enough to be accidentally injured. Consider the range of potential harm created by parent/carer/other adult household member's actions. For example, use of a gun means that a child/young person anywhere in the home could have been injured; throwing objects means that a child anywhere in the room could have been injured; a single slap means that a child/young person within arm's reach could have been injured. Keeping unsecured weapons increases danger.

  » Parent/carer or other adult household member was driving under the influence of alcohol or other drugs (and caused or nearly caused an accident) and children/young people were in the car.

- Parent/carer or other adult household member threatened to kill or cause significant injury to child/young person. Parent/carer/other adult household member has stated an intent to kill or cause significant injury to the child/young person in the near future and the reporter has reasonable belief that without intervention, the child/young person will be significantly harmed. Reasonable belief may be based on any of the following.

  » Known history of confirmed or reported abuse by parent/carer or other adult household member.

  » Reporter personally knows or has been informed that parent/carer or other adult household member has a history of violent behaviour, substance abuse or mental illness.

  » Child/young person exhibits significant fear of parent/carer/other adult household member and/or reports prior instances of being injured by parent/carer/other adult household member.

  AND

© 2010 by NCCD, All Rights Reserved

» Threat is to cause a significant injury and/or use a form of discipline that often results in significant harm.

- Circumstances suggest that genital mutilation is planned.

ANSWER YES FOR A **GIRL** IF:

- She is having a special operation associated with celebrations.
- She is anxious about forthcoming school holidays or a trip to a country which practices female genital mutilation (FGM).
- Older siblings are worried about their sister visiting their country of origin.

ANSWER YES FOR A **BOY** IF:
A circumcision is planned using an unqualified practitioner.

Does parent/carer/other adult household member have one or more of the following:

- **Chronic or escalating pattern of discipline that results in non-significant injury; OR**
- **Known history of abuse or neglect; OR**
- **Significant circumstances that create volatile behaviour in parent/carer or other adult household member?**

ANSWER YES IF:

- Parent/carer or other adult household member has chronic or escalating pattern of discipline that results in minor injury. Though child/young person does not have a current or past significant injury that reached the threshold of concern, the parent/carer or other adult household member regularly uses discipline that causes minor injuries such as redness or swelling to child/young person's torso, buttocks, arms or legs. Include longer (six months or more), consistent patterns of minor injury as well as patterns of any period where the frequency or severity is increasing. Also include single incidents involving children under the age of 1.

  Note: In isolation, one incident may not be enough to be a concern, but taken together, they may reach the threshold.

  Known history of abuse/neglect. Reporter knows that a current parent/carer or other adult who is a current household member has abused or neglected a child prior to the current concern. This may be based on knowledge of a confirmed prior report, or knowledge that services were initiated in response to abuse or neglect (for example, Brighter Futures, family support, or other service intervention).

- Significant circumstances that create volatile behaviour in parent/carer or other adult household member.

© 2010 by NCCD, All Rights Reserved

» Parent/carer or other adult household member has significant:

- Alcohol or other drug use. Reporter has information that parent/carer or other adult household member uses alcohol or other drugs to an extent that he/she becomes agitated, volatile, violent.

- Mental health concerns. Reporter has information that parent/carer or other adult household member is diagnosed with or has symptoms of mental illness that have already increased or are likely to increase aggressive/violent behaviour.

For example:

Mental Health Professional	Others
• Paranoid schizophrenia • Schizotypal/schizoid • Borderline personality disorder • Antisocial disorder/defiant • Depression	• Unfounded beliefs of persecution • Hears voices or sees things • Erratic behaviour

- Domestic/family violence. Reporter has information that parent/carer or other adult household member is an aggressor in a violent relationship with another adult.

» Child/young person has significant behavioural issues. The child/young person persistently acts in ways that escalate parent/carer/other adult household member violence.

NOTE: This does not mean that abuse is the child/young person's fault. This is simply identifying a behaviour pattern that increases the risk of significant harm.

ANSWER NO IF:

- There has been a single incident resulting in minor injury, or multiple incidents that never result in any injury.

- There is no prior CS history.

- There are no circumstances that give rise to volatile behaviour by parent/carer/other adult household member (that is, no known history of abuse/neglect, parent/carer alcohol or drug abuse, mental health or domestic violence issues) and no significant behavioural issues in child/young person.

Are you aware that family is currently benefiting from services to address problem?
AND
Is the child age 5 or older (or developmental equivalent)?

ANSWER YES IF:

- You or another person have already had a conversation with parent/carer or other adult household member about your concerns and have provided

© 2010 by NCCD, All Rights Reserved

resources for effective services/ interventions, or the family has sought services on their own.

AND

Parent/carer/other adult household member has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person. For example, parent/carer/other adult household member is instituting alternative forms of discipline; working on alternatives to violence; or addressing contributing factors such as substance abuse, mental health or domestic violence.

AND

- Child/young person is over age 5 (or developmental equivalent). Child has reached his/her fifth birthday.

ANSWER NO IF:

- Parent/carer/other adult household member has refused services, indicated acceptance of services but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using services to reduce risk of harm to child/young person.

- You have no information about whether parent/carer/other adult household member has been offered or engaged in services.

- Child/young person is under age 5, or is over age 5 but is developmentally disabled to the extent that he/she functions below age 5 cognitively or emotionally OR child/young person has a physical disability to the extent that he/she is unable to move in ways that could be self-protective.

© 2010 by NCCD, All Rights Reserved

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?

ANSWER YES IF:

- Child is alone in a car in temperatures that create danger. (Note: On a 36°C day, the air in a closed car will reach 60°C in 5 minutes, and over 65°C after 15 minutes. Half-opened windows do not help much, as the temperature will still reach 41°C after 5 minutes. This is much too hot for a child. Similarly, a child can develop hypothermia if left unattended in a car when it is extremely cold.)

- Child is found alone on street and cannot provide directions to his/her residence.

- The child/young person or another person has told you that the child/young person is currently alone or will be alone at some point over the next three days AND, based on the child/young person's age/developmental level, length of time expected to be alone, and circumstances, the child/young person will be in danger.

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.

Age/Developmental Age of Oldest Child/Young Person	Time Alone	Circumstances
Infant/Toddler	May be briefly unattended with parent/carer in another room.	• 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.
Preschool	5–15 minutes, parent/carer within hearing of child	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.
Ages 5–7	15–60 minutes, parent/carer within hearing of child	
Ages 8–9	2 hours	Child is in safe circumstances and has been given instructions child is capable of following for remaining where he/she is.
Ages 10–13	12 hours, and not alone between 10:00 p.m. and 6:00 a.m.	• 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.

© 2010 by NCCD, All Rights Reserved

Age/Developmental Age of Oldest Child/Young Person	Time Alone	Circumstances
Ages 14–15	24 hours	• There is a backup adult available to child. • Child has demonstrated ability to self-supervise. • Is responsible for supervision of only one or two other children.
Ages 16–17	More than 24 hours	Assess safety based on young person's capacity to live independently. Refer to 'Lack of Shelter' decision tree if needed.

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?

ANSWER YES IF:

Either of the following is true:

- Parent/carer was not present at time of injury/incident.

- Parent/carer was present, but not paying attention to impending danger such as a child/young person walking toward a street, ledge or body of water; a child/young person playing with or near fire or dangerous objects/ chemicals/drugs (prescribed or not). Parent/carer's inattention may be related to being under the influence of legal or illegal substances; depression; or may be due to distraction by television, reading, conversation, texting, household chores or any other distraction.

AND

Either of the following is true:

- Child/young person was significantly injured/harmed. This includes any injury that required professional medical treatment (or should have received medical treatment, even if treatment was not given or is pending).

  OR

- An incident occurred that would often result in significant injury/harm, but child/young person escaped harm through intervention by a third party or chance.

  The slightest possibility of harm is not sufficient to answer yes, but answering yes does not require certainty. If it is more likely than not that a significant injury would occur, answer yes. Probability increases with frequency, so that a single, brief episode may have a low chance of injury, but the chances go up as child/young person is left alone/unattended longer/more often.

© 2010 by NCCD, All Rights Reserved

Examples of YES	Examples of NO
One time an unattended 3-year-old walked onto main road that is heavily trafficked. At least one car swerved/hit brakes.	One time a 3-year-old was left unattended for about 15 minutes while mother talked with a neighbour, and wandered onto road that is not a main road but has several cars drive by in any 15-minute period at that time of day.
Every afternoon for about 15 minutes, a 3-year-old is unattended while parent talks with neighbour, and wanders onto road that is not a main road but has several cars drive by in any 15-minute period at that time of day.	Every afternoon neighbouring parents gather to talk. One parent is not watching his/her 3-year-old closely and the child plays nearby on the cul-de-sac of the roadway that is used by only the two houses on the street. It is a dead-end street so there is no other traffic.

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?

Note: It is understood that no parent/carer has direct attention with a child/young person, even an infant, every minute of the day, and that sometimes tragic accidents happen in brief periods during which attention is directed elsewhere. The fact that a tragedy occurred while a parent/carer was not looking does not necessarily constitute neglect.

ANSWER YES IF:

- Parent/carer was present, but had not paid direct attention to child/young person, meaning parent/carer did not look at, interact with or have contact with the child/young person for a period of time that is unreasonable for child/young person's age/development and the conditions. **OR**

- Child/young person was alone for length of time/conditions exceeding guidelines. Based on the child/young person's age/developmental level, length of time expected to be alone, and circumstances, the child/young person will be in danger.

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.

Age/Developmental Age of Oldest Child/Young Person	Time Alone	Circumstances
Infant/Toddler	May be briefly unattended with parent/carer in another room.	• 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.
Preschool	5–15 minutes, parent/carer within hearing of child	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.
Ages 5–7	15–60 minutes, parent/carer within hearing of child	

© 2010 by NCCD, All Rights Reserved

Age/Developmental Age of Oldest Child/Young Person	Time Alone	Circumstances
Ages 8–9	2 hours	Child is in safe circumstances and has been given instructions child is capable of following for remaining where he/she is.
Ages 10–13	12 hours, and not alone between 10:00 p.m. and 6:00 a.m.	• There is a backup adult available to child who is accessible, on call and able to give assistance. • Not responsible for supervision of more than two other children.
Ages 14–15	24 hours	• There is a backup adult available to child. • Child has demonstrated ability to self-supervise. • Not responsible for supervision of more than two other children.
Ages 16–17	More than 24 hours	Assess safety based on young person's capacity to live independently. Refer to 'Lack of Shelter' decision tree if needed.

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

ANSWER YES IF:

- Child/young person shows significant adverse effects such as the following:

Age/Developmental Age of Child/Young Person	Significant Adverse Effects (examples)
All ages	Recurrent episodes of serious, unintentional injury in circumstances where supervision has been an issue
Infant/Toddler	• Symptoms of non-organic failure to thrive • Delays reaching developmental milestone and no medical reason for delay is identified • Child does not seem attached to caregiver
Preschool	• Language delays with no other explanation • Delays reaching developmental milestone and no medical reason for delay is identified • Child is not learning age-appropriate self-care such as brushing teeth; cannot assist in dressing self
Age 5–9	• Child is not developing social skills • Child is frequently out of control • Child is extremely clingy with other adults
Ages 10–15	Child is getting involved in dangerous, risky and/or illegal behaviours
Ages 16–17	Delinquency, sexual promiscuity, alcohol/drug abuse

AND

- There is a pattern of parent/carer being persistently inattentive or leaving child/young person alone or in dangerous company. Length of time a child/young person is alone or unattended may be less than timeframes in above tables, but child/young person has been alone/unattended on multiple occasions. This includes a child/young person who is unattended by a parent/carer and creates companionship with others who are having significant and prolonged negative effect on the child/young person (i.e., involving child/young person in significant alcohol or drug use, offending behaviour).

© 2010 by NCCD, All Rights Reserved

Is child under age 5 or with a disability?

ANSWER YES IF:
Child has not reached his/her fifth birthday OR child is over age 5 but has a developmental disability to the extent that he/she functions below age 5 cognitively or emotionally, OR child has a physical disability to the extent that he/she is unable to move in ways that could be self-protective.

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

ANSWER YES IF:
You or another person have already had a conversation with parent/carer about your concerns and have provided resources for effective services/solutions, or the family has sought services/solutions on their own. This may include child care (formal or informal), solutions to reduce the time parent/carer needs to be away, or ways to increase the capability of child/young person for self-care.

AND

Parent/carer has agreed to services or initiated solutions, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person.

ANSWER NO IF:

- Parent/carer has indicated acceptance of evaluation/resources/services but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using services to reduce risk of harm to child. OR

- You have no information about whether parent/carer has been offered or engaged in evaluation/resources/services or has attempted solutions.

© 2010 by NCCD, All Rights Reserved

NEGLECT: PHYSICAL SHELTER/ENVIRONMENT

Does child/young person or family have no safe place to stay (currently or in near future)?
OR
Is there imminent danger of serious harm in the current residence?

ANSWER YES IF:

- The child/young person/family has no residence, or is about to lose their residence AND:
  - » The child/young person/family is living or will have to live on the street and cannot protect child/young person from danger from violent or sexual crime or current harsh weather; family has no food; or child/young person needs medicine or medical devices that require refrigeration or electricity. A child who *has access* to a safe place to stay but who refuses to stay there is considered to have no safe place to stay.
  - » The child/young person/family is staying in temporary shelter or housing that exposes them to danger from violent or sexual crime.
- There is imminent danger of serious harm if, based on child age/development, the physical structure is likely to result in a serious injury in the near future. For example:
  - » Exposed electrical wiring and child is too young to avoid touching.
  - » Extremely dangerous objects in reach of child/young person (e.g., chemicals, power equipment, unlocked guns, knives) who is likely to touch/use.
  - » House has been condemned by an engineer or other appropriate authority.
  - » Significant amounts of animal/human faeces litter the premises.
  - » Biohazard is present.
  - » Child/young person needs medical devices or refrigerated medicine and has no access to electricity.

  Note: Families may stay in residences such as caravan parks, shelters, hotels, or other atypical environments. Answer 'yes' only if these residences create imminent danger according to the definition above.

ANSWER NO IF:

- Child/young person or family is sharing a residence with others by mutual agreement and this arrangement is stable for the short term (i.e., expected to last at least 10 days).

© 2010 by NCCD, All Rights Reserved

- Family's current residence does not pose imminent danger of serious harm.

Examples That Would Answer YES	Examples That Would Answer NO
A child/young person or family with an infant living on the street.	Young person or family is sharing a residence with others by mutual agreement, and the arrangement is safe, secure and stable.
A child/young person or family with a school-age child living on street, and have not been able to secure adequate food or protection from the elements for child.	A family with a school-age child is living on street and has been very resourceful in securing food and protection from the elements.

Do you have information that a child/young person or parent/carer refused or avoided opportunity for assistance?

ANSWER YES IF:

- You are the service provider attempting to assist child/young person or family to secure safe housing and family has not engaged in services despite reasonable time and effort.

- You are not a housing resource, and have attempted to refer child/young person or family to a housing resource, but child/young person/family refused to accept referral, or you have information that they have not followed through with referral and/or remain in danger.

ANSWER NO IF:
Child/young person or family is cooperative with services.

Can an appropriate accommodation referral be secured?

ANSWER YES IF:
You are able to secure immediate resources for shelter that will keep the child/young person/family safe, for at least the next several days whilst longer-term solutions can be found.

Has child/young person or someone in the family become significantly ill or injured from environmental conditions?
OR
Are there structural or environmental concerns that are likely to cause child/young person significant illness or injury if not resolved?
OR
Is child/young person or family homeless, or in temporary shelter that is not stable?

ANSWER YES IF:

<u>Significant illness or injury</u>:

- You are a medical professional treating a child/young person for a significant illness or injury that was caused by conditions in the home such as exposure to faecal material, rotting food, insect infestation or dangerous objects (e.g., poisons, medications, electricity).

© 2010 by NCCD, All Rights Reserved

- You are a medical professional treating an adult for any of the above and you know that a child/young person in the household is exposed to the same conditions.

- You are a service provider who was previously contacted by a health provider because a physician identified an illness or injury due to environmental conditions, and you are basing your YES answer on the physician's prior assessment.

Structural or environmental concerns. The child/young person lives in a house/apartment that is likely to cause significant illness or injury to the child/young person because of any of the following:

- Hygiene is significantly compromised. For example, human or animal faeces/urine is not routinely eliminated; there is insect/rodent infestation; no access to facilities to bathe; no access to facilities to launder.

- Fire hazard exists. Amount of debris in household is so substantial that it creates danger of fuelling fire (both by amount of fuel available and proximity to sources of ignition); child/young person's sleeping space does not provide a way to exit in case of fire.

- Objects/clutter create significant danger. For example, child/young person has easy access to dangerous objects such as medications, poisons, spoiled food, unlocked guns, illicit drugs/alcohol or matches/lighters.

- Sleeping arrangements create serious danger. For example, an infant sleeps with many blankets or small objects, on cushions where child could wedge between them, or with an adult who may roll onto the infant and be unaware due to substance use or other reasons for deep sleep.

Base answer on your direct observations of the residence or credible statements by the child/young person or another person who has seen the residence, or in some instances, base answers on your observations of the RESULTS of exposure to the following. Consider child/young person's vulnerability (age, developmental status, medical issues). For example, older children/young people can make decisions to avoid isolated dangers; infants are not expected to crawl or walk; mobile toddlers are exploratory and not aware of danger; children/young people with asthma are more vulnerable to air quality issues.

Homeless. The child/young person/parent/carer does not have a permanent residence and:

- The only accommodation he/she has is one that places him/her in circumstances which are likely to damage physical/psychological health or threaten safety. Consider:

  » Vulnerability of child/young person (age, developmental status, medical needs);

  » Capability of parent/carer to access resources and protect child/young person;

© 2010 by NCCD, All Rights Reserved

- » Environmental safety (physical hazards, exposure to violent and/or sexual crime, climate extremes);

- The only accommodation he/she has is temporary and not sustainable.

Are you aware that child/young person/family is currently benefiting from services to address problem?

ANSWER YES IF:
You or another person have already had a conversation with child/young person and/or parent/carer about your concerns and have provided resources for effective services/interventions, or they have sought services on their own.

AND

Child/young person and/or parent/carer has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person.

ANSWER NO IF:
Child/young person and/or parent/carer has refused services; indicated acceptance but after a reasonable period of time has not engaged in services; or having engaged in services, is not effectively using services to reduce risk of harm to child/young person. This may be evidenced by the following:

- Conditions in the residence are not improving.

- Young person/parent/carer is still homeless and is not in a stable living situation.

© 2010 by NCCD, All Rights Reserved

NEGLECT: FOOD—MEDICAL PROFESSIONALS

Medical professional is someone qualified to diagnose and/or treat the condition being reported.

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?

ANSWER YES IF:

- Child/young person has been diagnosed with a condition caused or exacerbated by inadequate or poor diet. You are a physician who has diagnosed a child/young person with a condition that is a direct result of food-related neglect. This includes, but is not limited to the following:

  » Inadequate nutrition such as rickets, scurvy, anaemia;

  » Too much food, which may have resulted in morbid obesity;

  » Hyponatraemia (an abnormally low concentration of sodium in the blood);

  » Repeated episodes of ketoacidosis or prolonged escalation of blood sugar due to improper meal planning in a child with Type I diabetes.

OR

- Child under age 5 is failing to keep pace with expected growth. Based on standard growth charts, a child who has not reached his/her fifth birthday is currently at a percentile for weight that is below his/her birth percentile AND there are no known organic causes. This includes diagnosed non-organic failure to thrive, or any other growth failure that is not explained by known disease. Note: If child has a known but treatable condition that parents are not treating, answer 'No', but consider whether situation is reportable as medical neglect.

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?

ANSWER YES IF:

- Parent/carer is refusing evaluation and/or is refusing to follow treatment plan. (*Note: Physician should explain concerns to family and proceed with appropriate medical interventions. This includes advising family, as needed,*

© 2010 by NCCD, All Rights Reserved

about appropriate nutrition, consequences of improper nutrition, child/young person's current status and what steps are needed to return child/young person to health.) Parent/carer either refuses to engage in this conversation, refuses to make changes needed to return child/young person to health or verbally states changes will be made but does not make changes as agreed.

- Parent/carer is unable to follow plan. Parent/carer appears to have a cognitive impairment, is mentally ill, is abusing alcohol or drugs or for another reason does not seem able to understand and/or follow plan that would return child/young person to health.

- Actions by parent/carer were potentially criminal or suitable for a Joint Investigation Response Team (JIRT)* response. Child/young person is diagnosed with malnutrition and/or dehydration AND the parent/carer was deliberately withholding food and/or fluids. For instance, child/young person is not routinely provided with food (frequency depending on age and health), or food is consistently withheld at meal times as a form of discipline.

  **JIRT referrals target serious abuse matters where there is the possibility that the abuse constitutes a criminal offence, and may also include extreme neglect resulting in physical harm.*

© 2010 by NCCD, All Rights Reserved

NEGLECT: FOOD—NON-MEDICAL PROFESSIONALS

Does child/young person:

- **Report persistent hunger;**
- **Report persistent withholding of food or fluids as punishment;**
- **Appear thin, frail, listless;**
- **Frequently beg/steal/hoard food?**

ANSWER YES IF:

- Child/young person reports persistent hunger. Reporter has had contact with or knowledge of child/young person who frequently mentions hunger, appears hungry, or describes routinely inadequate food intake. For nonverbal children, hunger can be expressed through crying. Be aware that severe dehydration and malnutrition can inhibit crying.

  DO NOT REPORT: A child/young person who is reporting feeling hungry between adequate meals or a child/young person who mentions being hungry but shows no signs of effects of inadequate diet.

- Child/young person reports persistent withholding of food or fluids as punishment. Child/young person mentions or reporter otherwise learns that parent/carer routinely withholds full meals, or limits meals to nutritionally inadequate amounts/types of food, such as only bread and water. 'Routinely' suggests that this form of discipline has been used more than just a single incident or two or is a standard form of discipline in the household.

  DO NOT REPORT: Withholding snacks, sweets or desserts as discipline, or a one-off decision to withhold a meal in a child over the age of 5 who is otherwise healthy.

- Child/young person appears thin, frail, listless. A child/young person appears to be unusually thin, less energetic than is typical, or shows other symptoms of malnutrition including but not limited to thinning hair, bloating abdomen, or bleeding gums, and you are not aware of any known medical condition that could be causing this.

- Child/young person frequently begs/steals/hoards food. Child/young person engages in unusual food-seeking behaviours that may include frequently going to others to beg for food; stealing food from classmates or stores; and/or creating caches of food in hiding places that he/she may eat later or may forget.

  DO NOT REPORT: Asking for or stealing food where the purpose appears to be unrelated to alleviating unremitting hunger; child/young person keeping some secret snacks or treats.

NOTE: If your concern is related to a child/young person who is extremely overweight, answer no, but arrange for a medical evaluation. Medical staff will determine whether a report is indicated.

© 2010 by NCCD, All Rights Reserved

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

ANSWER YES IF:

- You have discussed your concerns about the child/young person with his/her parent/carer and the parent/carer refuses to pursue a medical evaluation or other resources/services.

- Despite reasonable efforts, parent/carer has not engaged in conversation with you about your concerns.

- Parent/carer has agreed to medical evaluation or other resources/services but has not followed through within a reasonable timeframe.

ANSWER NO IF:
Parent/carer provides plausible explanation for child/young person's appearance/actions and parent/carer is providing appropriate intervention. For example, child/young person's appearance is explained as due to underlying disease, or lack of food is due to poverty alone.

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

ANSWER YES IF:
You or another person have already had a conversation with parent/carer about your concerns and have provided resources for effective services/interventions, or the family has sought services on their own.

AND

Parent/carer has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person.

ANSWER NO IF:

- Parent/carer has indicated acceptance of evaluation/resources/services but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using services to reduce risk of harm to child/young person. **OR**

- You have no information about whether parent/carer has been offered or engaged in evaluation/resources/services.

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?**

© 2010 by NCCD, All Rights Reserved

ANSWER YES IF:
Without a plausible explanation:

- Child/young person arrives at school with no breakfast, or without lunch and has no means to secure lunch more than just a few times, but shows no other signs of malnutrition.

- Child/young person is struggling to concentrate or take in new information and there is no reason to believe this is caused by learning disability, attention deficit disorder, emotional distress, or other social or environmental causes.

ANSWER NO IF:
There has been a single incident of child/young person going without eating, no more than a few incidents of child/young person arriving at school without lunch, or child/young person's lack of concentration is likely related to reasons other than lack of nutrition.

© 2010 by NCCD, All Rights Reserved

NEGLECT: MEDICAL CARE—MEDICAL PROFESSIONALS

Medical professional is someone qualified to diagnose and/or treat the condition being reported.

Does child/young person require medical care for an acute condition for which parents/carers are not providing recommended medical treatment?

ANSWER YES IF:
The child/young person has an illness or injury that, if untreated, is likely to result in death, disfigurement, loss of bodily function, or prolonged significant pain and suffering, and the parents/carers are providing no care, insufficient care, a lack of timely care, or inappropriate care AND the medical professional has explained the concerns to the family, discussed the options, including any religious or ideological grounds for refusal, and the consequences of inaction.

- No care. Parents/carers may or may not be providing home care, but the child/young person's condition requires immediate professional medical care. Consider whether most parents/carers would seek professional medical care for the same condition and/or whether most physicians would recommend immediate professional medical care. An indicator that home care is inadequate would be that the child/young person's condition is worsening.

  » DO NOT REPORT: Illness or injury that would commonly be treated at home even if medical intervention may be helpful (e.g., minor cuts, small first- or second-degree burns, colds, and brief episodes of flu or fever in an otherwise healthy child).

- Insufficient care. Parents/carers have sought medical evaluation and care and a physician or other qualified medical professional has prescribed a treatment plan, but the parents/carers are not following the plan to the extent that the child/young person's recovery is compromised.

  » DO NOT REPORT: Deviations from plan that, while not desirable, cannot be demonstrated to have significantly compromised or be likely to significantly compromise child/young person's recovery. For example, missing a dose of medication with no negative results; missing a follow-up or final check-up when all indications are child/young person was progressing satisfactorily.

- Inappropriate care. Parents/carers may have sought medical evaluation and care, but are adding or substituting alternative treatments that are having or are likely to have a significant and imminent adverse effect on child/young person's health. Inappropriate health-seeking behaviours may involve unnecessary, invasive medical procedures.

© 2010 by NCCD, All Rights Reserved

Does child/young person have a chronic condition that requires an ongoing treatment plan AND the plan is not being followed (OVER-treating or UNDER-treating, including not keeping medical appointments) AND this is likely to result in significant harm?

ANSWER YES IF:

- Child/young person has a medical condition that requires ongoing treatment (e.g., diabetes, asthma, Crohn's disease, cystic fibrosis, or child/young person requires feeding tube, ventilation or other medical devices).

AND

- Parents/carers are providing no care, inadequate care or inappropriate care.

  » No care. Parents/carers are completely disregarding recommended medical treatment plan. They may be providing home or alternative care.

  » Inadequate care. Parents/carers are following parts of the medical treatment plan, but are not following substantial portions of the plan.

  » Inappropriate care. Parents/carers may be following the medical treatment plan, but are also providing additional interventions that are detrimental to the child/young person. Include parent/carer who seeks repetitive invasive procedures or seeks invasive treatments that are harming rather than helping child/young person who may have no underlying condition.

AND

- As a result, child/young person is experiencing increased pain/suffering OR is at increased risk of acute complications OR ultimate lifespan of child will likely be shortened.

ANSWER NO IF:
Child/young person's condition is such that with or without treatment, the outcomes will be similar; the proposed treatment is experimental or is not supported by the majority of physicians; while child/young person may fare marginally better with treatment, the burden of treatment is substantial and many parents/carers would opt out of treatment in similar circumstances.

Do parents/carers understand options and consequences?

ANSWER YES IF:

- You have had a conversation with parent/carer that explains child/young person's condition, the proposed treatment, the expected benefits of treatment, and the consequences of lack of treatment, including discussion of any religious or ideological grounds for refusal, AND parents/carers appear to understand but are not following plan.

- Despite reasonable efforts, the parents/carers have been unavailable for this conversation (due to cognitive impairment, mental illness, substance misuse,

© 2010 by NCCD, All Rights Reserved

or other) and further delay in beginning/resuming appropriate treatment is likely to result in significant harm.

ANSWER NO IF:
After having a conversation with parent/carer that explains child/young person's condition, the proposed treatment, the expected benefits of treatment, and the consequences of lack of treatment, it appears that parent/carer does not understand the circumstances.

© 2010 by NCCD, All Rights Reserved

NEGLECT: MEDICAL CARE—NON–MEDICAL PROFESSIONALS

Does the child/young person have a physical health condition that appears to need immediate care but care is not being provided?

ANSWER YES IF:
The child/young person's condition is obviously in need of immediate medical care that is not being sought. It is recommended that a mandatory reporter discuss with CWU and/or a physician prior to a decision to report unless the circumstance is obvious and urgent.

Note: Assist in rendering first aid and/or arranging medical care as necessary prior to reporting to CS or to a CWU.

Is parent/carer refusing or unable to seek recommended medical care?

ANSWER YES IF:
The parent/carer is stating that he/she does not intend to seek medical care or evaluation, or parent/carer is unable to organise care for any reason (for example, parent/carer is intoxicated, mentally ill, developmentally disabled, or cannot understand the need for care or cannot make necessary arrangements for care).

ANSWER NO IF:
Parent/carer was not available at the time a decision to seek immediate care was needed (for example, could not be reached by phone in an emergency situation) and/or you need advice on how to engage parent/carer.

Does child/young person have a medical condition that requires an ongoing treatment plan that is not being followed?

ANSWER YES IF:

- You have information from a reliable source that child/young person has a diagnosed condition and a current treatment plan OR child/young person's symptoms clearly indicate a significant chronic medical condition and you have consulted with a medical professional who advises that the symptoms you describe suggest a need for professional medical evaluation/intervention.

AND

- You have had a conversation with the parent/carer about your concerns and encouraged him/her to obtain medical evaluation and/or follow existing treatment plan.

AND

- Parent/carer informs you that he/she does not plan to seek medical evaluation or follow plan OR states he/she will do so, but after a reasonable period of time does not follow through OR, after reasonable efforts to contact parent/carer, you have been unable to do so.

© 2010 by NCCD, All Rights Reserved

Is parent/carer open to accessing further information?

ANSWER YES IF:
Parent/carer is willing to learn more about child/young person's condition, treatment options, and consequences, or to discuss ways to consistently follow treatment plan.

ANSWER NO IF:
Parent/carer is unwilling to follow plan or obtain information.

© 2010 by NCCD, All Rights Reserved

NEGLECT: MENTAL HEALTH CARE

Is child/young person suicidal OR has committed or is threatening serious violence OR is causing significant self-harm?

- Child/young person is suicidal. Child/young person has recently attempted suicide or has a plan for suicide, or has written a suicide note.

  Also include a child/young person who is making comments about suicidal ideas, combined with behaviour changes (such as giving away possessions, not participating in favourite activities, running away) or in the context of significant loss or trauma.

  If you are aware that a child/young person has a history of suicide attempts, a friend or family member who has committed or attempted suicide, or that the child/young person has a mental health diagnosis or a current substance abuse problem, answer yes even if suicidal concerns are vague. If you are in doubt, discuss with CWU and/or mental health services.

- Child/young person has committed or is threatening serious violence. Child/young person has recently caused death or serious violence, or has a plan to do so.

  Also include a child/young person who is expressing extremely violent ideas, either directly or indirectly stating intent to harm others (e.g., writing/drawing extremely violent themes). Also include a child/young person who is becoming increasingly aggressive and violent.

  If concerns are somewhat vague, answer yes if any of the following are ALSO known: child/young person has a history of harming animals or people, child/young person has a drug problem, child/young person has access to weapons like guns and knives, or child/young person expresses feeling victimised and left out. If in doubt, discuss with CWU and/or mental health services.

- Child/young person is causing significant self-harm. Self-harm includes self-inflicted injuries, OR other self-inflicted physical or psychological damage.

  » Self-inflicted injuries. Child/young person has recent injuries and EITHER child/young person admits inflicting injuries or the pattern of injuries appears self-inflicted (e.g., multiple lacerations on the inner side of the wrist and arm, persistent head banging or pulling hair out in younger child/young person). Significant self-harm is harm that requires immediate medical or psychological intervention.

  » Other self-inflicted physical or psychological damage. Child/young person's behaviour has caused or is likely to cause serious physical or psychological damage to self. Serious damage requires immediate medical or psychological evaluation or intensive treatment (e.g., acute alcohol poisoning, drug overdose, diagnosed dependency).

© 2010 by NCCD, All Rights Reserved

For example:

- Child/young person is using alcohol, illegal drugs, prescription drugs or other substances in ways that, based on age, quantity, frequency and duration of use, are likely to cause serious physical or psychological damage, including dependency.
- Child/young person has disrupted eating patterns, such as refusing to eat for prolonged periods to the extent that he/she is losing weight, or child/young person is forcing self to vomit.
- Child/young person demonstrates persistent disregard for his/her own safety in ways that have or are likely to result in serious injury or death.

Are parents/carers refusing to provide or access mental health care that the child/young person requires?

ANSWER YES IF:
The parent/carer is aware of the child/young person's need for mental health care.

- You have explained the concerns for the child/young person's mental health to the parent, or have reliable information that the parent/carer has been informed of the concerns.

AND

- You have explained to the parent/carer the benefits of mental health services for their child/young person and/or explained actions they need to take to keep child/young person safe (e.g., removing guns/knives, close monitoring, providing medication), or you have reliable information that the parent/carer has been informed.

OR

- The parent/carer is not able to understand the concerns or benefits of mental health services.

AND

- The parent/carer refuses to provide or access the required mental health care. You have spoken with the parent/carer and he/she states that he/she will not provide mental health care or follow through with recommended actions, or you have reliable information that the parent/carer has refused mental health care.

Is lack of required mental health care due to reluctance, a lack of capacity to participate or unavailability of services?

ANSWER YES IF:

- The child/young person requires parent/carer to take actions parent/carer is physically, cognitively or emotionally unable to take. (For example,

© 2010 by NCCD, All Rights Reserved

parents/carers are cognitively impaired and do not comprehend a medication plan or behaviour modification plan; or adolescent is able to physically resist parent/carer's efforts to monitor child/young person); OR

- The parents/carers are reluctant to seek treatment because of cultural/religious considerations and/or social stigma; OR

- The child/young person is resistant to mental health services that the parent/carer is willing to provide or access; OR

- The mental health services required by the child/young person are not available, or the family does not know how to access them; OR

- The mental health services that are required by the child/young person involve financial cost the family cannot afford.

Are child/young person's mental health symptoms interfering with his/her typical activities, performance, relationships or development?
A child/young person's mental health symptoms may include depression, anxiety, eating disorders or early psychotic indicators (e.g., hearing voices, paranoia).

ANSWER YES IF:

- Activities. Child/young person has stopped or significantly reduced participation in things he/she previously enjoyed; OR child/young person is no longer performing activities of daily living that were once achieved, so that hygiene and/or appearance has deteriorated; OR child/young person is participating in increased risk-taking and/or antisocial behaviour.

- Performance. Child/young person's performance in social, family or educational settings has declined from a level previously achieved. A child/young person who previously participated in class is no longer participating; a child/young person who excelled in some skill is now performing at a markedly lower level.

- Relationships. The child/young person displays inappropriate attachment or has withdrawn from relationships that were previously important, or his/her behaviour is jeopardising important relationships. Include family and non-family relationships.

- Development. The child/young person is no longer performing at a developmental level previously achieved. For example, child/young person who was toilet trained is now soiling or wetting; OR child/young person's withdrawal from relationships or activities has been prolonged to the extent that he/she is falling behind on developmental milestones.

Are you professionally competent to form an opinion that, if untreated, child/young person's mental health symptoms will worsen in the next several months?

ANSWER YES IF **ALL** OF THE FOLLOWING ARE TRUE:

- You have specific training, qualifications and experience in mental health;

© 2010 by NCCD, All Rights Reserved

- Child/young person's mental health symptoms will worsen in next several months if untreated;

- You have had the opportunity to assess the child/young person;

- Though current symptoms are minor and mental health concerns have not had a significant impact on child/young person, parent/carer's refusal to get help for child/young person prevents child/young person from receiving professional intervention;

- Based on diagnosis, child/young person is likely to experience increased symptoms in the next several months.

Are parents/carers refusing to provide or access mental health care that the child/young person requires?

ANSWER YES IF **ALL** OF THE FOLLOWING ARE TRUE:

- The parent/carer is aware of the child/young person's need for mental health care.
  - » You have explained the concerns for the child/young person's mental health to the parent/carer, or have reliable information that the parent/carer has been informed of the concerns.

  - » You have explained to the parent/carer the benefits of mental health services for the child/young person, and/or explained actions the parent/carer needs to take to support child/young person (e.g., counselling, following through with a behaviour modification plan, providing medication); or you have reliable information that the parent/carer has been informed.

- The parent/carer refuses to provide or access mental health care. You have spoken with the parent/carer and he/she states that he/she will not provide or access mental health care or follow through with recommended actions, or you have reliable information that the parent/carer has refused mental health care.

© 2010 by NCCD, All Rights Reserved

NEGLECT: EDUCATION—NOT ENROLLED

Are you aware that a child/young person is of compulsory school age (age 6–17) and is not enrolled?

ANSWER YES IF:
The child/young person is of compulsory school age (6 to 17 years) AND is not enrolled at a government school, or registered non-government school including distance education/correspondence school, registered for home schooling, **OR you have concerns or doubts about this**. Note: If lack of enrolment is due to lack of awareness of educational requirements by families from culturally and linguistically diverse backgrounds, translated information is available.

PROCESS (This is the termination point for non-education mandatory reporters.)
Inform local Department of Education and Training office. Non-government school principals should refer issues about non-enrolment to the nearest Department of Education and Training office, contactable via https://www.det.nsw.edu.au/contactus/index.htm Inform Department of Education and Training office of the identity or known details of the child/young person and your concerns, including any concerns about parent/carer's substance abuse, domestic violence, mental health, or other issues that impact on child/young person. Include any other concerns about the safety, welfare or well-being of the child/young person.

EDUCATION ONLY FROM THIS POINT

Has parent/carer responded to contact?
Note: You should proceed to this question only after you have followed all steps and processes outlined in policy and procedures for following up non-enrolment.

ANSWER YES IF:
Contact has been made with the parents/carers, the issue of enrolment discussed, and information and appropriate assistance to facilitate enrolment of the child/young person provided.

ANSWER NO IF:

- All steps and processes outlined in policy and procedures for following up non-enrolment have been followed to no avail;
- All efforts have been made by school and other education staff to make contact with parent/carer;
- The case has been escalated within the education system; AND
- Parent/carer actively avoids contact.

Inter-agency assistance may assist in facilitating contact with the parent/carer, e.g., the family may be engaged with another service provider who may be better placed to facilitate contact.

© 2010 by NCCD, All Rights Reserved

Is the parent/carer or child/young person unwilling or refusing to enrol OR have efforts to assist with enrolment failed?

ANSWER YES IF:

- Parent/carer is aware of the legal requirement and refuses to send child/young person to school or engage with distance education or home schooling, except in the case of an identified medical condition.
- The child/young person refuses to enrol in a school or engage with any education options.
- Education staff, which may include the CWU, have already attempted to assist family in overcoming barriers to enrolment and all efforts have failed.

Is the parent/carer or child/young person unable to enrol?

ANSWER YES IF:

- Child/young person is kept home to care for others and parent/carer is willing to consider alternatives.
- Parent/carer is otherwise unable to enable child/young person to receive an education for reasons that might include but not be limited to the parent/carer's alcohol or drug use; mental health; or domestic, family or community violence.
- Parent/carer appears to be cognitively delayed, have mental health issues, is abusing alcohol or other drugs, or for another reason does not seem to understand or be able to follow through with enrolling his/her child/young person in a school. Note: If the reasons for non-attendance are reasonably outside the control of the parent/carer, rather than a report to CS, consult with CWU.
- The child/young person has a mental health or other health issue that makes school enrolment or engagement with any education options impossible.
- The child/young person has a significant condition that resulted from neglect that makes school enrolment or engagement with any education options impossible; for example, severe malnutrition or untreated medical condition.

Are there additional significant risk circumstances?

ANSWER YES IF:

- There is the presence of domestic violence or a pattern of violence between or towards family members.
- Child/young person is significantly withdrawn or depressed, is self-harming or is demonstrating violent or destructive behaviours.

© 2010 by NCCD, All Rights Reserved

- There are indicators that the child/young person may be at risk of abuse and neglect, which cannot be confirmed because the child/young person is confined and has limited interactions outside the home.

- Parent/carer is abusing alcohol or other drugs to the extent that drug abuse is having a negative impact on parenting capacity, health, finances, relationships, employment or legal issues.

- Parent/carer has symptoms of mental illness.

- Through non-enrolment, the child/young person is exposed to serious risks, for example:

  » Drug and alcohol use;
  » Crime;
  » Unsafe associations;
  » Unsafe activities;
  » Antisocial activities;
  » Violence.

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

ANSWER YES IF:

- You or another person have already had a conversation with either the parent/carer or child/young person about your concerns and have provided resources for effective services/interventions, or the family has sought services on their own.

AND

- Parent/carer or child/young person has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person.

ANSWER NO IF:
Parent/carer or child/young person has refused services; indicated acceptance but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using services to reduce risk of harm to child/young person. This may be evidenced by child/young person still not enrolled in school.

© 2010 by NCCD, All Rights Reserved

NEGLECT: EDUCATION—HABITUAL ABSENCE*

*In accordance with the Education Act 1990.

Are you aware that a child/young person is of compulsory school age (age 6–17) and is enrolled and is habitually absent?

ANSWER YES IF:
The child/young person is of compulsory school age (6 to 17 years) AND is habitually absent.** Note: If concerns about non-attendance relate to school actions (e.g., suspension) these should also be referred to the school. Formal complaint processes may be used. Exemptions may be provided by education authorities for family holidays, sickness and some employment, including in the entertainment industry.

If lack of attendance is due to lack of awareness of educational requirements by families from culturally and linguistically diverse backgrounds, translated information is available. Aboriginal students may have different attendance patterns due to cultural responsibilities, mobility, extended family responsibilities and the general impact of contact with welfare, criminal justice and health systems.

**Habitually absent is a minimum of 30 days absence within the past 100 school days. However this is context/age dependent.

The number of days should be taken as a guide only. For example, consideration needs to be given to earlier action being taken for younger children, as the impact of missing schooling is likely to be much greater the younger the child. Similar consideration may need to be given to the impact for a child/young person with a cognitive disability or learning difficulties.

Other contextual factors may also impact the level of risk, and these factors are not necessarily quantifiable. Failure to receive an education may result in significant harm when it is combined with other risk circumstances that are not, on their own, present to a significant extent. These may include physical neglect or lack of supervision.

PROCESS (This is the termination point for non-education mandatory reporters.)
Inform local school where child/young person is enrolled. Inform school of the identity or known details of the child/young person and your concerns, including any concerns about parent/carer's substance abuse, domestic violence, mental health, or other issues that impact on child/young person. Include any other concerns about the safety, welfare or well-being of the child/young person.

© 2010 by NCCD, All Rights Reserved

EDUCATION ONLY FROM THIS POINT

Has parent/carer responded to contact?
Note: You should proceed to this question only after you have followed all steps and processes outlined in policy and procedures for following up habitual absence.

ANSWER YES IF:
Contact has been made with the parents/carers, the issue of attendance discussed, and information and appropriate assistance to encourage regular attendance of the child/young person provided.

ANSWER NO IF:

- All steps and processes outlined in policy and procedures for following up non-attendance have been followed to no avail.
- There have been extensive and repeated attempts to contact the parent/carer over time.
- The case has been escalated within the education system and within the systems of agency partners.
- Statutory child protection authority is needed to make contact.

Note: Attendance prosecution processes may have commenced and complement or run parallel to child protection processes. Prosecution processes should continue despite any child protection processes.

Is the parent/carer or child/young person unwilling to address the non-attendance issues OR have efforts to assist failed to increase attendance?

ANSWER YES IF:

- Parent/carer is aware of the legal requirement and refuses to send child/young person to school or engage with distance education or home schooling, except in the case of an identified medical condition.
- Child/young person is kept home to care for others and parent/carer refuses to send child/young person to school.
- The child/young person refuses to engage with any education options.
- All reasonable attempts have been made to engage the child/young person with school (e.g., attempts have been made to identify any problems such as 'school phobia' and address these).
- Attempts have been made to assist family to overcome barriers to absence and all efforts have failed.

© 2010 by NCCD, All Rights Reserved

Is the parent/carer or child/young person unable to address attendance issues?

ANSWER YES IF:

- Parent/carer is otherwise unable/unwilling for child/young person to receive an education for reasons which might include but not be limited to the parent/carer's alcohol or drug use, mental health or domestic violence.

- Parent/carer appears to be cognitively delayed, have mental health issues, is abusing alcohol or other drugs, or for another reason does not seem to understand or be able to follow through with supporting the child/young person's attendance at school. Note: If the reasons for non-attendance are reasonably outside the control of the parent/carer, rather than a report to CS, consult with CWU.

- The child/young person has a mental health or other health issue that makes school attendance impossible.

- Child/young person is experiencing peer relationship problems at school and fears attending.

Are there additional significant risk circumstances?

ANSWER YES IF:

- The family is mobile and there are concerns they have moved or may move without notice.

- There is the presence of domestic violence or a pattern of violence between or towards family members.

- Parent/carer is abusing alcohol or other drugs to the extent that drugs are having a negative impact on parenting capacity, health, finances, relationships, employment, or creating legal issues.

- Parent/carer has symptoms of mental illness that are unmanaged.

- The child/young person has a mental health issue or other health issues that are untreated or undiagnosed.

- The child/young person has a disability.

- Child/young person is significantly withdrawn or depressed, is self-harming or is demonstrating violent or destructive behaviours.

- There are indicators that the child/young person may be at risk of abuse and neglect, which cannot be confirmed because the child/young person is confined and has limited interactions outside the home.

- There is no reliable adult outside the family who would advocate for the child/young person.

© 2010 by NCCD, All Rights Reserved

- The family is mobile and the child/young person does not have adequate access to education and other services.

- Through non-attendance, the child/young person is exposed to serious risks, for example:
  - » Drug and alcohol use;
  - » Crime;
  - » Unsafe associations;
  - » Unsafe activities;
  - » Antisocial activities;
  - » Violence.

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

ANSWER YES IF:

- You or another person have already had a conversation with either the parent/carer or the child/young person about your concerns and have provided resources for effective services/interventions, or the family has sought services on their own.

AND

- Parent/carer or child/young person has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person.

ANSWER NO IF:
Parent/carer or child/young person has refused services; indicated acceptance but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using services to reduce risk of harm to child/young person. This may be evidenced by child/young person still being habitually absent.

© 2010 by NCCD, All Rights Reserved

SEXUAL ABUSE OF CHILD (AGE 0–15 YEARS)

Did child make a clear, unambiguous statement of sexual abuse?

OR

Is the child pregnant or has a medical professional diagnosed the child with a sexually transmitted infection (STI) or trauma to genital area, and are any of these conditions believed to be the result of sexual abuse?

OR

Are you aware by any other means that a child has been sexually abused?

ANSWER YES IF:

- A child made a clear, unambiguous statement that he/she has been sexually abused. A clear, unambiguous statement is one that describes an incident of sexual contact or non-contact behaviours. It is not necessary that the child provide details of the incident, time or date, location, or identity of the offender. The statement may be directly to the MR, or through a third party or electronic or written means. An explicit drawing or re-enactment may be a statement if accompanied by the child expressing that this has happened to him/her.

- A child is pregnant, or a medical professional diagnosed a child with an STI or trauma to the genital area AND you have concerns that the child has been sexually abused.

- Through other means you have become aware that a child has been sexually abused. For example, you witnessed the act, heard an admission by the offender or saw a photo or video of the act.

Sexual abuse includes the following:

- Contact behaviours. Kissing; touching; fondling young child in a sexual manner; penetration of the vagina or anus by digital, penile, or any other object; oral sexual contact; or coercing the child to perform such an act on him/herself or anyone else.

- Non-contact behaviours. Flashing/exposing to child, having a child pose or perform in a sexual manner, looking at child's genitals for sexual gratification, exposure to sexually explicit material or acts (including pornographic material), communication of graphic sexual matters (including by email or SMS).

- Child prostitution.

Are any of the following present?

Child made an indirect statement of sexual abuse.

© 2010 by NCCD, All Rights Reserved

OR

Child displays behaviour that causes you to have significant concern.

OR

You are aware of the child having significant contact with a known sexual offender?

ANSWER YES IF:

- Child made an indirect statement of sexual abuse.

  » This is present if child has made some statements that represent a possible disclosure of sexual abuse, but statement lacks specificity. For example, 'I don't like how Daddy touches me'. 'Daddy and I have a secret I am not supposed to tell'.

  » This is not present if child has made some statements which lack so much detail that it more than likely has nothing to do with sexual abuse, for example, 'Daddy touches me', but does not mention where or any discomfort with the touch.

- Child displaying behaviour that causes you to have significant concern.

  » This is present if child's emotions/behaviours suggest significant harm (even if it cannot be determined that the harm is due to exposure to the sexual behaviour). Significant harm includes impact that interferes with normal child behaviour and development. For example, child is consistently unable to sleep to the extent that he/she struggles to remain alert in school; child's eating is so disrupted that he/she is losing weight or is compulsively overeating, or is developing an eating disorder; child is having such difficulty concentrating in school that he/she is in danger of receiving a grade below his/her potential; child is so embarrassed about parent/carer behaviour that he/she will not invite friends over and as a result is being socially stigmatised by peers.

  OR

  » Child is exhibiting sexualised behaviour that is age-inappropriate and cannot be explained.

Sexual Behaviours	Abusive Sexual Behaviours
A Child Aged 0–5	
• Masturbation as self-soothing behaviour • Touching self or others in exploration or as a result of curiosity • Sexual behaviours are done without inhibition • Intense interest in bathroom activities	• Curiosity about sexual behaviour becomes obsessive preoccupation • Exploration becomes re-enactment of specific adult sexual activity • Behaviour involves injury to self or others • Children's behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.
A Child Aged 6–10	
• Child continues to fondle and touch own genitals and masturbate • Child becomes more secretive about self touching • The interest in other's bodies becomes more game playing than exploratory curiosity (e.g.,, 'I'll show you mine if you show me yours') • Boys may begin comparing size of penis • An extreme interest in sex, sex words, and dirty jokes may develop • Child begins to seek information or pictures that explain bodily functions • Touching may involve stroking or rubbing	• Sexual penetration • Genital kissing • Oral copulation • Simulated intercourse • Children's behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.
A Child Aged 11–12	

© 2010 by NCCD, All Rights Reserved

Sexual Behaviours	Abusive Sexual Behaviours
• The continuation of masturbation • A focus on establishing relationships with peers • Sexual behaviour with peers, e.g., kissing and fondling • Primarily heterosexual activity but not exclusively • An interest in other's bodies particularly the opposite sex that may take the form of looking at photos or other published material	• Sexual play with younger children • Any sexual activity between children of any age that involves coercion, bribery, aggression or secrecy or involves a substantial peer or age difference
An Adolescent Aged 13–17	
• Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity amongst peers • Behaviour that contributes to positive relationships	• Masturbation causing physical harm or distress to self and others • Public masturbation • Unwanted kissing • Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering) • Non-consensual groping or touching of others' genitals • Coercive sexual intercourse/sexual assault • Coercive oral sex • Behaviour that isolates the young person who displays the sexually abusive behaviour and is destructive of their relationships with peers and family

Adapted from material presented in Araji, 2004 cited in Boyd, C (2006) and cited in Kambouropoulos et al (2005)

» This is not present if child shows little or no emotional/behavioural harm or sexualised behaviour.

- <u>You are aware of the child having significant contact with a known sexual offender</u>.

  » This is present if you have information that an individual with significant access to a child is a registered sexual offender, was previously convicted of a sexual offence, or is currently being investigated for a sexual offence against children. Significant access includes any of the following:

  - Lives in child's household;
  - Is in an intimate relationship with child's parent/carer/sibling;
  - Is given responsibility to supervise child or is/has been alone with child more than momentarily.

  » This is not present if concerning person is not a registered sexual offender, has never been convicted of sexual crime, and is not currently under investigation for a sexual crime against children; OR if concerning person has limited contact with child (it may be appropriate to notify law enforcement if a registered sexual offender is attempting to create access to any child).

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

ANSWER YES IF:
The child has experienced significant or extended exposure to sexually explicit material, including via texting, email, the Internet, sex acts on webcam, magazines, films or DVDs.

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

ANSWER YES IF:
Child's emotions/behaviour suggest significant harm (even if it cannot be determined that the harm is due to the exposure). Significant harm includes impact that interferes with normal child behaviour and development. For example, child is consistently unable to sleep to the

© 2010 by NCCD, All Rights Reserved

extent that he/she struggles to remain alert in school; child's eating is so disrupted that he/she is losing weight or is compulsively overeating, or is developing an eating disorder; child is having such difficulty concentrating in school that he/she is in danger of receiving a grade below his/her potential; child is so embarrassed about parent/carer behaviour that he/she will not invite friends over and as a result is being socially stigmatised by peers.

ANSWER NO IF:
Child shows little or no emotional/behavioural harm (for example, if exposure was a single occurrence and child was temporarily upset by it, but impact was brief and had no lasting consequence).

Are you concerned that a child has been exposed to grooming behaviour?
Grooming behaviour is a pattern of behaviour aimed at engaging a child as a precursor to sexual abuse.

ANSWER YES IF:
Any adult with access to a child has done at least one of the following examples of grooming behaviour with the child: manoeuvring to get time alone with child, buying child gifts, taking child to fun places or building trust with child. When considering adults who are not previously known to be sexual offenders, only consider these actions as potential grooming behaviour if there is no acceptable or appropriate alternative explanation. For example, it should not be considered grooming for a relative to buy child gifts, take child to fun places and try to build a trusting relationship with child.

© 2010 by NCCD, All Rights Reserved

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?

ANSWER YES IF:

- Sexual abuse is any sexual act or threat to a young person that causes him/her harm, or to be frightened or fearful. It covers a continuum including the following:
  - » Non-contact forms of harm, such as flashing, having a young person pose or perform in a sexual manner, exposure to sexually explicit material or acts (including pornographic material), or communication of graphic sexual matters (including by email and SMS).
  - » A range of contact behaviours, such as kissing; touching or fondling the young person in a sexual manner; penetration of the vagina or anus by digital, penile or any other object; or coercing the young person to perform any such act on him/herself or anyone else.
- For nonverbal young person, e.g., one having an intellectual/physical disability or cognitive disruptions such as psychosis, include physical indicators, e.g., pregnancy, STIs, or trauma to genital area without plausible explanation.
- By any other means includes but is not limited to observation informed by third party or electronic devices.

Is the young person engaged in prostitution or pornography?

ANSWER YES IF:

- Young person engages in sexual acts in exchange for money, goods or other services.
- Young person is depicted in or poses for pornographic material of any kind.
- See also glossary for ‘prostitution’ and ‘pornography’.

Is there coercion or intimidation?

ANSWER YES IF:
The young person reports, or you have any other information to suspect, that he/she has been forced to participate in prostitution or pornography through threats, bribes, extortion, intimidation; or for any reason, the young person does not believe he/she is free to stop.

© 2010 by NCCD, All Rights Reserved

Is the young person displaying behaviours that could be consistent with sexual abuse OR
Are you concerned that a young person has been exposed to grooming behaviour?

ANSWER YES IF:

- There is no single behaviour that is a conclusive indicator of sexual abuse, and most behaviours have many possible explanations. Behaviours that can be considered, especially if there is no other explanation, include the following:

  - » Promiscuous behaviour;
  - » Sudden change in prevailing mood;
  - » Secretiveness;
  - » Suicidal;
  - » Onset of eating disorder;
  - » Self-harming/cutting.

- Grooming behaviour is a pattern of behaviour aimed at engaging a young person as a precursor to sexual abuse. Any adult with access to a young person has done at least one of the following examples of grooming behaviour with the young person: manoeuvring to get time alone with young person, buying the young person gifts, taking young person to fun places, building trust with young person, providing drugs or alcohol, or getting a vulnerable young person to feel special and loved. When considering adults who are not previously known to be sexual offenders, only consider these actions as potentially grooming behaviour if there is no acceptable or appropriate alternative explanation. For example, it should not be considered grooming for a relative to buy gifts, take young person to fun places and try to build a trusting relationship with a young person or make him/her feel special.

© 2010 by NCCD, All Rights Reserved

CHILD/YOUNG PERSON PROBLEMATIC SEXUAL BEHAVIOUR TOWARD OTHERS

Note: Use this decision tree when you are concerned that a child/young person may have initiated sexually abusive behaviour toward others.

Consider whether the child/young person displaying sexually abusive behaviour has him/herself experienced sexual abuse or been exposed to inappropriate sexual practices, images or other materials within or outside his/her family or care environment or to physical or emotional abuse, domestic violence and/or neglect. Use the sexual abuse of child/young person decision tree for victimisation.

Was the victim substantially younger, smaller, weaker, less mature or cognitively/physically less capable
OR
Did child/young person use pressure, coercion, aggression, bribery, secrecy or other grooming behaviours?

ANSWER YES IF:

- The child/young person initiating the sexual activity is more powerful than the other child/young person in at least one of the following ways:
  - » Two or more years older;
  - » Taller/heavier to the extent of having a clear physical advantage;
  - » More mature/emotionally sophisticated, so that the initiating child/young person consistently functions as a leader in the relationship and the other child/young person consistently functions as a follower;
  - » More intellectually advanced to the extent of being able to persuade the other child/young person through conversation to do things the other child/young person would not have thought of on his/her own, and would have refused to do had the initiating child/young person not talked him/her into it;
  - » The victim child/young person has a physical disability to the extent that he/she is unable to move in ways that could be self-protective.
- One or more of the children/young people forced the other(s) to participate by physically hurting them or threatening to hurt them, or by telling the child/young person that if he/she does not cooperate something bad will happen (e.g., I will tell on you, you will get in trouble, I will take your favourite toy), bribing him/her (e.g., if you do this I will buy you an ice cream); or creating secrecy (e.g., this will be our secret).
- You are concerned that the child/young person has been exhibiting grooming behaviour, a pattern of behaviour aimed at engaging a child as a precursor to sexual abuse. Examples include manoeuvring to get time alone with child, buying child gifts, taking child to fun places and building trust with the child.

© 2010 by NCCD, All Rights Reserved

When considering young people who are not previously known to be sexual offenders, only consider these actions as potential grooming behaviour if there is no acceptable or appropriate alternative explanation.

ANSWER NO IF:

- Children/young person were comparable in age, size, maturity and development;

AND

- Participation was mutual. One child/young person may have been more of an instigator, but no force, coercion, bribes or secrecy were used and there was no indication of grooming behaviour.

Is the victim a relative of the initiating child/young person or do they live in the same household?
OR
Is the behaviour of the initiating child/young person persistent?
OR
Was the action of the initiating child/young person significantly outside normal sexual behaviours (listed for the ages in the table below)?

ANSWER YES IF:

- The alleged victim is a relative (e.g., sibling, stepsibling, cousin) of the child/young person with the problematic sexual behaviour, or though unrelated, lives in the same home.

- The behaviour causing concern is persistent despite having been addressed with the child/young person.

- The sexual action was abusive sexual behaviour, based on the following table.

Sexual Behaviours	Abusive Sexual Behaviours
A Child Aged 0–5	
• Masturbation as self-soothing behaviour • Touching self or others in exploration or as a result of curiosity • Sexual behaviours are done without inhibition • Intense interest in bathroom activities	• Curiosity about sexual behaviour becomes obsessive preoccupation • Exploration becomes re-enactment of specific adult sexual activity • Behaviour involves injury to self or others • Children's behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.
A Child Aged 6–10	
• Child continues to fondle and touch own genitals and masturbate • Child becomes more secretive about self touching • The interest in other's bodies becomes more game playing than exploratory curiosity (e.g., 'I'll show you mine if you show me yours) • Boys may begin comparing size of penis • An extreme interest in sex, sex words, and dirty jokes may develop • Child begins to seek information or pictures that explain bodily functions • Touching may involve stroking or rubbing	• Sexual penetration • Genital kissing • Oral copulation • Simulated intercourse • Children's behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.
A Child Aged 11–12	
• The continuation of masturbation • A focus on establishing relationships with peers • Sexual behaviour with peers, e.g., kissing and fondling • Primarily heterosexual activity but not exclusively • An interest in other's bodies particularly the opposite sex that may take the form of looking at photos or other published material	• Sexual play with younger children • Any sexual activity between children of any age that involves coercion, bribery, aggression or secrecy or involves a substantial peer or age difference

© 2010 by NCCD, All Rights Reserved

Sexual Behaviours	Abusive Sexual Behaviours
An Adolescent Aged 13–17	
• Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity amongst peers • Behaviour that contributes to positive relationships	• Masturbation causing physical harm or distress to self and others • Public masturbation • Unwanted kissing • Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering) • Non-consensual groping or touching of others' genitals • Coercive sexual intercourse/sexual assault • Coercive oral sex • Behaviour that isolates the young person who displays the sexually abusive behaviour and is destructive of their relationships with peers and family

Adapted from material presented in Araji, 2004 cited in Boyd, C (2006) and cited in Kambouropoulos et al (2005)

ANSWER NO IF:

- Child/young person's alleged victim is unrelated and does not live in the same home.

AND

- Activity is within the sexual behaviours for the ages in the table above.

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

ANSWER YES IF:
The parent/carer has learned of the sexually problematic behaviour and has taken action to prevent its recurrence, to address any underlying issues that contributed to the child/young person's behaviour and to attend to the needs of any victim children/young persons living in the home.

ANSWER NO IF:

- The parent/carer is required to take actions he/she is physically, cognitively or emotionally unable to take (e.g., parents/carers are cognitively impaired and do not understand).

- The parents/carers are reluctant to seek treatment because of cultural/religious considerations or social stigma.

- The services required are not available, or parent/carer will not access them or does not know how to access them.

- The parent/carer is reluctant or unable to deal with the allegations.

- The parent/carer is blaming the victim.

- The parent/carer is ostracising the child/young person displaying the behaviours.

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

ANSWER YES IF:

- They are siblings or otherwise closely related.

© 2010 by NCCD, All Rights Reserved

- The child/young person displaying sexually abusive behaviour lives in the victim child's household or has ready access to the household.

- The child/young person displaying sexually abusive behaviour attends the same child care or school setting as the victim child/young person.

ANSWER NO IF:
It is unlikely that the child/young person will have contact with the alleged victim in the next 10 days.

© 2010 by NCCD, All Rights Reserved

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 behaviour;**
- **Parental/carer behaviours that deliberately exposed a child/young person to traumatic events?**

ANSWER YES IF:
Child/young person or another person has told you, or you have personally observed, that any of the following conditions are present in child/young person's home.

- Child/young person's parent(s)/carer(s) are involved in a violent/abusive relationship that is chronic and/or severe.
  - » Violent. Physical altercations that have already occurred or are threatened.
  - » Abusive. May include verbal, demeaning, stalking, controlling behaviour, or threats of harm.
  - » Chronic. Pattern of ongoing incidents.
  - » Severe. Resulted in an injury to any participant or bystander that required medical care, or that involved use of a dangerous weapon (e.g., gun, knife, throwing an object heavy enough to cause an injury requiring medical care).
- Parent/carer has a mental health or substance abuse concern that is apparent in behaviours such as the following:
  - » Parent/carer expresses ideas that are out of touch with reality.
  - » Parent/carer does not provide even minimal emotional support for child/young person.
  - » Parent/carer threatens or attempts suicide, homicide; harms pets.
  - » Parent/carer behaviour is extremely erratic.

© 2010 by NCCD, All Rights Reserved

- Parent/carer's behaviour is characterised by persistently and severely criticising, punishing or demeaning/scapegoating child/young person. This requires a pattern of behaviour. A single observation (e.g., observing severe demeaning of child/young person by parent/carer) may be included if you have no prior contact with family and are unlikely to have continuing contact IF the single incident is severe.

  » Criticising. There is a pattern in which virtually everything the child/young person does is criticised and there is little or no praise to balance the criticism, AND the criticism is not constructive or helpful, but rather is personally attacking.

  » Punishing. There is a pattern in which child/young person is nearly always under punishment; punishment is meted out for minor infractions or for behaviours that are within expected child/young person behaviour for age/development OR punishment is emotionally brutal (physical brutality should be considered under physical abuse). This includes threats of harm, threats of abandonment, isolation, etc.

  » Demeaning. Parent/carer publically humiliates child/young person; for example, makes child/young person appear publically wearing diapers for having a toileting accident.

  » Scapegoating. Blaming child/young person for conditions in the family that are not the fault of the child/young person, or consistently accusing one child/young person of fault for incidents that were caused by other household members.

- Parent/carer engages in illegal behaviour and exposes or involves child/young person in this behaviour.

- Parent/carer knowingly allowed or forced a child to observe live or depicted traumatic events.

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

ANSWER YES IF:

- The child/young person has been diagnosed by a mental health professional with a DSM-IV Axis 1 condition.

OR

- The child/young person has one or more indicators from the 'Examples of Psychological Harm Indicators' table.

The following table is a guide. Consider consultation with CWU or a professional with expertise in child mental health if you are uncertain. Select the age group that best fits the child's age, or if child is developmentally delayed, consider the approximate developmental level of the child.

© 2010 by NCCD, All Rights Reserved

<table>
<tr><th colspan="4">Examples of Psychological Harm Indicators</th></tr>
<tr><th>Infant</th><th>Toddler</th><th>School Age</th><th>Teen</th></tr>
<tr><td>• Not responding to cuddling
• Not smiling or making sounds
• Losing developmental milestones already achieved
• Inconsolable
• Head banging</td><td>• Regression in toilet training, language or other skills
• Head banging</td><td>Bed wetting</td><td>• Involved in violent relationships
• Difficulty maintaining long-term significant relationships</td></tr>
<tr><td colspan="2">• Upset by loud noises, quick movements
• Withdrawn, not playful and/or play imitates violence between parents/carers
• Unusually extreme separation anxiety or no separation anxiety</td><td colspan="2">• Self-harming/suicidal
• Constant worry about violence/dangers
• Desensitisation to violence
• Decline in school performance
• Feels worthless about life and him/herself
• Unable to value others or show empathy
• Lacks trust in people</td></tr>
<tr><td></td><td colspan="3">• Increased aggressive behaviour
• Loss of interest in previously pleasurable activities (i.e., not merely moving on to an interest in a new activity)
• Extreme insecurity
• Extreme anxiety, such as inability to sit still that is NOT related to ADHD
• Lacks interpersonal skills necessary for age-appropriate functioning
• Extreme attention seeking
• Takes extreme risks; is markedly disruptive, bullying or aggressive
• Avoids adults or is obsessively obsequious/submissive to adults
• Highly self-critical
• Feelings of hopelessness, misery, despair
• 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></tr>
<tr><td colspan="4">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></tr>
</table>

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

ANSWER YES IF:

- Child/young person expresses concern that if he/she goes or remains home:
  - » Child/young person will be unable to cope with parent/carer behaviour and this may result in child/young person harming self or others (e.g., suicide attempt, cutting, using alcohol/drugs, running away); OR
  - » Parent/carer will behave in ways that place child/young person in imminent danger of significant harm (e.g., there will be a violent incident).
- Observation indicates that it is highly likely that if child/young person goes home, he/she will harm self or others or be significantly harmed.

© 2010 by NCCD, All Rights Reserved

Have these concerns been raised with the family?

ANSWER YES IF:
You have talked to parent/carer about your concerns for the child/young person based on your observations, AND/OR about your concerns for parent/carer.

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

ANSWER YES IF:
This action may result in the following:

- The family fleeing;
- Withdrawal of the child/young person from services;
- Retaliation against the child/young person.

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

ANSWER NO IF:

- The parents/carers are unresponsive to child/young person's psychological concerns and expect others to respond to the child/young person, or are unwilling to engage in any discussion about changing their own behaviour that is affecting child/young person and/or addressing child/young person's symptoms of psychological harm.

- Parents/carers disagree about services needed for child/young person, with one blocking engagement; for example, DV is identified and the aggressor is blocking access to services, or one parent/carer is mentally ill and is denying the child/young person's need for services.

- The parents/carers are required to take actions they are physically, cognitively or emotionally unable to take (e.g., parents are cognitively impaired and do not understand).

- The parents/carers are reluctant to seek treatment because of cultural/religious considerations or social stigma.

- The services required are not available or parent/carer does not know how to access them.

© 2010 by NCCD, All Rights Reserved

RELINQUISHING CARE

Is parent/carer stating that he/she is no longer willing to provide shelter/food/ supervision for child/young person, effective immediately OR has child/young person been in voluntary care more than 3 of the past 12 months?

ANSWER YES IF:

- Child/young person's current parent/carer has stated that he/she will not provide shelter, food or supervision for the child/young person AND is stating that this is effective immediately.
- Parent/carer has already stopped providing shelter, food or supervision and has either stated, or it is apparent, that he/she does not intend to resume providing shelter, food or supervision.
- There is an apprehended violence order (AVO) preventing child/young person from living in the home.
- Parent/carer made arrangements for voluntary care, is unwilling or unable to resume care, and either of the following legislative requirements applies:
  - » The child/young person must not remain in voluntary out-of-home care with a non-designated agency for more than 3 months in any 12 months; OR
  - » The child/young person must not remain in voluntary out-of-home care with a designated agency for more than 180 days in any period of 12 months unless the designated agency responsible for the child/young person has, in accordance with Children's Guardian guideline, prepared a plan that meets the needs of the child/young person under the arrangement.

ANSWER NO IF:

- Parent/carer is threatening to stop providing shelter/food or supervision at some time in the future.
- Parent/carer has had an episode of not providing shelter, food or supervision, but has resumed provision of care. (Check episode against neglect decision tree.)

Have you or another person discussed options with parents/carers for short-term respite or other supports?

ANSWER YES IF:

- You or another person have spoken with the parent/carer in an effort to understand the reasons parent/carer plans/threatens to terminate providing for child/young person (e.g., financial issues, parent carer health/mental health, child/young person behaviour); AND

© 2010 by NCCD, All Rights Reserved

- You or another person offered referrals for services, or other support, that would provide an alternative way to care for child/young person or a way parent/carer would be willing to continue to provide care.

ANSWER NO IF:
You have made reasonable efforts to discuss options with parent/carer and he/she has rejected efforts to discuss. Note: If you have not attempted to discuss with parent/career, you should do so prior to answering no.

Has parent/carer rejected services?

ANSWER YES IF:
Parent/carer has refused to accept supports or services and persists in plan to terminate provision of shelter/food/supervision of child/young person.

Is there an alternative care arrangement in place for the next 72 hours?

ANSWER YES IF:

- The child/young person is already, or will immediately be, provided with shelter/food/supervision by a responsible adult; OR

- Child/young person is capable of safely caring for self and has the means to do so.

ANSWER NO IF:

- Child/young person is on the street or in unsafe or unsuitable housing.

- Child/young person is on remand, in custody with conditions of bail (e.g., as directed by CS and in conjunction with DJJ). Do not consider continued residence in juvenile detention or a similar facility to be an alternative safe arrangement when the child/young person has met the conditions for release.

- Child/young person is in mental health unit or hospital if not required to be there.

- A young person is not able to make a decision regarding his/her safety due to the following:

  » Intellectual disability;
  » Mental health condition;
  » Under influence of alcohol or other drug (at time of decision).

© 2010 by NCCD, All Rights Reserved

CARER CONCERN: SUBSTANCE ABUSE

Does the parent/carer's substance abuse 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 substance abuse?

ANSWER YES IF:

- You reasonably suspect that a parent/carer is abusing alcohol or other drugs to the extent that it is having a negative impact on his/her health, finances, relationships, employment, legal issues, etc. Your awareness may be based on personal observations or credible statements by the child/young person or another person.

AND

- One of the following is true:

  » Parent/carer is not meeting child/young person's basic needs OR is likely to be unable to meet child/young person's basic needs. On more than one occasion, parent/carer did not provide child/young person with food, supervision, adequate housing, safe living conditions (e.g., drug paraphernalia was accessible to child), or other basic care because parent/carer was under the influence of alcohol or other drugs; OR could not provide because financial resources were spent on alcohol/drugs; OR parent/carer's life is so organised around drug-seeking that he/she is inattentive to child/young person's needs. Consider child/young person's age/developmental status: older children/young people are less dependent on their parent/carer to meet basic needs, whilst infants/newborns have no ability to protect themselves or meet any of their own needs.

  Note: If failure to meet basic needs meets criteria for neglect, use neglect decision tree first and use this decision tree if you have already ruled out neglect.

  » Parent/carer is likely to cause significant harm to child/young person. On more than one occasion, whilst under the influence, the parent/carer became violent and/or out of control and/or passed out AND parent/carer uses in the presence of the child/young person. It is not necessary that the child/young person was present during the incidents in which parent/carer was violent/out of control.

  Note: If parent/carer caused significant physical harm, threatened to cause significant harm or nearly caused significant physical harm, use the physical abuse decision tree first and use this decision tree if you have already ruled out physical harm.

  » Child/young person's behaviour indicates impact of parent/carer's substance abuse. Child/young person exhibits indicators of emotional disturbance. The following table provides examples, but it is a guide only. If you are not familiar with indicators of emotional disturbance,

© 2010 by NCCD, All Rights Reserved

you are encouraged to consult with CWU or a professional with expertise in this area.

<table>
<tr><th colspan="4">Examples of Indicators of Emotional Disturbance</th></tr>
<tr><th>Infant</th><th>Toddler</th><th>School Age</th><th>Teen</th></tr>
<tr><td>• Not responding to cuddling
• Not smiling or making sounds
• Losing developmental milestones already achieved
• Inconsolable
• Head banging</td><td>• Regression in toilet training, language or other skills
• Head banging</td><td>Bed wetting</td><td>• Involved in violent relationships
• Difficulty maintaining long-term significant relationships</td></tr>
<tr><td colspan="2">• Upset by loud noises, quick movements
• Withdrawn, not playful and/or play imitates violence between parents/carers
• Unusually extreme separation anxiety or no separation anxiety</td><td colspan="2">• Self-harming/suicidal
• Constant worry about violence/dangers
• Desensitisation to violence
• Decline in school performance
• Feels worthless about life and him/herself
• Unable to value others or show empathy
• Lacks trust in people</td></tr>
<tr><td></td><td colspan="3">• Increased aggressive behaviour
• Loss of interest in previously pleasurable activities (i.e., not merely moving on to an interest in a new activity)
• Extreme insecurity
• Extreme anxiety, such as inability to sit still that is NOT related to ADHD
• Lacks interpersonal skills necessary for age-appropriate functioning
• Extreme attention seeking
• Takes extreme risks; is markedly disruptive, bullying or aggressive
• Avoids adults or is obsessively obsequious/submissive to adults
• Highly self-critical
• Feelings of hopelessness, misery, despair
• 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></tr>
<tr><td colspan="4">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></tr>
</table>

Note: If parent/carer caused significant psychological harm or is likely to cause significant psychological harm, use the psychological harm decision tree first and use this decision tree if you have already ruled out psychological harm.

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

ANSWER YES IF:
There is a second parent/carer in the home who does not abuse alcohol or drugs and who provides care and protection appropriate to the child/young person's needs.

ANSWER NO IF:
This is a single-parent family; all adults abuse alcohol/drugs; at least one adult does not abuse alcohol/drugs but does not meet child/young person's needs (e.g., emotionally unable, physically unable, financially unable).

© 2010 by NCCD, All Rights Reserved

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

ANSWER YES IF:

- You or another person have already had a conversation with either the using or non-using parent/carer about your concerns and have provided resources for effective services/interventions, or the family has sought services on their own.

AND

- Parent/carer has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person.

ANSWER NO IF:
Parent/carer has refused services; indicated acceptance but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using services to reduce risk of harm to child/young person. This may be evidenced by the following:

- Indicators that child/young person's developmental needs are not being met;
- Absence of services isolates child/young person;
- Capacity of the parent to provide adequate care for the child/young person.

Are you aware that the child was the subject of a prenatal report related to substance abuse by the mother who failed to engage with services to reduce the risk?

ANSWER YES IF:
You have information that whilst mother was pregnant with this child, a report was made to CS (whether accepted or not) because of concerns related to mother's use of alcohol or drugs AND since that report, mother has either not engaged with services, or has minimally engaged but has continued to abuse alcohol or drugs.

ANSWER NO IF:

- You have no information that a prenatal report was made.

- A prenatal report was made for reasons other than substance abuse.

- A prenatal report was made related to substance abuse AND the mother engaged with services and has made significant progress toward resolving the substance abuse concerns. Significant progress does not require that mother has completely resolved the concern, but she is engaged in treatment and has taken steps necessary to ensure adequate care for her child.

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

© 2010 by NCCD, All Rights Reserved

ANSWER YES IF:

- A child/young person in the family has not reached the age of 5; OR
- A child/young person in the family is developmentally delayed and has the cognitive or emotional functioning of a child of age 5. *Note: If you are uncertain about child's developmental status, consider consulting CWU or a professional with expertise in child development.*
- You have information that whilst mother was pregnant with this child, a report was made to CS because of concerns related to mother's use of alcohol or drugs AND since that report, mother has either not engaged with services, or has minimally engaged but has continued to abuse alcohol or drugs.

Is the child under age 13?

ANSWER YES IF:
Child has not reached his/her thirteenth birthday. Note: Children under age 13 are considered more vulnerable, so are recommended for report.

© 2010 by NCCD, All Rights Reserved

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?

ANSWER YES IF:

- You are aware that a parent/carer has a mental health concern. Your awareness may be based on personal observations or credible statements by the child/young person or another person. Include parents/carers whom you reasonably suspect of having mental health symptoms to the extent that symptoms are having a negative impact on them (e.g., health, finances, relationships, employment, legal issues).

AND

- One of the following is true:

  » Parent/carer is not meeting child/young person's basic needs OR will likely be unable to meet child/young person's basic needs. On more than one occasion, parent/carer did not provide child/young person with food, supervision, stable housing, safe living conditions, or other basic care because parent/carer was experiencing mental health symptoms. Consider child/young person's age/developmental status: older children/young people are less dependent on their parent/carer to meet basic needs, whilst infants/newborns have no ability to protect themselves or meet any of their own needs.

  Note: If failure to meet basic needs meets criteria for neglect, use neglect decision tree first and use this decision tree if you have already ruled out neglect.

  » Parent/carer's emotional status inhibits or prevents him/her from forming a relationship with his/her infant/newborn. For example, mother is depressed (including postpartum depression) and not responsive to infant. This may be observed by identifying depression in the mother, or by observing behaviours such as refusing to hold newborn, failure to respond to infant's cues, etc.

  » Parent/carer is likely to cause significant harm to child/young person. On more than one occasion, while experiencing mental health symptoms, the parent/carer became violent and/or out of control, including imminent and serious threats of homicide/suicide. It is not necessary that the child/young person was present during the incidents in which parent/carer was violent/out of control.

  Note: If parent/carer caused significant harm, threatened to cause significant harm or nearly caused significant harm, use the physical abuse decision tree first and use this decision tree if you have already ruled out physical harm.

© 2010 by NCCD, All Rights Reserved

» Child/young person's behaviour indicates impact of parent/carer's mental health concern. Child/young person exhibits indicators of emotional disturbance. The following table provides examples, but it is a guide only. If you are not familiar with indicators of emotional disturbance, you are encouraged to consult with CWU or a professional with expertise in this area.

<table>
<tr><th colspan="4">Examples of Indicators of Emotional Disturbance</th></tr>
<tr><th>Infant</th><th>Toddler</th><th>School Age</th><th>Teen</th></tr>
<tr><td>• Not responding to cuddling
• Not smiling or making sounds
• Losing developmental milestones already achieved
• Inconsolable
• Head banging</td><td>• Regression in toilet training, language or other skills
• Head banging</td><td>Bed wetting</td><td>• Involved in violent relationships
• Difficulty maintaining long-term significant relationships</td></tr>
<tr><td colspan="2">• Upset by loud noises, quick movements
• Withdrawn, not playful and/or play imitates violence between parents/carers
• Unusually extreme separation anxiety or no separation anxiety</td><td colspan="2">• Self-harming/suicidal
• Constant worry about violence/dangers
• Desensitisation to violence
• Decline in school performance
• Feels worthless about life and him/herself
• Unable to value others or show empathy
• Lacks trust in people</td></tr>
<tr><td></td><td colspan="3">• Increased aggressive behaviour
• Loss of interest in previously pleasurable activities (i.e., not merely moving on to an interest in a new activity)
• Extreme insecurity
• Extreme anxiety, such as inability to sit still that is NOT related to ADHD
• Lacks interpersonal skills necessary for age-appropriate functioning
• Extreme attention seeking
• Takes extreme risks; is markedly disruptive, bullying or aggressive
• Avoids adults or is obsessively obsequious/submissive to adults
• Highly self-critical
• Feelings of hopelessness, misery, despair
• 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></tr>
<tr><td colspan="4">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></tr>
</table>

Note: If parent/carer caused significant psychological harm, or is likely to cause significant psychological harm, use the psychological harm decision tree first and use this decision tree if you have already ruled out psychological harm.

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

ANSWER YES IF:
There is a second parent/carer in the home who does not have mental health concerns and who provides care and protection appropriate to the child/young person's needs.

© 2010 by NCCD, All Rights Reserved

ANSWER NO IF:

- This is a single-parent family; OR
- All adults have mental health concerns; OR
- At least one adult does not have mental health concerns, but does not meet child/young person's needs (e.g., emotionally unable, physically unable, financially unable).

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

ANSWER YES IF:

- You or another person have already had a conversation with either parent/carer about your concerns and have provided resources for effective services/interventions, or the family has sought services on their own.

AND

- Parent/carer has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child/young person.

ANSWER NO IF:
Parent/carer has refused services; indicated acceptance but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using services to reduce risk of harm to child/young person. This may be evidenced by the following:

- Indicators that child/young person's developmental needs are not being met;
- Absence of services isolates child/young person;
- Capacity of the parent/carer to provide adequate care for the child/young person.

Are you aware that the child was the subject of a prenatal report related to the mental health of the mother who failed to engage with services to reduce the risk?

ANSWER YES IF:
You have information that whilst mother was pregnant with this child, a report was made to CS (whether accepted or not) because of concerns related to mother's mental health AND since that report, mother has either not engaged in services, or has minimally engaged but has continued to exhibit mental health concerns.

ANSWER NO IF:

- You have no information that a prenatal report was made.
- A prenatal report was made for reasons other than mental health.

© 2010 by NCCD, All Rights Reserved

- A prenatal report was made related to mental health concerns AND the mother engaged in services and has made significant progress toward resolving the mental health concerns. Significant progress does not require that mother has completely resolved the concern, but she is engaged in treatment and has taken steps necessary to ensure adequate care for her child.

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

ANSWER YES IF:

- A child in the family has not reached the age of 5; OR

- A child/young person in the family is developmentally delayed and has the cognitive or emotional functioning of a child age 5. *Note: If you are uncertain about child's developmental status, consider consulting CWU or a professional with expertise in child development.*

- You have information that whilst mother was pregnant with this child, a report was made to CS because of concerns related to mother's mental health AND since that report, mother has either not engaged with services, or has minimally engaged but mental health concerns continue.

Is the child under age 13?

ANSWER YES IF:
Child has not reached his/her thirteenth birthday. Note: Children under age 13 are considered more vulnerable, so are recommended for report.

© 2010 by NCCD, All Rights Reserved

CARER CONCERN: DOMESTIC VIOLENCE

Has there been an incident of domestic violence where one or more of the following occurred AND there is a child/young person in the home, present or not?

- **Use of weapon (gun, knife, etc.);**
- **Attempt to strangle/suffocate/kill;**
- **Serious injury to adult;**
- **Physical injury to a child/young person;**
- **Serious threat to harm child/young person/adult/self;**
- **There is a significant increase in pattern of violence.**

ANSWER YES IF:
One of the following is true:

- One or more participants used a weapon capable of causing significant injury. For example, a gun, knife, blunt object such as a hammer, or a flammable liquid. Use means that the weapon was deployed (i.e., fired gun, slashed with knife, swung object, poured flammable liquid) or displayed in a threatening manner (i.e., pointed gun or showed it implying threat, held knife or blunt object in threatening manner).

- An adult attempted to strangle or suffocate or kill a household member by any other means.

- An adult suffered a serious injury during the incident including but not limited to strangulation, sexual assault, fractures, internal injuries, disfigurement, burns, death, and/or any injury that may require hospitalisation.

- A child/young person suffered physical injury during the incident, including bruising, cuts or burns, or other more severe injuries. The child/young person need not have been the intended target of the violence, but may have been injured as a result of proximity to the intended target of the violence (e.g., infant being carried by the mother) or whilst in the process of running away from/evading the violence.

- Threat of significant harm to child/young person or another adult or self (e.g., threat to kill self, sexual assault, kidnap, hold hostage, murder, serious injury or harm).

- The child/young person/adult discloses a significant increase in the number and severity of incidents. For example, there are now injuries that may not be significant, but there are repeated episodes of minor injuries and the injuries are getting worse or are happening more often.

Was a child/young person:

- **Attempting to intervene;**

- **In parent/carer's arms or close enough proximity to be hurt;**

© 2010 by NCCD, All Rights Reserved

- **Significantly upset by incident(s);**

- **The subject of a prenatal report related to domestic violence toward the mother, who has not engaged with services to reduce the risk?**

ANSWER YES IF:

- Child/young person attempted to intervene. During a physical altercation between adults, a child/young person attempted to hold back the aggressor and/or protect the victim, OR participated in assaulting the victim.

- Child was in parent/carer's arms or in close enough proximity to be hurt. During a physical altercation between adults, either adult was holding a child in his/her arms OR a child/young person was near enough to the altercation that even though child/young person was not attempting to intervene, the course of the altercation did or was likely to include the child/young person's location.

  Note: Consider the range of potential harm based on use of weapons/ duration of incident compared to child/young person's location. For example, if a gun was involved, the child/young person's presence anywhere in the home should be answered yes. If an object was thrown, a child's presence anywhere in range of the throw should be answered yes. If adults carried the altercation from room to room over many minutes to hours, a child anywhere in the home should be answered yes.

- Child/young person significantly upset by incident(s). During and/or following the incident(s) the child/young person demonstrated significant emotional distress. Examples include shaking with fear, inconsolable sobbing, cowering or hiding OR showing little or no emotion especially where the violence has been longstanding.

<table>
<tr><th colspan="4">Examples of Indicators of Emotional Disturbance</th></tr>
<tr><th>Infant</th><th>Toddler</th><th>School Age</th><th>Teen</th></tr>
<tr><td>• Not responding to cuddling
• Not smiling or making sounds
• Losing developmental milestones already achieved
• Inconsolable
• Head banging</td><td>• Regression in toilet training, language or other skills
• Head banging</td><td>Bed wetting</td><td>• Involved in violent relationships
• Difficulty maintaining long-term significant relationships</td></tr>
<tr><td colspan="2">• Upset by loud noises, quick movements
• Withdrawn, not playful and/or play imitates violence between parents/carers
• Unusually extreme separation anxiety or no separation anxiety</td><td colspan="2">• Self-harming/suicidal
• Constant worry about violence/dangers
• Desensitisation to violence
• Decline in school performance
• Feels worthless about life and him/herself
• Unable to value others or show empathy
• Lacks trust in people</td></tr>
</table>

© 2010 by NCCD, All Rights Reserved

Examples of Indicators of Emotional Disturbance			
Infant	**Toddler**	**School Age**	**Teen**
	• Increased aggressive behaviour • Loss of interest in previously pleasurable activities (i.e., not merely moving on to an interest in a new activity) • Extreme insecurity • Extreme anxiety, such as inability to sit still that is NOT related to ADHD • Lacks interpersonal skills necessary for age-appropriate functioning • Extreme attention seeking • Takes extreme risks; is markedly disruptive, bullying or aggressive • Avoids adults or is obsessively obsequious/submissive to adults • Highly self-critical • Feelings of hopelessness, misery, despair • 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)		
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)			

- You have information that whilst mother was pregnant with this child, a report was made to CS (whether accepted or not) because of concerns related to domestic violence AND since that report, mother has either not engaged in services, or has minimally engaged but the violence has continued.

ANSWER NO IF:

- Child/young person was not directly in harm's way.

AND

- No child in the home was the subject of a prenatal report related to domestic violence, OR if such a report was made, mother has engaged in services and has taken effective steps toward eliminating the violence.

Are you aware of the presence of risk factors including:

- **AVO or family law contact orders due to violence;**
- **Recent/imminent divorce or separation;**
- **Stalking, extremely controlling behaviour, or sexual assault of a parent/carer;**
- **Aggressor has significant mental health issues or severe alcohol or drug abuse;**
- **One or a combination of other risk factors?**

ANSWER YES IF:

- There is a current AVO (provisional, interim or final) due to violence against a household member or there is a current family law contact order prohibiting

© 2010 by NCCD, All Rights Reserved

contact of one or more household members by another person because of violence.

- The most recent violent incident was, or appears to have been, triggered by a divorce or separation within an intimate relationship of one or more household members within the past six months; OR one family member is planning to separate in the near future; OR a court date to finalise a divorce is imminent.

- The aggressor has been stalking (following; aggressive phone, email, text, mail contact; watching) the parent/carer; OR the aggressor has exhibited other highly controlling behaviour (persistent isolation from family and friends; complete control of all money; repeatedly denying access to ceremonies, land, family, religious observance; forcing people to do things against their beliefs; repeatedly locking the victim in or outside the house); OR the aggressor has forced sexual contact on parent/carer.

- The aggressor has obvious and active mental health issues that have resulted in violent or aggressive behaviour. For example, aggressor is extremely paranoid, not in touch with reality, hearing or seeing things others do not see; OR aggressor frequently uses alcohol or other drugs to an extent that he/she become violent and out of control.

- None of the above are present, but one or a combination of several risk factors suggest that further violence is likely in the near future.

  Examples of risk factors include the following:

  » Adult victim is in a constant state of fear;

  » Adult victim fears for the child/young person's safety;

  » Recent or prolonged unemployment is causing stress or family friction;

  » Severe financial stress;

  » Mental health concerns;

  » Abuse of alcohol or other drugs;

  » A history of prior AVO or family law contact orders;

  » Weapons in the home;

  » Victim is pregnant;

  » Cruel treatment of animals/family pets by aggressor;

  » Conflict over visitation/custody issues;

  » A child/young person in the home is not a biological child of aggressor.

© 2010 by NCCD, All Rights Reserved

UNBORN CHILD

Note: While reports relating to an unborn child are not mandatory, those with mandatory reporting responsibility should consider the benefits for the mother and unborn child of making a report to:

1. *Enable CS and other agencies to mobilise services for the potential benefit of the mother and unborn child; or*

2. *Enable CS to prepare appropriate statutory/protective intervention following the birth of the child.*

Are you aware of a history of abuse or neglect of siblings of the unborn child, or have siblings been removed or died in circumstances that have been reviewed by the Ombudsman?

ANSWER YES IF:
You have information (which may be gathered in consultation with CWU and/or CS as well as from the parent or third party) that:

- The expectant mother or another adult who will be living with the baby after birth has previous abuse or neglect reports in which he/she is the perpetrator. The victim may be any child, regardless of whether that child is part of the current household.

- The expectant mother or another adult who will be living with the baby after birth has previously had a child removed from his/her care by CS.

- The expectant mother or another adult who will be living with the baby after birth has been involved in a child death that was reviewed by the Ombudsman.

Are there circumstances that suggest either parent/carer will be unable to care for baby upon birth?

- **Suicidal**
- **Substance abuse**
- **Mental illness**
- **Domestic violence**
- **Cognitive disability**
- **Medical condition**
- **Homeless**
- **Inadequate preparations for birth**

ANSWER YES IF:
Consider any parent/carer who will be living with baby upon birth.

- Suicide risk. Expectant mother has recently attempted or threatened suicide, or is making plans that suggest an imminent suicide attempt.

© 2010 by NCCD, All Rights Reserved

- Serious and persistent substance abuse by expectant mother or other parent/carer.

  » Currently using heroin, cocaine, methamphetamine; OR

  » Currently using any other illegal drug or alcohol, and use is more than a single occasion and is in amounts that render the person intoxicated. Also include use of prescription drugs that are not prescribed, or are in amounts that exceed prescribed dose. The effect of alcohol or drug use is to the extent that if responsible for the care of an infant, she/he would be unable to provide necessary care. For example, uses to the point of passing out or to a level of intoxication where she/he could not provide care; OR

  » There is a history of substance abuse that has resulted in abuse or neglect of another child/young person.

- Unmanaged mental illness. Expectant mother or other parent/carer is exhibiting significant symptoms of unmanaged mental illness to the extent that she/he is unlikely able to provide care and protection for the baby upon birth. This includes situations in which she/he has been diagnosed with mental illness that requires medication that is not taken as prescribed (whether due to prescribed cessation during pregnancy or other reason) OR she/he has never been diagnosed and is showing significant symptoms. Significant symptoms include the following:

  » Being unable to carry out daily activities such as eating and self-care.

  » Being unable to manage emotions such as anger, sadness, or anxiety to the extent that he/she cannot focus attention on attending to an infant's needs.

  » Hearing voices, seeing things that are not there, or having thoughts of unrealistic/unsupportable beliefs of persecution, etc. Especially concerning are hostile/negative expressions about the unborn child, or denial of the pregnancy.

- Domestic violence. There is current domestic violence towards the expectant mother that includes physical assaults that involved a serious injury* or use of a weapon, or extremely isolating and controlling behaviour.

  *Serious injury during the incident includes but is not limited to strangulation, sexual assault, fractures, internal injuries, disfigurement, burns, death, and/or any injury that may require hospitalisation.

- Cognitive disability. The expectant mother or other parent/carer has limited ability to understand information that will be necessary for the care of the infant. For example, he/she is unable to understand feeding, sleeping, or bathing instructions or has extremely unrealistic expectations of what parenting will be like.

© 2010 by NCCD, All Rights Reserved

- Medical condition. The expectant mother or other parent/carer has a severe medical condition or physical disability that will make it extremely difficult to provide care for an infant, for example, uncontrolled seizures, paralysis, extreme fatigue.

- Homeless. The expectant mother or other parent/carer has no safe place to stay with baby upon birth, or planned arrangements are unsuitable for an infant.

- Inadequate preparations for birth. Expectant mother has not obtained adequate prenatal care, and has not prepared food or other necessary items for infant AND birth is imminent.

Are you aware that expectant mother is currently benefiting from services to address concerns OR that there are other family members who will provide for child's safety and care upon birth?

ANSWER YES IF:

- You or another person have already had a conversation with either the expectant mother or another family member about your concerns and have provided resources for effective services/interventions, or the expectant mother or family has sought services on their own.

  AND

- Expectant mother has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress toward reducing risk of harm to child.

  OR

- There is at least one other adult who will be living in the home with the baby who will be able to provide for the child's basic needs and protect child from any concerns the other parent/carer may present.

ANSWER NO IF:

- Expectant mother has refused services; indicated acceptance but after a reasonable period of time has not engaged in services; or, having engaged in services, is not effectively using service to reduce risk of harm to child when born.

- Birth mother would be the only parent/carer available to provide for the baby.

- All other adults have risk factors or would otherwise be unable/unwilling to provide safety or basic care for the baby.

© 2010 by NCCD, All Rights Reserved

Does expectant mother or other parent/carer have capacity and willingness to engage with services?

Answer YES IF:
The expectant mother and/or other parent/carer who will be living with the baby expresses awareness of the risks to the baby, and is willing to accept interventions to address risks.

© 2010 by NCCD, All Rights Reserved

MANDATORY REPORTER GUIDE
PROCEDURES

WHO WILL USE THIS GUIDE?

You should use this Guide if you are a person required to report child abuse or neglect to Community Services under the *Children and Young Persons (Care and Protection) Act 1998*, *NSW* (the Care Act).

You may also find this Guide useful when you have risk of significant harm concerns about a child/young person that you would like to report even though you are not obligated to do so.

WHICH CHILDREN/YOUNG PEOPLE

Children and young people living in NSW.

WHEN TO USE THIS GUIDE

When you suspect on reasonable grounds that a child/young person may be at risk of significant harm, and those grounds arise during the course of or from your employment.

DECISION POINTS

Each path through a decision tree leads to a decision point as described below. After completing the online Mandatory Reporter Guide, print the final decision report and/or save it for your own records. Specific instructions will vary according to whether your concerns about the child/young person are reportable or not.

1. Report to Community Services

There are two types of recommendations to report to Community Services:

Immediate report to Community Services
Telephone: 13 3627
If you have a hearing impairment, telephone TTY: 9633 7698

You should make a report about suspected risk of significant harm to the Child Protection Helpline as soon as possible, using the most direct means possible. In some instances, you will also need to arrange medical care and/or inform police.

Report to Community Services
Telephone: 13 3627
If you have a hearing impairment, telephone TTY: 9633 7698

You should make a report about suspected risk of significant harm to the Child Protection Helpline within the next 24 hours, either by phone or eReport (if available).

eReporting Note: If you are a mandatory reporter registered for eReporting, you can commence a Community Services eReport by clicking on the link: DoCS Connect Portal. This reporting method is currently only available to Department of Education and Training school principals and to some Catholic Education schools.

© 2010 by NCCD, All Rights Reserved

For both an immediate report and a report:
Describe the specific circumstances that supported your YES or NO responses on the decision trees.

The Child Protection Helpline will assess the information that you provide, along with information that may be known to Community Services, to determine whether or not it meets the legislative threshold for risk of significant harm. The Helpline then may do one of the following:

- Screen out the report because it does not meet the threshold for risk of significant harm;
- Refer the report to Brighter Futures;
- Assess the report but not open it for ongoing services;
- Offer ongoing services/further assessment to the child/young person, other individual family members, or to the family together; or
- Arrange protective placement for the child/young person.

Irrespective of what Community Services does, it is important to maintain your professional relationship with the family as far as appropriate and possible.

Taking Into Account the Child/Young Person's Views
It is good practice to inform the child/young person of your intention to report your concerns and to seek his/her views as far as is age-appropriate. However, the child/young person's views are only one aspect of your decision to make a report. Other children in the family may be at risk of significant harm, as may other children where the allegations concern a non-family member. Failure to report can also be seen as colluding with the abuse and the alleged offender. For more guidance on how to approach this important issue, refer to the *Child Wellbeing and Child Protection NSW Interagency Guidelines*.

When you make a report to the Child Protection Helpline, remember to provide information about the child/young person's reaction to the report to enable Community Services to take into account any view or wish expressed by a child/young person, including his/her opposition to the report being made.

2. Consult With a Professional/Refer to CWU

- If you are from the Departments of Human Services, Education and Training, Health or the NSW Police Force go to 'Child Wellbeing Unit (CWU)' below.
- If you are from another agency, go to 'If you do not have a CWU' below.

© 2010 by NCCD, All Rights Reserved

Refer to Child Wellbeing Unit (CWU)

CWUs operate within the Departments of Human Services, (Aboriginal Affairs, Ageing, Disability and Home Care, Business Link, Housing, and Juvenile Justice staff ONLY) Education and Training, Health and the NSW Police Force. The role of the CWU is as follows:

- To help agency mandatory reporters identify whether a concern about a child/young person meets the risk of significant harm threshold, and if so, to ensure that these concerns are reported to the Child Protection Helpline.

- To provide advice to mandatory reporters about possible service responses by the agency or other services for children, young people and their families, particularly where the identified risks have not reached the significant harm threshold.

- Over time, to drive better alignment and coordination of agency service systems to enable better, more timely responses to children and families in need of assistance.

When the decision point is 'CWU', you should contact your CWU as soon as possible but no later than the next business day. The CWU will follow its protocol to assist you in determining what actions, if any, might need to be taken. In doing this, the following steps may be taken by CWU Assessment Officers:

- Reviewing with you the circumstances of the concern and the completion of the MRG. This may confirm the level of suspected risk, or result in a decision that the concern reaches the risk of significant harm threshold and so requires a report to the Child Protection Helpline.

- An appraisal of any additional available information that may impact on the risk of harm decision. This may include reviewing any known previous concerns recorded in the CWU database (WellNet) and review of other information that is held or can be gathered by the agency.

- Consultation with the Child Protection Helpline on the assessed risk level to the child/young person.

- Consultation with a Community Services Centre (one of the local Community Services offices) or an out-of-home care or a Brighter Futures agency where that agency has a current case management role with the child/young person.

- Where a concern is below the threshold of risk of significant harm, the CWU will assist in developing a plan of action, if applicable, with the mandatory reporter, which may include the following:

  » Identifying what resources and services could be offered to the family, both by the agency and/or another agency;

  » Identifying what other services could be contacted to determine how the family could be assisted and supported (e.g., a Family Referral Service);

© 2010 by NCCD, All Rights Reserved

» Identifying who is best placed to further discuss the concerns with the family and offer them referrals and services;

» Planning how the family's situation may be monitored;

» Discussing how you should document your concerns, any planned actions and outcomes;

» Providing advice on information exchange requirements.

If you do not have a CWU:

- If the risk of significant harm threshold is not met and you still have professional concerns, you may discuss possible actions with your supervisor or a colleague, and/or report to the Child Protection Helpline.

- Your agency may have provided advice on who to contact in your agency or elsewhere to discuss any child protection concerns.

- You may refer directly to an appropriate service, contact a service to assist in identifying supports or services, or seek additional information under exchange of information provisions, for example, a Family Referral Service, if available; the DV Line; a local referral or advice service; and services listed on HSNet, the NSW Government's Human Services website, at *http://www.hsnet.nsw.gov.au*, or on the Families NSW website at *http://www.nswfamilyservices.asn.au*.

3. Referrals

This decision point occurs when there is no significant harm or risk of significant harm, but the family may benefit from services and appear open to services. You may respond in a number of ways depending on your knowledge of and relationships with family members.

a. Ask your CWU for information on services or other guidance.

b. Access suitable referrals through the NSW Government's Human Services website, HSNet, at *http://www.hsnet.nsw.gov.au.*

c. Consult with a Family Referral Service, where available. You may call them for information to pass to the family, or you may provide relevant information to the Service so they can contact the family directly.

d. Use your agency's existing referral network.

Note: Certain agencies can share information regarding the safety, welfare and well-being of children and young people and their parent/carers without their consent; however, where possible, client consent should be sought. Advice about information exchange is located at *http://www.keepthemsafe.nsw.gov.au*.

© 2010 by NCCD, All Rights Reserved

4. Document and Continue Relationship (Also Document and Monitor)

When the decision point of 'Document and continue relationship' (or 'Document and monitor') is reached, you are not required to report. However, you will need to document the decision and continue your professional relationship with family members, where appropriate.

Document

Based on your agency's policies, document relevant information about your concerns, and print and file the decision report issued after completion of the MRG.

Continue Relationship (or Monitor)

- If your professional role includes an ongoing relationship with the child/young person AND/OR parent/carer, it is expected that such a relationship will continue regardless of the reporting decision. It is important to maintain a connection to the family so that if conditions worsen, you will be available to report to CS if need be. This relationship may include monitoring, creating or maintaining a safe space where the child/young person or parent/carer may further disclose concerns that already exist but which he/she has been reluctant to disclose, or to disclose new incidents. The relationship may also include supporting the child/young person or parent/carer who may be experiencing other difficulties that are not reportable as abuse or neglect.

- If your professional role **does not** include an ongoing relationship with the child/young person AND/OR parent/carer, *you are not required to maintain contact*.

NOTE: Some circumstances are not reportable because they do not meet the threshold of risk of significant harm and yet the child/young person may experience emotional or physical stress. You may be able to assist the child/young person in learning coping strategies or accessing suitable services, or to foster trust so that a child/young person will alert you if conditions change.

Irrespective of a report to CS, consider whether your concerns should be shared with other agencies connected with the child/young person, such as school, health, mental health, justice or housing. Certain agencies can share information regarding the safety, welfare and well-being of children and young people without their consent; however, where possible, client consent should be sought when information about a client is being disclosed to another agency. Advice about information exchange is located at www.keepthemsafe.nsw.gov.au.

PROCESS FOR COMPLETING MANDATORY REPORTER GUIDE

Note: You may consult with your CWU (if you have access to one) at any time during completion of a decision tree.

1. From the STARTING PAGE, select the maltreatment type that best represents your concern for the child/young person. If you have more than one concern, start with the most serious concern.

   NOTE: If the decision is 'Immediate report to CS', it is NOT NECESSARY to complete any additional decision trees. Contact the

© 2010 by NCCD, All Rights Reserved

Child Protection Helpline and explain ALL of your concerns, even if you did not complete a decision tree for each one.

2. Start with the first question in the selected decision tree. Apply the definition to the information known to you and determine whether a YES or NO answer best fits. Follow the arrow for either YES or NO to the next question or to a decision point. In the online MRG, the definition appears on the right of the screen with every question.

3. Apply the definition provided to EVERY question you are asked.

4. If you arrive at a decision point, proceed to step 6.

5. If you are uncertain whether the best response is YES or NO, you should consider the following steps in the order outlined:

    a. You may consult with a professional or refer to your CWU. It is possible that there is another way to consider the answer or that you already have sufficient information that a supervisor/colleague could illuminate.

    b. Are any other decision trees relevant? If so, complete those.

    c. You (or someone from your CWU or agency) may attempt to obtain the information that would determine either a YES or NO answer. This should not be construed as conducting an investigation, but simply as an effort to help make a reporting decision. Whether you do this depends on the piece of information that would help, how easy it would be to gather, your relationship with the child/young person or parent/carer, and your comfort and skill in gathering this information. You may consult with CS or your CWU before deciding whether to attempt this step. In some instances, the necessary information will not require talking to family members at all, just checking records or talking with a colleague who may know the family. If you need to speak with the family, limit this to the specific piece of information needed, asking the most open-ended question possible.

    d. If the above does not lead to a clear answer, respond in the most protective way.

6. The decision point you arrive at will be one that best flows from your YES/NO responses. Please treat this as a GUIDE, not a PRESCRIPTION. You may be aware of unique circumstances that were not considered during the course of completing the decision tree. You may:

    a. Follow the recommendation.

    b. Consider whether to complete an additional decision tree.

    c. Consult with your CWU, or another professional if you do not have access to a CWU.

© 2010 by NCCD, All Rights Reserved

NOTE: Nothing in this Guide restricts a mandatory reporter from contacting the Child Protection Helpline. If you do report, tell the Child Protection Helpline about your actual path through the decision tree and the facts that supported your YES and NO responses, as well as any unique circumstances that led you to determine that a report was necessary.

© 2010 by NCCD, All Rights Reserved

CULTURAL NOTES

Working With Aboriginal People and Communities

Aboriginal people are overrepresented in the child protection system for a variety of reasons. As a result of the policies, practices and actions of government agencies in the past, there is often mistrust of current welfare and other government agencies in Aboriginal communities. Consultation, respectful relationships and cultural sensitivity are needed in order to work effectively with Aboriginal people to ensure the safety of children/young people.

Aboriginal and Torres Strait Islander people's right to participate in the care and protection of their children is contained in the Care Act. This includes the promotion of self-determination through activities such as consultation, as well as participation in decision making by Aboriginal communities and families about Aboriginal children/young people. The Care Act also recognises that the safety, welfare and well-being of a child/young person is the paramount consideration for a reporter or a worker. Consequently, while being aware of cultural sensitivities, the reporter's focus must remain on ensuring the safety of the child/young person.

If behaviours are occurring which you suspect place a child/young person at risk of significant harm, they should not be minimised or dismissed on cultural grounds. Likewise, behaviours or practices that are culturally unfamiliar to a reporter should not be reported if they do not place the child/young person at risk of significant harm. Consultation with community elders—without revealing identifying information—may be needed to explore your concerns and how they relate to unfamiliar practices that are culturally acceptable to the Aboriginal community.

Any cultural information that may assist in the assessment of a case should always be included in a report to the Child Protection Helpline.

Working With Culturally and Linguistically Diverse Communities

Culture and experience do influence parenting and caregiving practices; however, it is critical that reporters maintain a focus on the impact or effects of these on the child/young person. Where there are grounds to suspect risk of significant harm from parent or carer behaviours, reporters must take the necessary reporting actions. Behaviours that are suspected of causing risk of significant harm should not be minimised or dismissed on cultural grounds.

Workers must focus on the impact of the behaviour or practice on the child/young person and ask, 'Does this cause or threaten significant harm?'

However, behaviours/practices that are influenced by culture should not be reported simply because they are different or unfamiliar to the reporter, nor should practices be reported where they do not cause significant harm nor place the child/young person at risk of significant harm.

Reporters with information about the possible bearing of cultural, linguistic, refugee, migration and/or settlement factors on the case are encouraged to provide this information as part of their report to the Child Protection Helpline. This information can assist in the subsequent assessment of the case.

© 2010 by NCCD, All Rights Reserved

GLOSSARY

Apprehended Violence Order (AVO)
An Apprehended Violence Order (AVO) is an order made by a court that restricts the behaviour of the person against whom the order has been made. The purpose of an AVO is to protect a person from violence, harassment or intimidation in the future. An AVO usually states that a person cannot assault, harass, threaten, stalk or intimidate another person, or go within a certain distance of his/her home or workplace. Other orders can be included if necessary. In NSW there are two types of AVOs:

- Apprehended Domestic Violence Orders (ADVO) are made when the people involved are related, living together or in an intimate relationship, or have been in this situation earlier.

- Apprehended Personal Violence Orders (APVO) are made when the people involved are not related and do not have a domestic or personal relationship, e.g., neighbours.

Attachment
Attachment is an emotional bond to another person. Psychologist John Bowlby was the first attachment theorist, describing attachment as a 'lasting psychological connectedness between human beings' (Bowlby, 1969). Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life.

Child
Age 0–15 years. As a mandatory reporter in NSW, you are required to report concerns that you have about the safety, welfare or well-being of a child.

Child Pornography
Child pornography[2] is material that depicts or describes (or appears to depict or describe), in a manner that would in all circumstances cause offence to reasonable people, a person who is (or appears to be) a child:

a. Engaged in sexual activity;

b. In a sexual context; or

c. As the victim of torture, cruelty or physical abuse (whether or not in a sexual context).

Child Prostitution
Child prostitution[3] is any sexual service, whether or not involving an indecent act:

[2] Division 15A Child Pornography (91H) of the *NSW Crimes Act 1900* defines a child as under 18 years.

[3] Division 15 Child Prostitution (91C) of the *NSW Crimes Act 1900* defines a child as under 18 years.

© 2010 by NCCD, All Rights Reserved

a. That is provided by a child (under the age of 18 years) for the payment of money or the provision of any other material thing (whether or not it is in fact paid or provided to the child/young person or to any other person);

b. That can reasonably be considered as aimed at the sexual arousal or sexual gratification of a person or persons other than the child/young person; and

c. Includes (but is not limited to) sexual activity between persons of different sexes or the same sex, comprising sexual intercourse (as defined in section 61H) for payment or masturbation committed by one person or another for payment engaged in by a child.

Cognitive Delay
Cognitive delay usually refers to a developmental lag, meaning that an individual's cognitive abilities do not match the expectations for his/her chronological age. It is a term most often used in describing children. Because children continue to grow and develop cognitively, it is not always clear whether or not they will catch up with respect to the delay. Sometimes development lags because of illness or malnutrition or other environmental factors and when the situation is rectified, the cognitive abilities rebound. However, it is also possible for delays to become permanent, in which case they are probably better thought of as an impairment or disability, although the term 'delay' is sometimes still used.

Designated Agency
A designated agency in NSW is an agency accredited in accordance with the regulations under the *Children and Young Persons (Care and Protection) Act 1998* to provide out-of-home care services, and includes Community Services and Ageing, Disability and Home Care.

In relation to reporting allegations against employees (as per the *NSW Ombudsman Act 1974*) designated agencies are the following:

- Community Services;
- Department of Education and Training;
- Department of Health (including area health services);
- Juvenile Justice;
- Corrective Services;
- NSW Sport and Recreation;
- Disability, Ageing and Home Care;
- Non-government schools;
- Child care centres;

© 2010 by NCCD, All Rights Reserved

- Agencies that provide substitute care to children, whether in foster care or in a residential care facility.

Further information is available on the Ombudsman website at
http://www.ombo.nsw.gov.au/complaints/compwrkchildprotissues.html

Developmental Milestone
Developmental milestones are a set of functional skills or age-specific tasks that most children can do at a certain age range, and which are used to check on children's development. Although each milestone has an age level, the actual age when a normally developing child reaches that milestone can vary.

A booklet entitled *A Guide to Children's Growth and Development* is available on the Community Services website at www.community.nsw.gov.au/docswr/_assets/main/documents/par_development.pdf.

Domestic Violence
Domestic violence refers to incidents of violence occurring in the family household where a child/young person is living.

eReporting Information
eReporting is a secure and convenient channel for reporting non-imminent suspected risk of significant harm to Community Services over the Internet. This reporting method improves mandatory reporter accessibility to the Child Protection Helpline, and improves the quality of information reported through its structured template. eReporting is currently only available to Department of Education and Training school principals and to some Catholic Education schools.

Mandatory Reporter
A mandatory reporter in NSW is an individual required by under 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 from the person's work.**

Mandatory reporters include those who deliver the following services 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 and youth workers);
- Education (e.g., teachers);
- Children's services (e.g., child care workers, family day carers and home-based carers);

© 2010 by NCCD, All Rights Reserved

- 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 risk of significant harm.

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

Non-organic Failure To Thrive (NOFTT)
Failure to thrive (also called psychosocial failure to thrive) is defined as decelerated or arrested physical growth (height and weight measurements fall below the fifth percentile, or there is a downward change in growth across two major growth percentiles) associated with poor developmental and emotional functioning. Organic failure to thrive occurs when there is an underlying medical cause. NOFTT occurs in a child who is usually younger than 2 years old and has no known medical condition that causes poor growth.

Psychological, social or economic problems within the family almost always play a role in the cause of NOFTT. Emotional or maternal deprivation is often related to nutritional deprivation. The mother or primary carer may neglect proper feeding of the infant because of preoccupation with the demands or care of others, her own emotional problems, substance abuse, lack of knowledge about proper feeding or lack of understanding of the infant's needs. Organic failure to thrive is caused by medical complications of premature birth or other illnesses that interfere with feeding and normal bonding activities between parents and infants.

Parent/Carer
A biological or adoptive parent, legal guardian or any other adult with parental responsibility for meeting basic physical (such as food, clothing, shelter, supervision, and medical care) and emotional needs, and responding to the behaviour of a child/young person in his/her care. This also includes young people who are biological parents of a child.

Reportable Conduct under the *Ombudsman Act 1974*
Reportable conduct refers to the following:

- Any sexual offence or sexual misconduct committed against, with or in the presence of a child (including a child pornography offence); or
- Any assault, ill treatment or neglect of a child; or
- Any behaviour that causes psychological harm to a child, whether or not, in any case, with the consent of the child.

© 2010 by NCCD, All Rights Reserved

Reportable conduct does not extend to the following:

- Conduct that is reasonable for the purposes of the discipline, management or care of children, having regard to the age, maturity, health or other characteristics of the children, and to any relevant codes of conduct or professional standards;

- The use of physical force that, in all the circumstances, is trivial or negligible, but only if the matter is to be investigated and the result of the investigation recorded under workplace employment procedures; or

- Conduct of a class or kind exempted from being reportable conduct by the Ombudsman under Section 25CA.

Further information is available on the Ombudsman website at
http://www.ombo.nsw.gov.au/complaints/compwrkchildprotissues.html

Significant Harm Definition
Members of the community and mandatory reporters who suspect that a child/young person is at 'risk of significant harm' (the statutory threshold) should report their concerns to the Child Protection Helpline. This new statutory threshold has replaced 'risk of harm' in the *Children and Young Persons (Care and Protection) Act 1998*.

A child/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/young person are present to a significant extent.

What is meant by 'significant' in the phrase 'to a significant extent' is that which is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent.

What is significant is not minor or trivial, and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child/young person's safety, welfare or well-being.

In the case of an unborn child, what is significant is not minor or trivial, and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child after the child's birth.

The significance can result from a single act or omission or an accumulation of these.

Young Person
Age 16–17 years. As a mandatory reporter in NSW, you may also report concerns you have about the safety, welfare, or well-being of a young person, but are not required to do so.

Community Services, an agency of the NSW Department of Human Services, is licensed to reproduce, install and display SDM materials for internal purposes. Any modification or addition has to be approved by the National Council on Crime and Delinquency (NCCD). NCCD will then grant a licence to use such agreed modifications or additions for internal purposes only.

© 2010 by NCCD, All Rights Reserved