keep them safe
A shared approach to child wellbeing

CHCCHILD401A
Identify and respond to children and young people at risk

Facilitator’s Manual
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Acknowledgments

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

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<th>Name</th>
<th>Organisation</th>
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### Summary of training sessions and suggested time allocation

**CHCCHILD401A: Identify and respond to children and young people at risk**

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<th>30 minutes</th>
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<tr>
<td><strong>Introduction</strong></td>
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<td><strong>Session Two</strong></td>
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<td><strong>Session Four</strong></td>
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<td>60 minutes</td>
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<td>Ethical practice</td>
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<td><strong>Session Seven</strong></td>
<td>4 ¼ hours</td>
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<td>Identifying risk of significant harm</td>
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<td><strong>Session Eight</strong></td>
<td>90 minutes</td>
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<td>Making reports of risk of significant harm</td>
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<td><strong>Session Nine</strong></td>
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<td><strong>Session Ten</strong></td>
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<td>Keeping children safe in practice</td>
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Information for the facilitator

Facilitator notes:

More information about the background to the training can be obtained from:

Familiarity with this material will assist facilitators to understand the purpose of legislative and service developments. Caution is recommended in drawing on explicit examples identifying children who were the subject of these reports, in case a participant in the training was directly involved. Avoid or seek to redirect discussion away from debates or critiques of reports, legislation or programs where these do not further learning in relation to the relevant elements.

Participants come to training with a range of experiences, as practitioners, and often as parents or carers and may have a range of experiences and responses regarding child protection and related services will need to model a respectful response to participants while maintaining a focus on content relevant to the unit. This may involve redirecting participants where discussion moves away from core material.

Participants may draw on personal and professional experiences in processing material presented as part of the course, but should be encouraged to participate within appropriate professional boundaries. It is not helpful for participants to disclose personal experiences of abuse and neglect, or of domestic violence as this is a training environment, and the focus will not be on personal therapeutic support. This needs to be highlighted with the participants at the beginning of the training.

Handout 2 provides contact numbers for support services. A participant may have a strong emotional response to the content of the training due to their own personal experience or due to the nature of the content. It is suggested that you arrange a strategy in advance for managing these situations to enable training to continue e.g. a back up person to provide support to the distressed participant enabling training to continue.

Facilitators need to be sensitive to the specific cultural groups and backgrounds of the participants. A range of names have been chosen to be used in case studies to reflect diversity in cultures and gender. However some of the case studies could potentially evoke feelings of shame or stigmatise participants in the training that are from the same cultural backgrounds. There may be inference that behaviours and lifestyles depicted may be typical of these groups. The facilitator may need to modify the names and cultural backgrounds of some of the people in the case studies, if there are participants in the group from the same background.
Section 1: Introduction
(suggested time 30 minutes)

Overview
Identify the purpose of the training and establish ground rules

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

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

Participant’s Manual
Handout 1: Training overview
Section 1: Introduction

1.1 Welcome and introductions

- Display PowerPoint1.1: (Risk of harm)
- Welcome participants to the training.
- Introduce Facilitators giving brief background to relevant experience.
- Address housekeeping issues such as toilets, breaks and meal arrangements.
- Ask participants to introduce themselves by giving their name and workplace.

1.2 Training focus

1. Use PowerPoint 1.2: Training focus to give an explanation of the purpose of the training.
2. Refer to Handout 1: Training overview note that this training is focused on participants’ roles and responsibilities in relation to identifying and responding to children and young people at risk with a focus on duty of care, working within an ethical framework and applying relevant legislation, policies and procedures.
3. For participants who receive the training over two and a half days the focus will be on identifying child protection concerns rather than on understanding the dynamics of child abuse and neglect. Where participants identify a need for additional training in understanding child protection concerns they can be referred to other training programs such as those provided by the Centre for Community Welfare Training (www.acwa.asn.au/ccwt.php) Education Centre Against Violence, (www.ecav.health.nsw.gov.au), or TAFE (www.tafe.nsw.edu.au).
1.3 Training context

1. Discuss **PowerPoint 1.3: Training context** noting: 2008 Wood Inquiry and the Keep Them Safe initiatives in NSW led to changes regarding reporting and exchanging information and other legislative matters; emphasis on early intervention and effective linking of families with services; raising threshold for statutory intervention to risk of significant harm; highlighting the contributions that all agencies can make to the safety, welfare and wellbeing of children.

2. Acknowledge that child protection is an emotive topic that can raise strong feelings and reactions. All of us were children who may have had a range of experiences, including those that caused us harm.

Training may lead us to reassess experiences and identify harm and also celebrate resilience that we had not previously recognised, either in our own childhood experiences, or in our experiences as a parent, carer or practitioner. Participants may find after the training that they need to use the strategies they draw on to address stress at work. These strategies may include discussion with their supervisor or colleagues, further reading or training, or taking time to reflect on issues raised.

Refer to **Handout 2: Addressing personal issues raised by this training** which provides contact numbers for support services.

3. Identify ways in which participants can promote a safe and positive learning environment.

Ensure that the following points are covered:

- Confidentiality
- Ensuring everyone is heard and participates
- Acknowledging the right of participants to hold different points of view,
- Focus on learning not exploring personal experiences
- Respectful discussion (e.g. careful use of humour and avoiding racist or other discriminatory remarks or stereotyping)
- Self care
- Agreement re breaks and mobile phones.
1.4 Assessment (where relevant)

1. Participants can be assessed against the unit of competency CHCCHILD401A Identify and respond to children and young people at risk from the CHC08 Community Services Training Package, if the training is assessed by a Registered Training Organisation.

2. The outcome of assessment is a Statement of Attainment. It provides evidence of competency and is recognised nationally.

3. Where assessment pathways are offered in relation to the training, briefly identify the assessment requirements.

4. Discuss recognition of prior learning and current competency options.
Section Two: Roles and responsibilities
(suggested time 75 minutes)

Overview
Identify participants’ roles in service delivery to children, young persons and their families/carers and describe features of professional relationships maintaining appropriate boundaries.

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

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

Participant’s Manual
Handout 3: What contact do you have with children and young people through your work?
Handout 4: Risk and protective factors in children and families
Handout 5: Maintaining professional boundaries
Handout 6: Duty of care when working with children, young people and families
Section 2: Roles and responsibilities

2.1 Identifying roles and responsibilities

1. Show PowerPoint 2.1: What contact do you have with children and young people through your work?

This is reproduced as Handout 3: What contact do you have with children and young people through your work? This handout contains the following five questions:

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

Note that the children in the pictures are models and no inference is intended that the children or young people in these pictures need care or protection intervention.

2. Divide participants into small groups, ensuring distribution of participants from different workplaces/professions across the groups, and ask them to discuss the handout. After 10 minutes ask them to come back to the large group, and share points that stood out from their discussion.

3. Show PowerPoint 2.2 Working with children, young people and their families:

- Every family has difficulties from time to time, but most families are able to meet the needs of their children through their own resources and those of their community. While this unit focuses attention on one end of the continuum of experience of children and young people, it is important to remember that most children and young people will grow having predominantly positive life experiences, and that even where families have difficulties this does not necessarily mean their children will be abused or neglected.

- Note the role of participants not only in identifying and responding to risk of significant harm, but in prevention and early intervention. This may involve ongoing monitoring of safety, case planning, case management, counselling and/or provision of other services including practical support. Consider the contributions participants make to promoting resilience, especially where children, young people and their families have experienced difficult life circumstances and/or limited opportunities.

- Participants have an important opportunity to engage with children and young people and identify concerns or unmet needs.
Participants who work with parents and carers need to balance the recognition of parents/carers’ needs and interests with a focus on the needs and rights of children/young people. Children and young people’s needs must be given priority because of their developmental vulnerability, and because they do not have the resources to protect or advance their own interests.

An employee’s role in relation to child protection is a function of the responsibilities associated with their position. The Wood Inquiry (2008) highlighted that employees from a range of agencies have the capacity to identify needs and make referrals of children, young people and their families to address needs and reduce risk, without the necessity for statutory child protection involvement.

Pursuing involvement with children at risk beyond an employee’s designated roles and responsibilities may have adverse consequences. For example, a carer or teacher encouraging a child to discuss details of their abuse experience may inadvertently undermine legal proceedings, or they may not know how to encourage the development of healthy coping strategies. However workers can still provide support to the child and/or family without discussing details of the abuse.

No one organisation can meet all the needs of an individual child, young person or family. It is important to recognise the role of universal services such as education and medical services as well as specialist services such as counselling or out-of-home care, and to recognise the scope of one’s individual role. An employee with case management responsibilities may need to discuss a child’s or young person’s views and preferences, but will not need to discuss specific details of abuse that would be appropriately addressed in a therapeutic relationship.

If the group consists of participants from one employment group only identify some of other employment groups whose roles and responsibilities complement the ones they have identified for their own employment group.

Facilitator’s Note:
Inter-agency collaboration is enhanced by a clear understanding and appreciation of the roles and responsibilities of others, and training is an excellent opportunity for participants to strengthen their relationships with staff from other organisations.

2.2 Risk and protective factors

1. Note the type of concerns identified in the previous discussion.

Ask:
‘What might make it more likely that one of the children or young people on the slide would experience adverse outcomes in life?’
For example, a child might have a disability, a parent might have substance abuse issues, a school might not intervene successfully to address bullying or a community might have poor access to health care.

2. Explain the concept of risk factors and protective factors.

- A risk factor: increases the likelihood of a future negative outcome for a child.
- A protective factor: buffers against the effects of risk factors decreasing the probability of a future negative outcome.

Discuss:

- The pattern of risk and protection is different for every child
- Cumulative risk

3. Show PowerPoint 2.3 Risk and protective factors.

4. Refer participants to Handout 4: Risk and protective factors in children and families which includes examples of risk and protective factors.

Highlight:

- Interventions should aim to address multiple risk and protective factors and multiple domains rather than focus on any single factor.
- Intervention early in a child’s life can reduce vulnerability.

2.3. Maintaining professional boundaries

1. Explain that addressing concerns about children and young people can be challenging. Maintaining professional boundaries is very important. Ensuring a clear distinction between you and clients.

2. Show PowerPoint 2.4 Professional boundaries. Ask the group how this definition relates to their own area of work.

3. Ask the group and discuss:

   ‘How can you tell if someone is maintaining professional boundaries when working with children, young people and families?’

   Use PowerPoint 2.5 Maintaining professional boundaries to summarise key concepts including:

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

- Confidentiality – information about a child, young person or their family/carer is kept private and only shared according to legal and organisational directions.
- Transparency – maintaining clarity with the family about the requirements of the work that the worker is responsible for undertaking. This may mean balancing hopefulness about the potential of family members with recognition of the issues that they are facing, and the likely consequences if change cannot be achieved or if organisational expectations (for example maintaining a safe workplace) are not respected. It also involves being clear about what the worker and organisation can and can’t offer.
- Consistency – Being trustworthy, reliable and predictable so as much as possible the child, young person, family and/or carer know what to expect, including that any commitments made will be followed through.
- Focus on client need – The objective is to address the needs of the child, young person, family and/or carer, not to prioritise their own needs to be liked, or to be recognised. It also means an obligation to provide services even where there may be issues in engaging children, young persons, family and/or carers, while recognising workplace obligations and polices regarding a safe workplace. Maintaining professional boundaries requires an awareness of the worker’s own values and beliefs, as distinct from those of the client.

4. If participants refer to challenges in maintaining professional boundaries in relation to child focused practice, acknowledge these, and note that there will be more discussion of ethical issues later in the day.

These concepts are summarised for participants in Handout 5: Maintaining professional boundaries.

2.4. Duty of care

1. Explain the concept of duty of care, drawing attention to Handout 6: Duty of care when working with children, young people and families.

Duty of care applies to a range of situations and can be briefly described as the obligation that a sensible person would have in the circumstances when acting toward others and the public. It is important to see duty of care not only as steps taking to avoid litigation, but as a framework for good practice.

2. Explain that there is a high degree of care owed to children because of their vulnerability.
Ask:
‘What factors do you need to consider in order to ensure that you fulfill your duty of care to children and young people you have contact with through your work?’

3. Ensure that the following points are covered:

- Accessing current information about clients
- Maintaining knowledge and skills
- Complying with policies and procedures
- Responding when you identify children at risk of harm, including making reports of risk of significant harm
- Reporting allegations against employees in relation to child safety
- Working within your role and expertise
- Maintain a safe work environment, recognising and responding to the risks associated with transport, activities out of the home, and situations where parents are not present to supervise a child or young person
- Recognising the need for team work within and between agencies

2.5. Access and equity

1. Refer to the children in Power Point 2.1: What contact do you have with children and young people through your work?


3. Note that Jack on the slide is Aboriginal. Across Australia Aboriginal children are 6 times more likely than children in general to be subject to a substantiated child protection report.

Ask:
‘How can we work with Aboriginal children to promote positive outcomes?’

- Acknowledge the long term impact of dispossession on Aboriginal children and families, and the unacceptable legacy in terms of indicators of social disadvantage in relation to housing, employment and mental health.
- Racist attitudes can impact negatively on service delivery. Ensure that racist or stereotypical responses are addressed during the training.
- Jack lives in a country town. Access to services in rural areas may be limited for Aboriginal families. Justice Wood (2008) highlighted the need for access to services for Aboriginal families, and the Keep Them Safe initiative includes strategies to develop the capacity of Aboriginal organisations. There will be new opportunities to refer families to, and network with these workers and services.
• It is essential when working with Aboriginal families to take into account the role of community elders and to recognise the role of the extended family, with more participation in day to day child rearing from grandparents and other family members than would be the case in nuclear families.

• Legislation to be covered in the next section acknowledges particular roles in decision making to ensure participation of Aboriginal people in decisions about Aboriginal children.

• It is important to have an informed viewpoint about cultural practices, and to ensure that harm to children is not excused by being labeled as ‘cultural’ when it would be unacceptable to other Aboriginal people, while also being able to recognise behaviours and practices that are different and culturally based, and not a cause for concern.

3. Highlight that Alan and Lily come from culturally diverse backgrounds.

Ask:

‘What should you take into account in working with children from culturally diverse backgrounds?’

• Highlight the wide range of culturally and linguistically diverse communities represented in Australia. The impact of cultural and linguistic diversity will vary widely depending on how long families have lived in Australia and their experiences before and after arriving.

• Particular challenges may be experienced by emerging communities whose members are recent arrivals so that parents may not have ready access to support workers who speak their language and understand their culture.

• Families may be unfamiliar with Australian expectations about child safety, welfare and wellbeing, such as expectations around physical discipline and supervision. Workers may play a role in education in this respect.

• Migration is a challenging experience, especially for families who have arrived as refugees. Families may maintain a strong sense of responsibility for family members they have left behind, including sending money to them, and prioritising efforts to support those family members so they too can migrate to Australia. Families may experience significant financial and social stress, with impacts on parenting and children.

• Migrants, in particular refugees who have experienced war and political oppression and discrimination, may experience ongoing effects of trauma, including symptoms of post-traumatic stress disorder such as flashbacks. These may impact on a parent’s capacity to manage the stresses of daily life.

• In assessing whether unfamiliar behaviours or practices are concerns in relation to a child or young person’s safety, welfare and wellbeing, it is important to consider the child or young person’s experience, and to seek advice from people within the community or those experienced in working with families from that community, to ensure that harm to children is not minimised, and that culturally diverse practices that are not harmful to children are accepted and supported.

• Impacts of migration can persist into subsequent generations. Beliefs and practices of Australian born parents may be impacted by the influence of grandparents who were born overseas.
Note that religious diversity may also impact on children and young people’s experiences. For example, religious participation may strengthen cultural identity, and provide a supportive peer group. Alternatively children and young people may experience discrimination associated with religious identity, or may experience religious obligations as oppressive.
Section Three: NSW Children and Young Persons (Care and Protection) Act 1998 (Suggested time 2 hours)

(suggested time 2 hours)

Overview

Identify key elements of the NSW Children and young persons (Care and Protection) Act 1998.

Content

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

PowerPoints

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

Participant’s Manual

Handout 7:  Children and young persons (Care and Protection) Act 1998 fact sheet
Handout 8:  Exchange of information fact sheet
Handout 9:  Exchange of information case studies
Section 3: NSW Children and Young Persons (Care and Protection) Act 1998

3.1 Care and protection legislation: principles

1. Role of legislation

Show PowerPoint 3.1: NSW child protection legislation which outlines the child protection legislation relevant to this training, a brief outline of the relevant content of the legislation and the NSW government legislation website.

- Many aspects of child protection practice in NSW are determined by NSW law. Although there are some moves towards national approaches to child protection, (such as the National Framework for Protecting Australia’s Children 2009-2020: Protecting Children is Everyone’s Business) legislation in relation to child protection is currently state based.

- It is important to understand what the law says, as it may direct or restrict responses to children and young people at risk and understanding the legal framework can make it easier to understand workplace requirements.

- The training will deal largely with matters that relate to the Children and Young Persons (Care and Protection) Act (referred to in the remainder of this manual as the Act). The Act also deals with a number of matters that will not be discussed during the training such as the children’s court, children’s employment and out-of-home care.

Refer to Handout 7: Children and young persons (Care and Protection) Act 1998 fact sheet.

2. Definitions

Use PowerPoint 3.2 Definitions to explain that the terms child and young person will be used when referring to care and protection matters because in some matters care and protection law differs based on age (e.g. living independently, sexual activity). Care and protection matters will be the major focus of the training.

Facilitator’s note:

Later in the training, reference will be made to the definition of child in the Commission for Children and Young People Act and the Ombudsman Act, where child/children is/are defined as 0-17 years.

3. Principles, Participation and Partnership

Use PowerPoint 3.3 to review some key points about the principles that underpin the Children and Young Persons (Care and Protection) Act, 1998.

PowerPoint 3.3: Guiding principles for care and protection highlights an amendment to S.9 in 2010 emphasising that the safety, welfare and wellbeing of the child/young person is paramount, and
should be given priority over other principles such as factors relating to the child’s identity and background, the child’s views and taking the least intrusive action possible.

**PowerPoint 3.4: Participation** summarises opportunities for children and young people to participate in care and protection decisions.

Ask participants:

‘What opportunities can you identify in your workplace for children/young people to participate in care and protection decisions?’

- Note that participation includes both expressing views and being informed about decision making processes and outcomes. The principle of participation needs to be understood in relation to Principle 9(1) which gives paramount consideration to the child’s safety, welfare and wellbeing, recognising the child/young person’s age and developmental capacity. However these considerations should not mean that opportunities for participation can be overlooked.

- Relevant examples may include:
  - Involving children and young people in assessments of their needs, and of family needs. This may include by direct interview and discussion, use of visual tools to assist children and young people talk about feelings and options, and by observation of children and young people who may not be able to communicate directly;
  - Ensuring that meetings where children and young people are present are structured to take into account their communication style, concentration span and comprehension, and that they have support available to them from someone with whom they have a relationship.
  - Explaining to children and young people about processes after they have made a disclosure;
  - Asking children and young people being asked to identify someone they would prefer to stay with if it is not possible for them to remain at home.

**PowerPoint 3.5: Decisions about Aboriginal and Torres Strait Islander children** summarises provisions of the Act that relate to Aboriginal and Torres Strait Islander children.

*Facilitator’s note:* This information is provided to give an overview of legislation relevant for people working with children and families in NSW. The Wood Inquiry highlighted the significant and disproportionate over-representation of Aboriginal children in the child protection system and Juvenile Justice in NSW. The Keep Them Safe initiative includes a
range of strategies with the aim of better supporting Aboriginal children and their families. (See *Keep Them Safe: A Shared Approach to Child Wellbeing Chapter 5* for further information)

It may be relevant for Facilitators to expand this discussion to link the legislation to the work requirements of participants or program developments in the local area. The Aboriginal Placement Principle (s.13) has a number of sub-sections, and its implementation is too complex to allow time for detailed discussion. If questions are asked about the Principle it may be helpful to note that the legislation provides a manual to decision making about placement of Aboriginal children with a view to keeping children within their family or kinship group. The legislation requires decision makers to take account of the best interests of the child, and where this means that a child with only one Aboriginal or Torres Strait Islander parent is placed outside that parent’s community, arrangements must be made to maintain contact with the parent’s family, community and culture. S.5 of the Act addresses the definition of an Aboriginal person, child and young person, based on the Aboriginal Lands Rights Act 1983. Issues in relation to cultural diversity are also addressed in Session 5.

**PowerPoint 3.6: Interagency work** gives key points from the legislation relating to inter-agency work that addresses the safety, welfare and wellbeing of children. (See s.8 where the objects of the *Act* are outlined.)

- s.15: The Act promotes a partnership approach between all parties
- s.17 Community Services may request a government department or organisation, or government funded non-government organisation to provide services to a child, young person or family
- s.18 Use best endeavours to comply, if consistent with own responsibilities and not unduly prejudicing discharge of its functions. The Wood Inquiry and *Keep Them Safe* initiatives give emphasis to the role of non-government agencies in the delivery of services to children and young people. These provisions provide a framework for key aspects of the working relationship between Community Services and other departments and government and non-government agencies.
- s. 245E Expectation of coordination in relation to decision-making and service delivery, including the exchange of information.

**Facilitator’s note:**

S.18 was amended in 2010 to include government funded non-government agencies in the best endeavours provisions. It should be
noted that a department or organisation must ‘use its best endeavours to comply with a request if it is consistent with its own responsibilities and does not unduly prejudice the discharge of its functions.’ It may be appropriate to give concrete examples of requests that would fit with s.18. For example, a service that provides parenting support gives priority to a family referred by Community Services with a view to avoiding the need for a child to come into care.

- Departments and agencies may have specific procedures to identify requests that are being made under s.18 provisions.
- Participants may have examples of situations where they feel departments and agencies have not contributed to a partnership approach. Acknowledge that individual practitioners cannot control the attitudes and practices of others, but they can take responsibility for their own contribution.

### 3.2 Legislation: responsibilities for practitioners

#### 1. Reporting to Community Services

**PowerPoint 3.7: Reporting to Community Services** summarises reports that can be made through provisions of the *Children and Young Persons (Care and Protection) Act. 1998.*

- The details of reporting risk of significant harm under s.23 will be reviewed later in the training. Note that the threshold for reporting was increased to risk of significant harm in January 2010.
- The threshold has also increased to risk of significant harm for prenatal reports. Prenatal reports are intended to allow assistance and support to be provided to the expectant mother to reduce the likelihood that her child, when born, will need to be placed in out-of-home care, and to provide early information that a child who is not yet born may be at risk of significant harm subsequent to his or her birth. Note that prenatal reports under s.25 are not mandatory. (When s.23 is reviewed the circumstances where they are mandatory will be covered.)
- s.120 allows for reports of homelessness of a child to be made to Community Services. A child may be homeless where their parent makes shelter available but the child is not willing to live where their parent directs. If a parent will not or cannot make shelter available a mandatory report would be made under s.23 (1) as the parent is not addressing the child’s need for basic care.
- s.121 allows for reports of homelessness of a young person to be made to Community Services. Reports can only be made with the consent of the young person because legally they are entitled to decide where they want to live.
- s.122 is a mandatory reporting provision that applies to people providing residential accommodation who must report children living away from home without a parent’s permission. This ensures that children who have left home because the environment is unsafe receive protection but also ensures appropriate involvement of parents in decision making about where a child lives.
PowerPoint: 3.8 Mandatory reporters summarises the provisions of s.27.

A mandatory reporter is a person who delivers health care, welfare, education, children’s services, residential services, or law enforcement to children as some or all of their work.

Mandatory reporters may also be supervisors of provision of such services (paid or voluntary).

They must report where they have reasonable grounds to suspect that a child is at risk of significant harm.

Grounds arise during course of or from the person’s work.

Explain that mandatory reporters are obligated to make reports of risk of significant harm in relation to children, but anyone in the community can make a report if they feel it is warranted. A mandatory reporter cannot be anonymous, unlike a member of the general community. (See s.28 for provisions re: anonymity).

- Explain that mandatory responsibilities relate to children, as defined by the Act. Reports may be made in relation to young persons aged 16 or 17 years, but these are not required under s.27.

- Note that in some workplaces several people may identify risk of serious harm at the same time. Only one report is necessary where everyone holds the same information. Details of what is required in identifying risk of significant harm will be provided later in the training. Further reports must be made where new information becomes available.

  Ask participants:

  ‘Are you a mandatory reporter, and if so why?’

- Ensure that all participants are clear about their status under s.27. Note that as of January 2010 there is no penalty attached to the legislation about mandatory reporting. This reflects the widespread acceptance of practitioners of their responsibility. Note that some people will be obliged to report because of an administrative direction even if they do not fit the mandatory reporter definition.

- Mandatory reporting relates only to information that a person obtains in the course of their duties that make them a mandatory reporter. However everyone carries a personal responsibility to children and young people who they may know in other settings.

Facilitator’s notes:

Amendments to s.27 in 2010 address arrangements between Community Services and a range of government departments in relation to reporting. These will be discussed later in the training.
2. Information exchange

Facilitator’s note:

Revised legislation regarding Exchange of Information was enacted in NSW in October 2009. The training gives participants an overview of the legislation. It is not anticipated that participants will retain detailed information about the legislation. When addressing a situation where information exchange is required or requested they should discuss the situation with their manager and refer to organisation policies and procedures.

Use PowerPoint 3.9 Exchange of information to explain that the Woods Inquiry found that State privacy laws and regulations had created doubts about the capacity of agencies to lawfully exchange information.

- The intention of changes to the legislation regarding exchanging information are to make sure that relevant information is shared, especially where this will help identify risk and address need more effectively, and to raise expectations regarding co-ordinated service provision.

- The legislation makes it clear that the need to provide services and the needs of children, young people and families to receive services take precedent over confidentiality and privacy.

Facilitator’s note:

NSW Ombudsman: Special Report: The death of Ebony: The need for an effective inter-agency response to children at risk also explores issues in relation to sharing information and effective inter-agency collaboration in high-risk situations.

Use PowerPoint 3.10 Information exchange and families legislation for work with children, young people and parents. While the legislation means that consent is no longer necessary for exchanges of information, transparency remains best practice. This means involving children, young people and parents in the process of sharing information wherever possible, and informing them early in the relationship of your responsibilities under the legislation.

Link this point with the discussion of best practice in Section 3 of the training. Many participants will already be used to explaining their legal responsibilities in relation to mandatory reporting. If relevant, briefly discuss how to inform family members of your responsibilities, preferably early in the relationship.

Examples where a family member might be unavailable to provide information could include:

- Verifying that someone can safely collect a child from school when a parent is unavailable.

- Providing information to assist an urgent referral for respite when a parent cannot be contacted to progress the referral.
Note there are circumstances where you would be unable or unwise to inform family members about sharing of information. For example:

- Where there are reasonable grounds (for example past behaviour, threats) to believe that disclosure would put the person sharing the information at risk of harm.

- Where the information shared relates to domestic violence and there is a reasonable risk that disclosure would lead to an escalation of the violence.

**PowerPoint 3.11 Who can exchange information (prescribed bodies).** Explain that the legal term for people who can exchange information under s.248 and Chapter 16A is ‘prescribed bodies’. Generally anyone who is a mandatory reporter will be working for a prescribed body. Note that only Community Services can exchange information with the Family Court, Department of Immigration, Multicultural and Indigenous Affairs and Centrelink, as these are agencies of the Commonwealth Government and are not covered by Chapter 16A.

**PowerPoint 3.12 What information can be requested or provided?** Emphasise that the information must relate to the safety, welfare or wellbeing of a children or young person/s. Where information relates to a parent or carer then this must have implications for the safety, welfare or wellbeing of a child or young person.

**PowerPoint 3.13 Exchanging information under s.248.**

- Note that information exchange between Community Services and prescribed bodies is broader than Chapter 16A.

- If Community Services directs an organisation to provide information, agencies must comply there are no exemptions. Prescribed bodies can also ask for information from Community Services and Community Services will address these requests on a need to know basis. There must always be a reasonable ‘need to know’ for information to be disclosed.

- In many instances Community Services will have provided information as part of its case management responsibilities, and agencies will not need to make specific requests.

**PowerPoint 3.14 Exchanging information under Chapter 16A**

Chapter 16A describes the circumstances under which information can be exchanged by detailing the functions for which the legislation can be used.

Note that where the legislation refers to ‘investigation’ this will generally relate to NSW Police and NSW Health in the course of a JIRT investigation. For example where disclosure could prejudice legal proceedings such as a care matter or a police investigation.

Note that prescribed bodies can ask for information, and can also initiate offers of information to other prescribed bodies.

- For example: a parent moves a child to a new childcare centre following a series of incidents where the child’s behaviour puts
other children at risk. The childcare centre contacts the new centre and offers to provide information about the child’s needs.

Note that you can pass on information obtained through Chapter 16A to other agencies, but only where they are also prescribed bodies.

**PowerPoint 3.15: Information exchange**

*Facilitator’s note*

Different organisations will have different policies and procedures in relation to who can make decisions about participating in information exchanges. Focus on general organisational obligations.

Emphasise that information is exchanged between prescribed bodies, not individuals. Stress the importance of participants following policies and procedures, including, where relevant seeking advice from their manager when participants receive a request for information, or before initiating an exchange.

- Agencies should have their own policies and procedures to ensure that information exchanges are lawful and to provide guidance about documentation.
- Policies and procedures may include checks regarding the identity of someone requesting or providing information if they are not known to the organisation.
- Managers can also provide guidance about how to involve family members in the information exchange process.
- Note that it is not necessary for a child to have been subject to a report of significant risk of harm, except for an unborn child who must have been subject to a s.25 prenatal report.
- Emphasise that the identity of a reporter must not be disclosed as part of an exchange of information. However if law enforcement agencies require the identity of a reporter in order to investigate serious offences alleged to have been committed against children or young people, the identity of the reporter may be released to the police.
- Information exchanges can be verbal (e.g. at a case meeting) but it is good practice to ensure a written record.
- Note that exchanges only involve information already held by the organisation. You cannot be directed to conduct further assessment or information gathering to address requests for information.

**PowerPoint 3.16 Protection for reporters when information is exchanged** summarises the protections in relation to exchange of information and reporting. Refer participants to s.29, s.245G and s.248 (3) if they want more detailed information about the protection provided. They should seek their manager’s advice if they have concerns about liability arising from an individual case.

Participants may need time to ask questions and ensure they understand the information exchange provisions, especially if they have not previously worked with children and families. Focus discussion on
the intention of the legislation. It may also be helpful to review strategies for addressing exchange of information, including making decisions about involving children, young people and parents in the information exchange process, or informing them that information has been exchanged.

Draw attention to **Handout 8: Exchange of information fact sheet** as a reference for participants to ensure that participants have an overview of the information exchange provisions.

Use **Handout 9: Exchange of information case studies**

Participants can work through the handout together, or in small groups.

In providing responses to the questions/issues presented, ensure that they understand the rationale for the answer. If time allows discuss under what circumstances participants would inform the child/young person or parent that there has been an exchange of information.

- **Question 1**: YES: This is consistent with s.248.
- **Question 2**: NO: Only Community Services can request information from Commonwealth agencies such as Centrelink. Consider contacting the Child Protection Helpline (details of determining xxx)
- **Question 3**: YES: This is consistent with Chapter 16A. If the family does not engage with the new service there may be grounds for a report of risk of significant harm depending on the nature of the child’s mental health issues.
- **Question 4**: NO: Information is not being requested for a purpose covered by Chapter 16A as the information is not addressing the safety, welfare or wellbeing of a child or young person.
- **Question 5**: NO: Departments and agencies are only expected to provide information they could reasonably be expected to hold. They cannot be directed to collect new information outside their role as part of a Chapter 16A request.
- **Question 6**: YES: Agencies and departments can ask for information from Community Services under s.248. (Note that they cannot direct Community Services to respond.)
- **Question 7**: YES: These agencies should be exchanging information. Given that Hua is not benefiting from services to address her mental health concerns, a report of risk of significant harm is warranted.
Section 4: Child safe workplaces  
(suggested time 30 minutes)

Overview
This section outlines impacts and employee responsibilities in relation to prohibited employment, background checks and allegations of reportable conduct.

Content
- Prohibited employment
- Background checks
- Allegations against employees

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

Participant’s Manual
Handout 10: Child protection employment legislation in NSW

Participants who work in designated agencies under the Ombudsman Act may have additional questions about this section.
Section 4: Child safe workplaces

4.1 Legislation and definitions

1. Introduce the section by referring to the fact that children are most likely to experience abuse not from a stranger but from someone they know. This means not only their family but people they have regular contact with such as teachers, medical staff and people who provide activities such as sporting groups, religious programs and camps where parents are not providing supervision.

2. Use PowerPoint 4.1: Child safe workplaces to explain that the legislation that requires employers to follow set procedures in order to address employment related risks to children is found in the Commission for Children and Young People and the Ombudsman Act. (That is in different Acts to the legislation that addresses reporting risk of significant harm).

- Definitions in this legislation are different to that in the Children and Young Persons (Care and Protection) Act. It targets some employment groups where concerns about abuse of children or young people by an employee (either paid or volunteer) are most likely to occur.

- The definition of a child is a person under 18 years i.e. there is no distinction between responsibilities to a person under 16 years and a person under 18 years in relation to employee conduct.

4.2 Prohibited employment

1. Show PowerPoint 4.2: Can Mr. B complete a student placement at a youth refuge?

Ask:

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

Ask participants to explain the legal barriers to this, and ensure the following points are covered:

- Completing a student placement at a youth refuge is child-related employment. Use PowerPoint 4.3: Child-related employment to explain.

- Anyone involved in child-related employment must sign a prohibited employment declaration. Participants will generally be familiar with this declaration.

- Explain that prohibited employment includes a serious sex offence (has served a prison term of 12 months or more, may involve a child or adult victim), child prostitution and pornography, and a child-related personal violence offence including murder of a child. It is an offence for someone who has committed
one of these offences to be in child-related employment as a paid employee or volunteer.

- Mr. B has committed a serious sex offence and so it is illegal for him to undertake a student placement at a youth refuge. The youth refuge management cannot allow him to be in child-related employment if they are aware of his conviction.
- Legislation to be proclaimed in 2010 requires that students undertake a working with children check that includes a relevant criminal record check. This means that Mr. B’s offences would be identified and he would not be able to undertake a placement.

Facilitator’s notes:

If participants ask for detailed questions about the application of the Prohibited Employment declaration, such as grounds for exemptions or details about the Child Protection (Offenders Registration) Act, refer them to the Children and Young Persons (Care and Protection) website: www.kids.nsw.gov.au as this is beyond the scope of the training. The Prohibited Employment declaration advises that legal advice be sought in relation to questions about Prohibited Employment.

4.3 Background checks and relevant employment proceedings

1. Show PowerPoint 4.4: Can Ms C get another job working with children?

   Ask ‘Can Ms C get a job at a different centre?’
   ‘If not, what would prevent her?’

   Use PowerPoint 4.5: Child protection and employment to ensure relevant points are covered.

   A childcare centre is a designated organisation which would have been responsible for reporting allegations of reportable conduct to the Ombudsman, investigating allegations against Ms C and making findings.

   Reportable conduct is based on a different definition to reports of risk of significant harm and relates to:
   - Sexual offence/misconduct against or in the presence of a child;
   - Assault, ill treatment or neglect of a child;
   - Behaviour that causes psychological harm whether or not, in any case, with the consent of the child.

   Acts of violence should also be reported, as should related convictions.

   Ms C’s actions and her resulting dismissal would be relevant employment proceedings and would be advised to the Commission for Children and Young People.

   When Ms C applies for any position that requires background checking under the Commission for Children and Young People Act (Working with Children
Check), information from a risk assessment will be provided to her prospective employer. Prospective employers would take that information into account in deciding whether to employ Ms C. This significantly reduces the possibility that Ms C will find future positions working with children.

2. The key issues for participants to understand are:

- That designated agencies have particular responsibilities in relation to reporting
- The definition of an allegation of reportable conduct or a reportable offence under the Ombudsman Act is different to risk of significant harm.
- There is a higher expectation of behaviour in relation to employees working with children compared to the general community because of the duty of care owed by people employed to work or volunteering with children.
- Background checks mean that prospective employers have access both to criminal records and to relevant employment proceedings. This should make it harder for people with a history of workplace concerns in relation to child safety to remain in employment with children.

- Requirements of designated agencies and public authorities, and the details of allegations of reportable conduct and convictions are complex, and participants should refer to the policies and procedures of their own organisation to identify whether they are employed by a designated organisation or public authority, what should be reported and to whom, and how allegations are addressed within their organisation.

- **Handout 10: Child protection employment legislation in NSW** gives a summary of this information and the relevant websites for further information.

**Facilitator’s notes:**

Designated agencies must advise the Ombudsman of allegations of reportable conduct, investigate the allegations and make findings. In brief, designated agencies are those more likely to be working with vulnerable children or providing services to children without parental supervision. The list below has been updated to reflect the structure of departments and agencies as of January 2010

**Designated government agencies**

- Department of Education and Training
- Ageing, Disability, and Home Care, Department of Human Services
- Community Services, Department of Human Services
Designated non-government agencies

- non government schools
- children’s services (centre-based, mobile, family day care and home-based)
- agencies providing substitute residential care
- affiliated health corporations or organisations within the meaning of the Health Services Act 1997 (Health Services Act), e.g. certain private hospitals, Red Cross Service, Royal Flying Doctor Service
- any other body prescribed by a regulation for the purposes of this definition.

Designated agencies, whether government or non-government, must report any allegation or conviction of reportable conduct against an employee regardless of where the alleged incident occurred (that is either in the course of their employment or outside working hours).

Note: Education authorities or independent schools that organise home-based carers for overseas students or which organise billeting arrangements such as inter-school programs are required to notify the Ombudsman if an allegation of reportable conduct is made against a carer or host-parent.

Under s.25I of the Ombudsman Act, 1974 (Ombudsman Act), all public authorities, such as local councils, NSW Police and other government services are covered by the Act. Public authorities other than designated agencies are required to report to the Ombudsman only reportable allegations or convictions against employees arising in the course of the employee’s work in the organisation.

Where services such as children’s services are both designated agencies and public authorities, they follow reporting requirements of designated agencies.

While designated agencies have specific responsibilities, all agencies involved with children should take allegations against staff seriously and investigate thoroughly. The Commission for Young People legislation regarding the Working with Children Check relates to all employment with children not just to that within designated agencies.

For more details about the responsibilities of designated agencies refer participants to www.ombo.nsw.gov.au.
Section 5: Nurturing practices
(suggested time 45 minutes)

Overview
Identify nurturing practices that are consistent with professional boundaries and duty of care, and address the needs of children and young people to feel secure and receive comfort when distressed.

PowerPoints
PowerPoint 5:1 NSW Ombudsman: ‘Physical contact with children’

Participant’s Manual
Handout 11: Nurturing practices
Handout 12: Nurturing care case studies
Participants may have different learning needs depending on their role and responsibilities.
Section 5: Nurturing practices

Facilitator’s notes:
This section refers to ‘children’ consistent with the NSW Ombudsman Act 1974 meaning persons under 18 years. Use the term ‘children and young people’ if this is more relevant for participants.

5.1 Nurturing care

1. Explain that the increased recognition of children’s vulnerability to abuse by those with positions of responsibility and control (e.g. teachers, care workers, ministers of religion, health workers, activity leaders) there has been:

- Heightened anxiety about worker vulnerability to accusations regarding physical contact with children in their care;
- Development of policies and procedures restricting touching or close contact between children and those working with them.
- Appropriate responses in relation to children with challenging behaviour.

2. Note that while it is important that practices with children are explicit in ensuring safety, and minimising risks associated with staff actions it is also important that we provide nurturing care that addresses children’s emotional needs especially when they are distressed or vulnerable. Use Handout 11: Nurturing practices to identify key features of nurturing practices such as

- Use of child focused communication
- Demonstrating awareness and sensitivity to children and young person’s needs
- Including children and young people in participatory decision-making processes
- Making special allowances to meet needs of children and young people
- Taking time to engage children and young people in developmentally appropriate ways
- Ensuring the presence of children and people e.g. in assessments or at home visits
- Maintaining a child-focused approach in work with families and organisations.

3. Ask:
‘What are the benefits of providing nurturing care?’

Highlight:
• Sense of emotional safety—not feeling alone or abandoned, having the presence of someone ‘bigger, stronger, wider and kind’ (John Bowlby)
• Sense of identity from being recognised and feeling significant to others
• Support to manage feelings that may be overwhelming
• Reduction of levels of physical arousal (e.g. heart rate, breathing, stress hormone levels)
• Realistic assessment of level of threat
• Modelling healthy relationships

5.2 Ombudsman’s guidance

Show PowerPoint 5:1 NSW Ombudsman: ‘Physical contact with children’.

• This summarises key points from the NSW Ombudsman publication ‘Child Protection in the Workplace’.
• Where all participants work for designated agencies it may be useful to refer more explicitly to the NSW Ombudman’s definition of what is, and is not reportable conduct.
• Ask:
  ‘What are the policies and procedures in your workplace that identify if and when it would be reasonable for you to have physical contact with a child or young person?’
• Care of children may include situations where children are in danger and quick action is needed to ensure their safety. For example a child who is out of their depth in a swimming pool or who is about to run on the road in front of traffic. Reasonable physical contact in these situations may be different to what is reasonable in day-to-day contact with children. Staff have a duty of care to anticipate dangers that could be reasonably expected and take preventive action to address these.
• Participants may have very different policies and procedures regarding physical contact. Ensure discussion takes into account the demands of different roles and work settings and is respectful of these differences.

Facilitator’s notes:
The Ombudsman Act 1974 refers specifically in the explanatory note in s.25A(1) to the following examples of conduct that would not be reportable:
• touching a child in order to attract a child’s attention
• to manual a child or comfort a distressed child
• a school teacher raising his or her voice in order to attract attention or restore order in the classroom, and
• conduct that is established to be accidental.

5.3 Case studies

1. Divide participants into groups and allocate each group a case study from Handout 12: Nurturing care case studies to discuss strategies for providing care that will meet children’s needs while working within organisation policies and procedures.

• Address only the case studies that are relevant to the learning needs of the group taking into account the workplaces and professional roles of participants.

Olivia: Children’s Service/Supported Playgroup

Highlight:
• Signs that Olivia is stressed
• The importance of acknowledging Olivia’s feelings e.g. “You’re feeling frightened/sad/lonely Olivia. It’s OK. I am here for you.”
• Pressures that her mother may be experiencing such as feedback from others that discourages her from giving Olivia reassurance and may then exacerbate her anxiety
• Olivia’s need for physical reassurance and to feel close to a nurturing adult by forming an attachment

Asher: Disability Service

Highlight:
• Importance of planning and preparation to minimise exposure to danger
• Where Asher places himself in danger using the minimum physical engagement necessary to ensure his safety, e.g. holding his hand.
• The importance of reassuring Asher and acknowledging his feelings e.g. “It’s OK Asher. I/we are here with you. I/we can see you are feeling frightened and scared.”

Taban: School/Holiday Program/Group for School Aged Children

Highlight:
• Provision of first aid by a competent adult
• The importance of acknowledging Taban’s feelings e.g. “I can see that you are feeling really angry Taban.”

Keep Them Safe
CHCCHILD401A – Facilitator’s Manual
© The NSW Technical and Further Education Commission
(TAFE NSW – Industry Skills Unit, Meadowbank, 2010)
• Redirecting Taban away from his concern about the other child
e.g. “Come and help me with the First Aid kit.”
• If Taban cannot be re-directed, standing between him and the
  other child or asking another staff member to take the other
  child away from Taban.

Sophia: Youth Program/Family Service/Counselling
Highlight:
• Function of Sophie’s indiscriminate need for physical contact
  which may have connections to attachment issues and
difficulties with self regulation
• Need for consistency with staff in responding to Sophie by
  working out a strategy for all staff to use depending on staff
gender and roles. The strategy should include talking to
Sophia in a collaborative manner about alternate ways of
interacting with staff.
• Importance of a strategy gives Sophie options, e.g. by
  encouraging age-appropriate responses.

Jorge: Youth Program
• Jorge’s survival strategies focus on threat suggesting his
  childhood experiences included ongoing exposure to
overwhelming danger
• He would benefit from positive reinforcement for pro-social
behaviours.
• It is important that adults don’t respond to his threats in a
  way that invites escalation, while also ensuring that threats
don’t succeed in enabling him to avoid reasonable
expectations.
• Develop alternative outlets for Jorge to express his feelings
  through a skill, sport, creative pursuit, interest etc.

2. Recognise that in some instances participants will have
competing roles and responsibilities e.g. a youth worker may be
responsible for a group of children while also addressing the needs
of one child who is distressed or angry
• It may be relevant to look at how participants’ understanding of these issues
  has changed over time.
• Acknowledge the levels of personal frustration that can be involved in
  addressing these situations and identify personal coping strategies.
• Highlight the duty of care to predict and take preventive measures to address situations that could be reasonably expected to occur.

3. At the end of the session ensure that if participants are not sure how they should respond to a child’s need for nurturing care in their workplace, they can take a clearly formulated question back to their supervisor so that they can be clear about their workplace requirements.
Section 6: Ethical practice
(suggested time 60 minutes)

Overview
Identify indicators for potential ethical concerns when working with children and young people, promote ethical practice and seek support to address concerns.

PowerPoints
PowerPoint 6:1 Ethical practice with children and young people

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

Participants may have different learning needs depending on their role and responsibilities.
Section 6: Ethical practice

6.1 Ethical issues in working with children and young people

1. Explain that working with children and young people and their families can present complex challenges. Applying policies and procedures may not be easy. Workers may experience conflict between the rights and interests of different parties. These can be described as ‘ethical issues’ as they involve trying to find solutions in the face of competing concerns. Ethical issues can be identified even where workers are seeking to give paramount consideration to the safety, welfare and wellbeing of children and young people, as identifying the options that will optimise safety, welfare and wellbeing may not be straight-forward.

2. Examples of common ethical issues in the context of working with children, young people and their families include:

- Choosing between several options none of which is entirely adequate to address a child or young person’s needs (i.e. what is least bad);
- Deciding how much to take into account a child, young person or parent’s difficult life experiences when determining realistic expectations and responses;
- Recognising that we do not have perfect knowledge about an individual’s capacity or resilience;
- Causing distress in the hope of doing good in the long term, either to the person who is experiencing distress, or to someone else.

6.2 Frameworks for ethical thinking

1. Because it is recognised that ethical dilemmas are common when working with children, young people and families various frameworks have been developed to promote ethical practice. These frameworks assist by:

- Focusing attention on the most vulnerable parties – children and young people;
- Providing a way of assessing competing ideas, such as ‘sticking by your mates’ or ‘giving people a chance’;
- Providing ways of identifying and describing dilemmas, thus making it easier to talk about them, think clearly about them and seek support to address them.

3. Ask:

‘What codes of conduct or sets of principles do you draw on to address ethical dilemmas in your work?’
Examples of codes of conduct or ethics or practice standards are listed in **Handout 13: Ethical frameworks**.

Guidance for developing a code of conduct can be found at [www.kids.nsw.gov.au](http://www.kids.nsw.gov.au).

4. Note that in most countries in the world, including Australia, the overarching framework for decision making about children and young people is the United Nations Convention on the Rights of the Child. A summary of the provisions of the Convention is provided in **Handout 13: Ethical frameworks**.

5. Use **PowerPoint 6.1: Ethical practice with children and young people** to outline some useful steps to consider when facing ethical dilemmas. This framework is adapted from ‘A Framework for Thinking Ethically’ Issues in Ethics, V. 1, N. 2 (Winter 1988 last revised May 2009).

Note:

- Even where priority is given to the safety, welfare and wellbeing of the child or young person, it may still be difficult to decide between different options especially where there is no really good option, and where the ramifications of a decision may continue for a long time.

- It is important to have good information. It is unwise to assume that because people have a different perspective or role, that their information is not valuable.

- The first option you think of may not be the only one. Be aware that once you form a view it is easy to be biased when further information becomes available.

- Consider what different audiences would think of your options. Sometimes it can be helpful to think about how an audience of local people would think. If your view is different to others think about why they see the situation differently to you. Always seek the input of your supervisor in these situations.

### 6.3 Ethical dilemmas

1. Use **Handout 14: Ethical dilemmas working with children and young people**.

Divide participants into groups based on their work role, and allocate a relevant case study for discussion.

- Mia: Early childhood centre, family work, housing
- Hugh: Counselling, family work, health service
- Tenneh: Education, family work
- Anka: Education, Out-of-home care, family work
- Kara: Education, counselling, youth work, Out-of-home care
- Grant: Youth work, residential services
Emma: Any role

2. The focus is identifying the nature of the ethical dilemma and a process for addressing it, not necessarily on resolving the dilemma. Ask them to feedback key points from the discussion.

3. Key points to highlight include:

- Maintaining a focus on the child or young person.
- Recognising that there may not be a way of resolving competing issues so that everyone’s needs are met.
- We have to accept our limited capacity to control outcomes for children and young people. Generally we have to work through the child’s environment and family, in spite of what we may believe are their limitations.
- Our feelings may not be the best manual to an ethical outcome.
- An ethical decision may not be one that is supported by all the stakeholders. Parents in particular may find it difficult if prioritising the child or young person means you cannot support their viewpoint. It may be uncomfortable in your workplace if you challenge other people about their practice. You can still seek to work with people who disagree with you in a respectful way, especially as this is likely to give a better outcome for the child or young person.
- Ethical practice may require that you report unethical behaviour of others, including colleagues. While this may have a legal component (see Grant – Handout 14: Ethical dilemmas working with children and young people where reporting will be an obligation under the Ombudsman Act for some staff, but not for those whose employers are not designated agencies), you may still face ethical dilemmas because of the impact of reporting on the individual’s career.
- Emma, in Handout 14: Ethical dilemmas working with children and young people provides another example of challenges in making reports involving colleagues.
- Because ethical dilemmas are an inevitable part of working with children and young people it is important to use opportunities such as individual supervision to reflect on personal judgments and perceptions of culture, parenting, gender and sexuality, and to consider how these may shape ethical aspects of decision making.
Section 7: Identifying risk of significant harm
(suggested time 4 hours and 15 minutes)

Overview
Recognise indicators of concerns in relation to children, understanding the legislative definition of risk of significant harm and use information from the MRG to explore the threshold of significant harm.

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

Participant’s Manual
Handout 15: Definitions of terms used in the NSW Mandatory Reporter Manual (MRG)
Handout 16: When should I make a report of risk of significant harm?
Handout 17: Neglect/supervision/assessing degree of risk when a child is left alone
Handout 18: Examples of significant injuries
Handout 19: Cycle of violence
Handout 20: Example of psychological harm indicators
Appendices 1-5: Indicators of child abuse and neglect

Equipment
Butcher’s paper and marking pens
Blutack
Video – Identifying and Responding to Risk of Harm
Section 7: Identifying risk of significant harm

7.1 Indicators of concern

Refer to **Handout 15: Definitions of terms used in the NSW Mandatory Reporting Manual (MRG)**

1. Write the following questions on several sheets of butcher’s paper:
   - ‘What are indicators that you should be concerned about a child or young person’s safety, welfare or wellbeing?’
   - Stick the sheets of butcher’s paper around the room and make a number of marker pens available to participants.
   - Give participants ten minutes to write up as many examples as they can of observations that would make them concerned about a child’s safety, welfare or wellbeing. These can be observations of physical signs, statements, behaviour or anything else that seems relevant.
   - Encourage participants to focus on observations that would worry them and not consider at this stage about whether these observations would be reportable.

2. When participants have returned to their seats tour the sheets of paper. Pick out some examples to make the point that in most instances, unless a child makes an explicit disclosure of abuse or neglect or unless a single incident of abuse or neglect is especially serious, no one indicator alone will give us a clear understanding of the appropriate level of concern that should be held for a child or young person.

   - Our understanding of a child or young person’s circumstances will generally come from a range of pieces of information.
   - The child or young person’s situation will rarely stay static so we also need to be prepared to constantly reassess our concerns. New information may reassure us that there is less reason to be concerned than previously, or it may raise our level of concern.
   - We also need to take into account protective factors for the individual child. For example, adequate care for a child with a disability may be very different to adequate care for a child without a disability. The care needed by an infant will be very different to the care needed by an older child. The presence of other adults, such as grandparents, may also make a difference to the level of concern.
   - The parent’s or carer’s readiness to acknowledge and address concerns should also be considered, especially where there is current involvement with services that have a capacity to assist the family, either directly through the provision of assistance such as housing, material aid or children’s activities, also through parenting education, counselling or other skills development.

3. Ask: Why are we concerned about the impact of these indicators on children.
Highlight the impact that abuse and neglect can have on children and young people’s short and long-term capacity to:

- Reach developmental milestones for physical and psychological development
- Develop the capacity to make and maintain close personal relationships
- Meet community expectations for behaviour and community participation
- Maintain personal stability (e.g. housing, relationships)
- Find and keep employment
- Raise children

4. Acknowledge that just because we are concerned about the presence of some risk factors does not mean that a child will have an adverse outcome.

- Individual children will show extraordinary resilience, or will benefit from the presence of protective factors.
- We are still learning about the factors that are associated with resilience, and how we can promote resilience for children for whom protective factors have not been naturally present. However research has helped us identify some factors that are more likely to be associated with adverse outcomes.

Detailed lists of indicators are provided in the Appendices 2-6 of the Participants Manual.

5. Justice Wood in his 2008 report identified that:

- ‘too many reports are being made to the Department of Community Services (as Community Services was known at the time) which do not warrant the exercise of its considerable statutory powers’.
- He recommended that the threshold for reporting should be raised to ‘significant risk of harm’ and that where concerns were below the threshold the focus should be on connecting families with services that could assist them to address risks, rather than necessitating a statutory response.

6. Emphasise the validity of the concerns that participants have raised about children on the butcher’s paper. The issue is not whether these indicators are relevant in identifying children and families, but identifying where there are valid concerns and where children and families may benefit from assistance. The question is how best to assist children and families, and specifically whether that assistance is given best through a statutory legally mandated organisation, or whether it is preferable for families to receive it on a voluntary basis, with a focus on meeting needs rather than statutory protection.

**Facilitator’s notes:**

If time allows you could show the trigger segments ‘Pam’ or ‘Vince’ from the Identifying and Responding to Risk of Harm DVD. It can be useful in making concrete connections about the long-term impact of maltreatment on children.
7.2 Reporting risk of significant harm: s.23/4

1. Use **PowerPoint 7.1: When should I make a report?** to outline the elements that are necessary for a report to be made.

2. Current Concerns: (s.23)
   The Child Wellbeing and Child Protection Inter-agency Guidelines describe current concerns as:
   - Significant harm arising from abuse or neglect is recent or likely in the foreseeable future should circumstances continue unchanged.
   - Significant harm may also arise from a child or young person having contact with someone who is known to be responsible for causing harm to a child in the past.
   - Significant harm may also refer to situations where the abuse or neglect of the child or young person occurred some time in the past but continue to have an impact on the child or young person’s safety, welfare or wellbeing.

3. Reasonable Grounds: (s.24)
   The Child Wellbeing and Child Protection Inter-agency Guidelines describe reasonable grounds as:
   ‘Reasonable grounds refers to the need to have an objective basis for suspecting that a child or young person may be at risk of significant harm, based on:
   - first hand observations of the child, young person or family
   - what the child, young person, parent or another person has disclosed
   - what can reasonably be inferred based on professional training and / or experience.
   
   It does not mean that reporters are required to confirm their suspicions or have clear proof before making a report.’

4. The concerns need to relate to the child’s safety, welfare or wellbeing. *The Child Wellbeing and Child Protection Inter-agency Guidelines* state:
   ‘A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or well being of the child or young person are present to a significant extent. This means the concern is sufficiently serious to warrant a response by a statutory authority (such as NSW Police Force or Community Services) 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 or young person’s safety, welfare or wellbeing, or in the case of an unborn child, after the child’s birth.’

5. The legislation refers specifically to the presence to a significant extent of one or more circumstances. We will review each circumstance shortly. It is important to recognise that often more than one circumstance will be present, and all such information is relevant to a report. We will also look at the Mandatory Reporter Manual, which is a
tool to ensure that reports of significant Risk of Harm meet the threshold.

6. s.23(2) makes it clear that the significance can come from a single incident, or from an accumulation of concerns. This is often described as ‘cumulative harm’. **PowerPoint 7.2: What is cumulative harm?** provides a definition of cumulative harm from L.M. Bromfield and R. Miller (2007) Specialist Practice Manual: Cumulative Harm. Melbourne: Victorian Government Department of Human Services. They conclude that since the majority of children who experience maltreatment experience multiple incidents and multiple types we need to be alert to the possibility of cumulative harm in all reports.


### 7.3: s.23 (a, b, and b1) Neglect

1. Show **PowerPoint 7.3: s.23 (1) (a-b1)** and clarify what these three harm circumstances mean.

2. Show **PowerPoint 7.4: Neglect** and note that the circumstances in s.23 (1) (1-b1) are all examples of neglect.

Note that concerns about neglect are often cumulative. For example, if a school-age child misses one meal little harm may be done, but if they are regularly missing meals they are likely to be under-weight, and have adverse consequences for energy levels, mood and concentration.

3. Show the trigger video: “Annie” from the DVD Identifying and Responding to Risk of Harm. Ask: What indicators of neglect would be evident to the outside school hours care worker?’

‘What other practitioners may have information about indicators of neglect?’

Highlight:

- Parent is emotionally unavailable
- Failure to respond to child’s hygiene requirements.
- Child does not have lunch (and we know, and staff may suspect that she is stealing food)
- Annie is crossing roads without supervision
- Annie is withdrawn and socially isolated.
- Failure to pick Annie up from the centre.
- Value of shared information between practitioners or

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*Keep Them Safe*  
*CHCCHILD401A – Facilitator’s Manual*  
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Ask ‘What factors might be contributing to parental neglect of Annie?’

- Mother may be affected by depression or substance abuse
- Parent’s working hours and financial pressures
- Lack of other family support

4. A common question in relation to assessing neglect is ‘When can a child be left alone’. Refer participants to

**Handout 17: Neglect/supervision/assessing degree of risk when a child is left alone.** This excerpt from the *Mandatory Reporter Guidance* is used to introduce the idea of the MRG providing external evidence-based guidance when making a decision. Note that these times are a manual only and participants must use the full MRG when making a decision about risk of significant harm.

5. Note that practitioners are only required to make judgments of necessary medical care (s.23(1)(b)) within their professional capacity.

5. Ask:

‘How in your role might you become aware that a child is not enrolled, or is habitually absent from school?’

Note that workers outside the education sector fulfill their responsibilities in relation to s.23 (1) (b) if they report:

- Concerns that a child is not enrolled to the local NSW Department of Education and Training office.
- Concerns that a child is habitually absent to the child’s school.

This action is covered by s.29 so this is not a breach of confidentiality.

**Facilitator’s notes:**

The MRG defines habitually absent as 30 days out of 100. However this is context/age dependent. For younger children or children with a disability the impact of missing school may be greater than for other children.

6. Explain that the legislation also provides for reports to be made where a child has been left in unauthorised foster care for more than 28 days, or when a child is in voluntary Out-of-Home Care for more than three months without adequate planning as defined by the Children’s Guardian.

- Note that the Act allows families to make informal arrangements between relatives for the care of children without any involvement from Community Services. These provisions apply only to children who are not in the care of relatives. For example a young parent gives her new-born baby to an older woman who is living next door.
- (See the Note at the end of s.23 which refers to s.154 (2) (a) and s.156A (3)).

7. Note that in some circumstances neglect can be a criminal offence.
• For example, a parent leaves a child in the car while they go shopping and the child becomes dehydrated and must be admitted to hospital.

• The Crimes Act, s.43 states:

  *A person who, without reasonable excuse, intentionally abandons or exposes a child under 7 years of age is guilty of an offence if it causes a danger of death or of serious injury to the child.*

  *Maximum penalty: Imprisonment for 5 years.*

### 7.4 Physical abuse

1. Show **PowerPoint 7.5 s.23(c) Physical abuse and ill-treatment.**
   Review the definition which comes from the MRG.

2. Ask participants to identify possible indicators of physical abuse and ill-treatment.

   **Note:**

   • Disclosure that injury has been caused by actions of an adult
   • Bruising, lacerations, fractures and dislocations especially when there the explanation is inconsistent with the injury, where they involve very young children or when they occur frequently or arise from physical discipline or restraint:
   • Injuries that indicate the involvement of another person such as some poisonings, injuries indicating that an infant has been shaken, such as retinal hemorrhages, some burn or scald marks:
   • Behavioural indicators, such as flinching and cowering:
   • Delay in presenting for medical attention;
   • Family history of violence, or fear or threats of violence.
   • Indicators of Female Genital Mutilation (FGM) including:
     - Having a special operation associated with celebrations.
     - Reluctance to be involved in sport or other physical activities when previously interested.
     - Difficulties with toileting or menstruation.
     - Anxiety about forthcoming school holidays or a trip to a country which practices FGM.
     - Older siblings worried about their sisters visiting their country of origin.
     - Long periods of sickness.
   3. A concern for non-medical reporters is often about determining whether an injury is significant or suspicious.

   • Note that it is appropriate practice to ask a child about an injury providing an open question is asked, and the parent/carer is not present.
• Ask participants to give an example of an open question that does not imply that the child has been abused. For example how did you get that?

• Refer participants to Handout 18: Examples of significant injuries. Highlight that generally it will be the role of a medical practitioner to determine whether an injury is significant or suspicious, but the MRG provides assistance if this is needed.

• This extract from the MRG is provided to assist participants develop an understanding of its use in the context of physical abuse. Participants must use the full MRG when making a decision about risk of significant harm.

  4. Ask:

  ‘What explanations or excuses might be offered for physical abuse?’

  For example:

  • I needed to teach him a lesson
  • My Dad did it to me, and I turned out fine
  • I just lost it.
  • She drove me to it.

Even where a parent has not intended to hurt a child and shows remorse, it is important not to minimize or disregard factors such as recklessness, volatility and use of disproportionate force, as a parent’s response may not guarantee that a similar incident may not occur in the future.

5. Participants may ask questions about legal restrictions on physical discipline in NSW. Physical discipline is not illegal, but its application may be a crime in certain circumstances. Refer to the Crimes Act 61AA Defence of Lawful Correction

(2) The application of physical force, unless that force could reasonably be considered trivial or negligible in all the circumstances, is not reasonable if the force is applied:

(a) to any part of the head or neck of the child, or

(b) to any other part of the body of the child in such a way as to be likely to cause harm to the child that lasts for more than a short period.

Parents have been convicted for chastising children using unreasonable force under this provision. This is a separate legal issue to determining the threshold of risk of significant harm in relation to physical abuse.

7.5 s.23(1)(c) Sexual abuse and ill-treatment

1. Show PowerPoint 7.6 s.23(1)(c) Sexual abuse and ill-treatment.

(This definition from the 2006 Inter-agency Guidelines is used because it focuses attention on the dynamics of sexual abuse).
Note that sexual abuse may occur on its own, or along with other forms of maltreatment.

Note the three groupings referred to in Handout 15 that gives definition of terms used in the NSW Mandatory Reporter Guide (MRG):

- Sexual abuse of a child
- Sexual abuse of a young person 16-17 years
- Problematic sexual behaviours.

Sexual acts may include: fondling genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, and exhibitionism and exposing or involving the child in pornography.

2. Show **PowerPoint 7.7 Prevalence of child sexual abuse.**

- Information in this slide comes from Adult Victim/Survivors of Childhood Sexual Assault by Lara Fergus and Monique Keel, Australian Centre for the Study of Sexual Assault, Wrap No.1, November 2005.
- Note that the Mandatory Reporter Manual includes information to assist in identifying risk of serious harm arising from sexual contact between children and young people.
- Child sexual abuse is the least common harm circumstance reported to statutory authorities in Australia. There is a substantial difference between the incidence of abuse reported to authorities and reported in population studies. This suggests we need to do more to address barriers to reporting of abuse by children and young people.
- Grooming behaviour is an important feature of child sexual abuse and functions to reduce the risk that a child will disclose abuse, and to increase the perpetrator's opportunities to exploit without detection. Grooming occurs throughout and after the abuse process and can include:
  - Creating a sense of obligation through provision of gifts and valued experiences;
  - Creating opportunity by building up regular contact with the child;
  - Building up the trust, and sometimes reliance of the child’s parents or carers so they are less likely to recognise concerns, and are more likely to dismiss or minimise them;
  - Isolating the child to increase the opportunity for abuse and reduce opportunities for disclosure.

It should also be noted that it is appropriate for relatives to buy gifts and develop trusting relationships, so these behaviours should not be seen as grooming unless there is no acceptable or appropriate alternative explanation. (See NSW Mandatory Reporter Manual p.66)

3. Ask participants to identify possible impacts of child sexual abuse.

- These may include: increased depression, anxiety disorders, antisocial behaviour, substance abuse, eating disorders, suicidal behaviour and post-traumatic stress disorder.
Some research suggests that some children who are sexually abused will avoid adverse outcomes, benefiting from positive social and emotional support at the time they were abused and later in life. Those most vulnerable to adverse outcomes may be children from disadvantaged and disturbed family environments. (ACSSA, Wrap No1)

This perspective highlights the importance of holistic assessment and support to children who disclose sexual abuse.

4. Explain that you are going to show a video segment that highlights the barriers that children experience to reporting. The segment will not show actual abuse of a child.

Show the trigger ‘Stevie – Tell a friend’ from the video ‘Identifying and Responding to Risk of Harm’.

Ask: ‘What barriers did Steve experience to telling about the abuse’

- Highlight the ‘grooming’ behaviours which were confusing for Stevie.
- Note the blurring of games, ‘tickling’ and abusive touching.
- Note the way the abuser positioned himself in relation to Stevie’s mother, and so made it more difficult for Stevie’s concerns to be heard.
- Note the particular barriers that may exist for male children in relation to disclosure, including confusion about sexual identity and homophobia.

5. Show PowerPoint 7.8: Factors influencing disclosure

Information on this slide comes from Responding to young people disclosing sexual assault: A resource for schools by Antonia Quadara, Australian Centre for the Study of Sexual Assault Wrap No6, 2008.

Ask: ‘What do these factors tell you about assisting children and young people who have been sexually abused?’

Highlight:

- Sensitivity to questions checking out whether behaviour is OK;
- Behaviour may indicate issues before child/young person discloses explicitly – hence relevance of significant behaviour changes;
- Be aware that children/young people may be testing out your possible reactions, and whether you will support them if they disclose;
- Note that retractions may be part of the disclosure process, not the last word;
- Importance of trusting relationships, and availability at the child/young person’s pace;
- May need to assist carers to be ready to hear disclosure in an accepting way.
7.6 s.23(d) Domestic violence

Facilitator’s notes

Some participants may find this material challenging. While there is a growing awareness of the harm that domestic violence may do to children, some participants may not have recognised the psychological component of domestic violence. This raises issues particularly if this has implications for a participant’s own relationships, either with their parents or a partner.

1. Show PowerPoint 7.9: Domestic violence.

Note that the provisions of the legislation relate to a child living in a household where there have been incidents of domestic violence, and as a consequence the child is at risk of serious physical or psychological harm.

The slide provides a definition of domestic violence summarised from the 2006 Interagency Guidelines for Child Protection Intervention. (Handout 15: Definitions of terms provides more detail.)


3. Refer to Handout 19: Cycle of violence and explain the different aspects of the wheel.

Ask:
‘What tactics of power and control were illustrated in the video?’

Discuss:
- Times when the father was charming and disarming
- Use of fear and blame
- Escalation of violence
- Undermining of mother’s confidence
- Unpredictability

Ask:
‘What was the impact of domestic violence on the children in this family?’

Highlight:
- Undermining of the mother’s confidence;
- Undermining of the way the children saw their mother as she could not protect herself;
- Unpredictability of relationships in the home
- Emotional impact on the children: truanting, bedwetting.
Ask:
‘How might you become aware that there is domestic violence occurring in a household?’

Highlight:
- Disclosure by a parent or child (most likely after a serious incident or in the context of a trusting relationship);
- Observing injuries in a parent that don’t fit the explanation given;
- Evidence of controlling tactics by a partner such as accompanying them everywhere, isolating them from friends and family, controlling decision-making, including finances.
- Evidence of impact on children such as children not wanting to be at home, poor relationships with one or both parents, protectiveness of one parent, or siding with one parent against another, signs of emotional disturbance such as anxiety or bedwetting,

Highlight:
It can be difficult to identify whether domestic violence is happening, and in particular to be clear about its severity;

- You might become aware of issues of control in the way the father treats the mother, but he may also be charming with others.
- The mother’s injuries and the way she talks about things, or doesn’t talk about things at home. She may tell you more once she trusts you;
- The children’s reactions to their home situation, especially behaviours that don’t fit with the rest of the picture, such as acting out, withdrawn or overly compliant behaviour;

4. Show PowerPoint 7.10: Domestic violence and other forms of maltreatment

- Note that US research on co-occurrence of domestic violence and other forms of maltreatment suggests the impact of children’s exposure to domestic violence and other forms of child abuse, such as neglect or physical or sexual abuse presents a ‘double whammy’ so that the harm is magnified compared to exposure to one or other harm situation.
- Identification of factors such as childhood exposure to violence, financial pressure, substance use and mental illness do not excuse violence. Services should address these factors while also addressing domestic violence explicitly, and tracking the impact of interventions addressing family pressures on domestic violence and controlling behaviour. (See also points below re working with families where there is domestic violence).
- This information is not intended to minimise the seriousness of domestic violence alone, or of domestic violence in areas of social advantage, where there may be more secrecy about offending behaviour, and financial constraints that make it difficult for women to leave a relationship.
5. Ask: What issues would you need to be aware of when working with families where there is domestic violence?

Use PowerPoint 7.11: Working with families where there is domestic violence to ensure key points have been covered:

- It is not safe to work on domestic violence with a couple together. Caution should be exercised when talking to perpetrators about violence, as there may be negative consequences for the non-violent partner and for children. However if violence is never mentioned this allows perpetrators to avoid responsibility.

- Intervention should address partners separately, and should explicitly name responsibility in relation to violence. Many non-violent partners feel that they are at fault (e.g. for nagging, failing to complete household tasks, failing as a parent) and their partner may reinforce this view. In some situations both partners may have acted violently. In many instances where women are violent in relationships with a violent partner, their violence is defensive. The risks of a relationship where defensive action is required should be explored with the woman involved.

  (See Women and Domestic Violence Counselling Standards, Salvation Army, Melbourne)

- Developing trust between workers and a non-violent partner is important in effective intervention. As trust increases acknowledgement of domestic violence is more likely, and recognition of the issues in the relationship is more likely to be sustained. Recognition of harm to children is more likely to prompt action by a non-violent parent, including consideration of leaving the relationship, so observations of harm, and discussion of information about harm should be prioritised. Abrupt severing of a relationship with a service may indicate escalation of danger, or that a parent finds exposure to the worker’s position of domestic violence to be too confronting;

- Assisting a non-violent parent (commonly a mother) to leave a violent relationship presents many challenges. These include:
  - Violence frequently escalates in the context of separation;
  - Because violence may be episodic, when an episode is over the strengths of the relationship may be more apparent than the risks. A separated partner often continues to be controlling after separation. Separation and reunion is a common pattern in women leaving violent relationships.
  - Women may experience financial challenges as a consequence of separation, including debt and reduced income, and housing issues;
  - Readjusting to being a sole parent can be challenging. However research suggests that many women parent better after they have separated. (Child Maltreatment, Vol. 14, No. 2, pp. 157-171. ‘Quality of maternal parenting among intimate-partner violence victims involved with the child welfare system’, Cecilia Casanueva, Sandra L. Martin, Desmond K. Runyan, Richard P. Barth and Robert H. Bradley, 2008.)
- Women often need ongoing support to address the consequences of domestic violence, such as family law issues especially contact, addressing self-esteem and rebuilding social networks and employment connections.

- Factors that promote resilience for children exposed to maltreatment include school engagement, supportive community activities such as religious groups, and relationships with caring non-abusive adults or pro-social peers. (See ‘Intersection of child abuse and children’s exposure to domestic violence’ by T.I. Herrenkohl, C. Sousa, E.A. Tajima, R.C. Herrenkohl and C.A. Moylan in Trauma, Violence and Abuse, 9(2), 2008.) Note that while resilience-building activities are useful, they are not an alternative to addressing violence directly. For example attending counselling or a group program does not guarantee protection from harm for a child who is exposed to domestic violence.

- Acquired brain injury (ABI) is under-recognised as a factor in domestic violence. See Acquired brain injury and family violence, Brain Injury Australia, Fact Sheet 6, www.braininjuryaustralia.org.au. ABI is not the sole basis for domestic violence and does not excuse it. However an awareness of ABI can help direct interventions for both violent and non-violent partners, and can help explain the persistence of behaviours in some individuals. Research also suggests that ABI is common in abused children.

- Because incidents of domestic violence are so prevalent, statutory child protection responses must prioritise situations most likely to cause significant harm, such as use of weapons, and risk of serious physical harm as indicated by escalation and threats of serious harm, serious injuries to a parent, involvement of the child in incidents, and domestic violence along with other abuse types. This means all human service workers need to develop skills in identifying and responding to domestic violence.

- The Australian Domestic Violence Clearing House (Give internet address) is a good source of information about domestic violence.

7.7 s.23(e) Serious psychological harm

1. Show PowerPoint 7.12:s.23 (1)(e)Serious psychological harm.

2. Note that emotional abuse is now the most commonly substantiated type of child abuse in NSW and in most Australian states. (The primary, or serious form of child maltreatment only is counted for these statistics)(Australian Institute for Health and Welfare, Child Protection Australia 2007-2008, Child Protection Series No.45, Published 2009, www.aihw.gov.au). This is a relatively recent development, and reflects the recognition in legislation of the psychological dimension of child abuse.


This extract from the MRG is provided to assist participants develop an understanding of psychological harm. Participants must use the full MRG when making a decision about risk of significant harm.
7.8 s.23(f) Prenatal reports

1. Show **PowerPoint 7.13: s23 (1) (f) Prenatal reports**

Highlight that prenatal reporting is mandatory where there has been a previous report but a parent has not accepted support services and/or the support services have not been effective in addressing risks for the child after birth.

Reports from the NSW Child Death Review Team have identified children who died where risks were clearly identified in the pre-natal period, where there were gaps in communication between service providers and where in some instances other children of the parents involved were already in care.


7.9 s.23 Relinquishing care

1. Show **PowerPoint 7.14: 154 (2) (a) and 156A (3): Relinquishing care**

2. Explain that s.154(2)(a) means that parents cannot leave children with unrelated carers for over 28 days. This provision protects children from placement in informal arrangements that may not be stable, or adequate to meet a child’s needs.

3. Children may be placed in long term voluntary placements in the formal Out-of-Home care system. For example a child with disabilities might be placed in foster care, but the parents might remain closely involved. S.156A(3) allows for these arrangements provided they meet the Children’s Guardian’s Guidelines.
Section 8: Making reports of risk of significant harm
(suggested time 90 minutes)

Overview
Review the use of the NSW Mandatory Reporter Manual, describing the process of making reports of significant harm and outlining responses where concerns are below the risk of significant harm threshold.

Content
- NSW Mandatory Reporter Manual
- Reports of significant harm
- Feedback to reporters
- Responding when concerns are below the risk of significant harm threshold
- Role of the Child Wellbeing Unit (CWU)

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

Participant’s Manual
Handout 21: Decision tree: physical abuse
Handout 22: Decision tree: neglect – supervision
Handout 23: Decision tree: neglect – food
Handout 24: Decision tree: sexual abuse child
Handout 25: Decision tree: psychological harm
Handout 26: Decision tree: carer concern - mental health
Handout 27: How to report risk of significant harm
Handout 28: Child Wellbeing Unit/Consult with a professional

Equipment
Video – Identifying and Responding to Risk of Harm
Hard copies of the Mandatory Reporter Manual (sufficient for one between three people)
Section 8: Making reports of risk of significant harm

8.1 Role of the mandatory reporter

1. Mandatory reporters are responsible for making a report to the Child Protection Helpline where there is a 'risk of significant harm'. Where they identify concern below this threshold they can identify potential responsibilities within their own organisation or organisation, or make a referral to other services.

- *The Mandatory Reporter Guidance (MRG)* has been developed to assist mandatory reporters to determine whether a report of risk of significant harm is needed. The MRG is part of a suite of Structured Decision Making tools developed by the Children’s Research Center and informed by consultation with NSW government and non-government representatives.

- Informed by research identifying factors associated with risk of significant harm, the MRG does not replace professional judgment, but aims to complement and support mandatory reporters at each key decision point.


8.2 Decision trees

1. The point of entry for the MRG is choosing a decision tree. *Show PowerPoint 8.1 Welcome to the NSW Online MRG.* Explain that this is what participants will see when they go to the online version of the MRG. Point to the blue decision tree - identifiers at the bottom of the screen.

2. Explain that the MRG process begins when participants select the decision tree that most closely matches their most serious concern. If they have more than one concern they should start with their most serious concern.

3. *Show PowerPoint 8.2: Neglect concerns.* Explain that when participants click on one of the decision tree identifiers they can access guidance on the right hand side. They can check the guidance to ensure that they have chosen the decision tree that most closely matches their concern.

4. Indicate to participants that they have some, but not all the decision trees from the *Mandatory Reporter Guidance*. Definitions of the options in the *Mandatory Reporter Guidance* were given in Handout 15.
Advise participants that they will also have an opportunity to work with the full text of the manual – the aim is to go step by step.

5. Ask participants to think back to the ‘Annie’ from the DVD ‘Identifying and Responding to risk of harm’ which was shown earlier in the day. You may want to show the segment again.

6. Ask participants to identify the concerns that would be identified by the outside school hours care worker in this situation and list these on the board/butcher’s paper. (Focus on the information that would be available to the worker). Where participants comment on the state of the house or the presentation of the mother, focus on what might be evident to the outside school hours care worker in this situation.

Facilitator’s notes:

It is particularly important to consider whether this is the first time that Annie has come to the centre on her own, without her lunch, and with concerns about how she smells. The worker needs to consider whether this is a one-off situation. The worker also needs to consider whether walking from home puts Annie in danger, or whether this is something she should discuss with her parents before the next day. If the parents agree that Annie should be brought to the centre, and follow through with this, the level of risk is greatly reduced. If the worker is observing repeated instances of Annie coming on her own, crossing busy roads in spite of previous discussion with the family, if she regularly has no lunch, is seeking food from others, her mother regularly fails to collect her, and is consistently emotionally unavailable, and the family are not willing to accept services to address these concerns, then this would reach the threshold.

The discussion should help participants identify:

1. The difference between one-off and repeated concerns;

2. The impact of a service working with the family (although it may be necessary to confirm that the service is focused on the issues of concern, and the family is engaged);

7. Ask participants to identify the decision tree that best fits with the concerns that the outside school hours care worker would have for Annie. They may want to look at the different options in order to do this. Relevant trees would be Neglect – Supervision, Neglect – Food, Psychological Harm and Carer Concern Mental Health.

8. Ask participants to look at the Decision tree: Neglect – Supervision and work through this as a group answering the questions.
Discuss the importance of determining whether this is the first day that Annie has attended on her own, without lunch and with poor hygiene, or whether a pattern has been observed.

Discuss the degree of danger that is posed by a child Annie’s age (around 6 years) walking along busy streets on her own.

Identify the evidence of adverse effects, such as Annie’s withdrawn behaviour - evidence of bedwetting and lack of attention evidenced by the mother’s failure to collect her.

Note that if there is a regular pattern of Annie crossing busy roads alone exposed to a degree of danger that is not reasonable for her age, showing withdrawn behaviour and bedwetting, and lack of parental attentiveness (no lunch / not being picked up). This would meet the threshold.

9. Show PowerPoint 8.3 Other concerns and show how the Manual will ask if the primary concern is the only concern.

10. Show PowerPoint 8.4: Recording of other concerns and show how the Manual allows users to document details of concerns.

11. Note that if time allows you may also work through the other relevant decision trees and identify the type of information that would indicate that the threshold has been met.

For Neglect: Food – Note that there would need to be frequent not one-off indications that Annie hungry with evidence that a family has refused or avoided referral to a service that can assist before a report would be made to the Helpline. If Annie is regularly coming without lunch then a referral to an appropriate service would be made.

For Psychological harm – Discuss what information the child care worker may have that would suggest Annie’s mother’s behaviour might be due to mental health or substance abuse concerns. For example, what would constitute extremely erratic behavior?

For Carer Concern Mental Health: Similar to above, note what evidence someone who is not a mental health professional would need to see to identify mental health concerns.

Facilitator’s notes:

If participants find the process difficult, bring forward discussion of the role of the CWU and reassure NGO reporters that if they are not sure, they can always ring the Helpline, receive advice about their use of the MRG, and a report can be recorded even if concerns are below the threshold.

8. 3 Final decision: report to Community Services

1. Show PowerPoint 8.5: Final decision: report to Community Services and show what will appear if the threshold is reached for
Neglect-supervision for Annie (who is over 5 years.) Indicate that the report should be made within 24 hours, and the contact numbers for the Child Protection Helpline are shown on the screen.

2. Show **PowerPoint 8.6 Final decision: immediate report to Community Services** to show the most urgent report guidance.

3. Note that reporters can print out a final summary of the MRG decision for reference.

4. **Handout 27: How to report risk of significant harm** provides details of reporting.

### 8.4 Final decision: continue relationship

1. Show **PowerPoint 8.7 Document and continue relationship MRG** and explain that this will be the final decision where the guidance is that the risk is below the threshold and no additional intervention is necessarily, often because a service is already involved.

2. Show **PowerPoint 8.8 Document and continue relationship** and explain that this relationship is determined by the worker’s roles and responsibilities.

   ‘Document’ means accurately recording the information about concerns. This means noting the source of the information and description of what was seen or heard, the time and date when the observations were made, what support was offered and any other action taken, and any plan made to review the situation to see if it has improved, stayed the same, or worsened.

Discuss the importance of remaining observant and alert to the implication of new information and reviewing the effectiveness of service delivery, along with continuing to engage family members and address priority needs.

Ask: ‘If today is the first day the Out-of-School care worker has had concerns about Annie, what response would be appropriate within her role and responsibilities?’

### 8.5 Final decision: refer to Child Well Being Unit

1. Note that where participants work for NSW Health, the Department of Education and Training, NSW Police and the newly formed Department of Human Services (covering Juvenile Justice, Housing and Ageing, Disability and Home Care) they have access to a dedicated Child Wellbeing Unit (CWU).

Note that these Departments make the majority of Helpline reports. In many instances (e.g. police, teachers, Housing officers) their core
business is not working with families. The CWU will assist these staff in particular.

The CWU will also be able to exchange information with other organisations which will assist organisations to better determine the level of risk.

Show **PowerPoint 8.9 Refer to Child Wellbeing Unit** to show how this guidance looks on the screen.

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

Contact CWU is the guidance given where some concerns have been identified and the family is not currently working with a relevant service to address these. (Where safety concerns are urgent, guidance will be to report to the Child Protection Helpline regardless of whether a service is involved.)

### 8.6 Final decision: consult with professional (Non CWU agencies)

1. Note that Consult a professional is the guidance given where there are some concerns but they fall below the threshold. See **PowerPoint 8.10: Consult with a professional** to see how this appears on the NSW Mandatory Reporter Manual. Note that this appears as CWU only in the pdf version.

2. Ask participants who are mandatory reporters who are working for non CWU agencies to identify who would be an appropriate person for them to consult. Generally it will be their supervisor.

3. Where concerns about a child do not appear to meet the threshold using the NSW MRG, mandatory reporters without a CWU can contact the Child Protection Helpline directly. This will enable reporters to check the threshold, and will ensure a report where this may be relevant to building a picture of cumulative harm. This information can be recorded even where the report falls below the threshold.

4. When participants receive this guidance it should be a cue to look at the possibility of providing additional assistance to the family, either from within the reporter’s own organisation or by referring the family to another service.
5. Brainstorm options for participants to identify suitable local services to address a family’s needs.

- Ensure that participants can identify relevant web-based databases such as HSNet ([www.hsnet.nsw.gov.au](http://www.hsnet.nsw.gov.au)). Participants may also nominate other local databases they find useful, such as community services directories developed at a local level by councils and Families NSW projects.

- Identify services that may be useful local sources of information where participants feel they do not have adequate experience or expertise in talking with parents or making referrals. Options to consider could be a community worker at the local council or a local family service. See [www.familyservicesnsw.asn.au](http://www.familyservicesnsw.asn.au) for assistance in finding local family services.

- Where a Family Referral Service is available to participants ensure that they understand the service’s role in assisting in the identification of referral options and that they know the contact details.

6. **Handout 28: Child Wellbeing Unit/Consult with a professional** summarises key points.

### 8.7 Feedback to reporters

Explain that reporters will receive feedback from the Child Protection Helpline by fax or email. If the feedback indicates that the statutory threshold is not met, mandatory reporters may need to consider what additional services or supports could be provided locally. Services offered should assist in addressing identified problems and minimising the risk of future harm.
Section 9: Working with children, young people and families – (suggested time 45 minutes)

Overview
Discuss strategies for raising difficult issues with families and review approaches to disclosures.

Content
- Talking with families
- Making referrals
- When not to talk with families

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

Participant’s Manual
Handout 29: Responding to disclosures

Video:
Stevie – Disclosure trigger, Identifying and Responding to Risk of Harm video
Section 9: Working with children, young people and families

9.1 Working with children, young people and families

1. Show PowerPoint 9.1: Psychological harm: discussion with family. Note that in addition to this guidance the MRG gives regular guidance to refer families to services, and discuss their capacity to keep children safe.

2. Show PowerPoint 9.2 Talking to families about concerns. Identify the importance of preparation before raising difficult issues with families.

- This is an important skill for practitioners to develop either through supervision or training.
- If time allows ask participants for examples of how they successfully talked about difficult issues with a family (while ensuring confidentiality).
- Clarify that there are circumstances where it may not be appropriate to raise concerns with families. For example:
  - where you are helping a woman to develop a safety plan because she is living in a violent relationship it would be unsafe for both you, and for the woman to raise concerns about the relationship with her partner.
  - if a child or young person is gradually disclosing information about harm circumstances, and there are concerns about their parent’s capacity to be protective.

9.2 Responding to disclosures

1. Show the ‘Disclosure’ segment from the DVD or Video ‘Identifying and Responding to Risk of Harm’.

2. Ask participants:
   What was positive in this segment?

Highlight:

- Non-leading questions
- Affirming the child’s action in telling
- Clear statement that abuse was wrong

Note that the role of a friend can be important. Often children will disclose to a friend first.
3. Show PowerPoint 9.3 Responding to disclosures.

- As discussed in the context of sexual abuse, the way we respond to disclosures can have a significant impact on the outcome for the child or young person.
- Review the suggestions in Handout 29: Responding to disclosures about how to respond to disclosures.
- Discuss the relevance of these suggestions to other disclosure situations, such as:
  - a mother disclosing domestic violence
  - a parent acknowledging that they have physically harmed a child, or put them in danger
  - a parent disclosing that their child has sexually abused their younger sibling.
- With adults it is just as important to be careful about any commitments we make, as we may have mandatory reporting responsibilities, and decisions will be made by other agencies such as police.
- Nevertheless, we can still acknowledge all attempts parents are making to do the best they can for their children.
- The information in the PowerPoint comes from Responding to children and young person’s disclosures of abuse by Mel Irenyi, National Child Protection Clearinghouse, Australian Institute of Family Studies.

9.3 Making referrals

1. Ask participants to identify the opportunities they have to refer families to services that may promote better outcomes for children and young people. This may occur in response to an MRG decision or as an intervention focusing on prevention or early intervention before concerns approach the threshold for risk of significant harm.
2. Brainstorm factors that would increase the chances that a family would act on a referral, and that the resulting intervention would have a positive impact on children.
3. Use PowerPoint 9.4: Making referrals to highlight:
   - If families feel overwhelmed or hopeless, they may believe that there is no point in seeking help. Ensure that you advise families clearly of the benefits that could realistically come from acting on a referral.
   - Families will be much more likely to act on a referral if they see it as relevant to their concerns.
   - Ensure that the information you provide is accurate and up to date. Families will be discouraged if they find they have been given an out of date phone number or that they are out of area.
• If there are waiting times or assessment requirements it is easier if families are aware of these up front.

• It can be helpful to assist families by helping them make the initial phone contact, helping them fill out relevant forms or assisting with transport and support for an initial appointment. Be wary about taking over the process as this may get in the way of families making a commitment themselves to seeking help.

• Don’t assume that your referral will necessarily be followed through. Check back with the family to make sure they have engaged with the service, and that it has addressed the family concerns.

Different families will have different preferences in relation to referral. Some family members may not want to have to tell their story again and may prefer the referring worker to pass on personal information. Generally it is helpful if there is transparency regarding information provided as part of a referral to another service.
Section 10: Working collaboratively with other organisations –
(suggested time 45 minutes)

Overview
Identify strategies for inter-agency collaboration.

Content
- Features of collaboration
- Barriers to collaboration
- Examples of collaboration

PowerPoints
PowerPoint 10.1 Features of collaboration
PowerPoint 10.2 Working collaboratively

Participant’s Manual
Handout 30: Working collaboratively with other organisations
Section 10: Working collaboratively with other organisations

10.1 Thinking about collaboration

1. Recent developments in the United Kingdom have challenged the idea that collaboration in service delivery to children and young people can be adequately addressed through occasional attendance at an inter-agency meeting.


The review suggests that much of what is described as collaboration remains a discretionary activity, rather than a core feature of work with children and families. As the diagram illustrates, while accountability is primarily to one organisation, we may be involved in discussion about families, but often have limited drive to collaborate at a high level.

2. Low level collaboration often focuses on only some individual cases, rather than being an expectation for all families. This collaboration is likely to be driven by individual workers with particular skills, relationships or interests.

3. High level collaboration involves agencies being willing to sacrifice autonomy and make commitments to service provision without the discretionary control that exists in lower level collaborative efforts. In NSW we have a long way to go to achieve this.

4. Ask participants if they are aware of higher level collaboration in their local areas.

Some examples may be:

- Brighter Futures consortium
- Keep Them Safe Family Case Management
- Safe Start Integrated Perinatal Care.

5. Acknowledge that involvement in higher level collaboration requires involvement at all levels of an organisation, not just from practitioners on the ground. However such initiatives won’t succeed if commitment only comes from the top.

Ask:

‘What barriers might individual workers experience in moving from lower to higher level collaboration?’

These might include:

- fear of change
• loss of control
• lack of trust
• professional jealousies or disrespect
• cynicism

‘What would be sources of motivation to persist in efforts to move from lower to higher level collaboration?’

Possible sources of motivation may be:
• prospect of improved service delivery
• reduced frustration in trying to coordinate services
• clearer processes for shared work with families
• better recognition and respect for skilled contributions.

10.2 Building relationship as a first step in collaboration

1. Stress that no one organisation has all the capacity necessary to keep children safe.

• Just as relationships are essential for an effective family worker, they are essential for effective organisation collaboration. This means it is very important for workers to get to know each other, to appreciate the strengths of each other’s contribution, to develop trust and respect, and to have strategies to address situations where there is conflict, rather than retreat to their own organisations.

• Note the value of attending inter-agency training.

• Ask participants to identify the strategies they have found most effective in building relationships with other agencies.

• Highlight the value of strategies that move beyond reliance on individual relationships.

• Review the implication of Information Exchange legislation for agencies working collaboratively. (especially s. 245E)

10.3 Understanding the value of collaboration

1. Ask participants to read Handout 30: Working collaboratively with other organisations.

2. Participants will work in small groups. Each small group will think about the family’s circumstances from the perspective of the organisation they are allocated. Depending on the make-up of the group it may be possible to include in the group someone who can be a
‘consultant’ and utilizing their previous experience. Allocate each group of the following organisations or role:

- Joshua’s school
- Mariah’s school
- Luisa’s child care
- Community Housing
- Layla’s General Practitioner
- Disability worker
- Emergency relief organisation

Each group has 15 minutes to identify the unique knowledge and skills that their practitioner/organisation brings to an understanding of the Hassan family.

3. Depending on the learning needs of the group, groups could also be allocated one family member and asked to think about the knowledge and skills they bring.

4. After 15 minutes ask participants to come back and present their perspectives. The exercise helps identify the different contributions that come from different perspectives, and also the different opportunities to assist families.

5. After each group has presented ask:

‘If you could direct the service network, how do you think Layla, Mariah, Joshua and Luisa could best be assisted?’

Highlight options for:

- information exchange
- case meetings
  as well as bigger picture options such as:
- service hubs and one stop shops
- services delivered at schools and children’s services.
Session 11: Keeping children safe in practice –
(suggested time 1 hour 30 minutes)

Overview
Case studies which allow participants to consolidate learning related to all areas of
the training.

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

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

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

Other equipment
Training evaluation form
11.1 Keeping children safe in practice

1. Divide participants into small groups. Where there are a range of workplaces represented it may be useful to group participants together with people from a similar workplace.

2. Make copies of the MRG available to each group for reference. Ask participants to read the selected case study in Handout 31: Keeping children safe practice case studies and address the questions. These are:
   - Check the relevant decision trees to see if you need to make a report of risk of significant harm.
   - If a report is needed, show the steps on the relevant decision tree.
   - If no report is required and you have a continuing professional relationship:
     - What would alert you to increased risk?
     - Is there anything you should talk about with the family?
     - Can you provide or refer the family for assistance that could address concerns and reduce risk?
     - What opportunities exist for collaborative work e.g. exchanging information with another organisation, shared case planning or service delivery?

3. Allow participants around 20 minutes to discuss the case study. Ask them to come back to the group, and discuss their decision about reporting and to identify how they would respond to the family and opportunities for collaboration.

4. Note that all the scenarios are below the threshold given the information presented. Ensure participants understand accurately what the threshold judgment would be, and are aware of the relevant response. They should be encouraged to consider different decision trees and ensure they have covered the range of possibilities in relation to the threshold.

5. Challenge participants about their response to situations that are below the threshold, looking at ways they can assist families so that risk does not increase.

6. The following information may assist facilitation of discussion. Examples of increased risk may not meet the threshold, but illustrate the importance of continued observation and assessment as part of an ongoing professional relationship. Encourage participants to think 'outside the square' particularly in relation to promoting child wellbeing,
Amy

Increased risk could include:

- Jessie’s behaviour becoming more erratic, and this impacting more on Amy, e.g. with inadequate supervision or nutrition.
- evidence that Amy’s language issues are related to aspects of Jessie’s care
- Jessie’s experiencing sustained lowered mood, and threatening or undertaking self harm
- Jessie being unable to sustain stable housing.

Staff should talk with Jessie about Amy’s language and assist her to arrange a hearing test and speech assessment. Discuss the fears that staff may have about doing this, and identify strategies that may be best for this task.

Amy would benefit from referral to a family work service where staff could assist her with her housing issues and social isolation, as well as supporting her in relation to Amy’s development. If there are any families at the children’s service who have a capacity to reach out to Jessie socially this would be likely to benefit Amy as well.

Opportunities for collaboration include sharing information between staff assessing Amy’s development; the children’s service and the mental health service and the development of joint plans in relation to Jessie’s current circumstances.

Chet, Mali and Niran

Increased risk would include:

- repeated injuries, or more risky behaviour in disciplining Chet
- inability to sustain stable housing
- Sunee disclosing more information about her relationship with Frank which may include physical abuse or escalating violence
- a pattern when the family move on if difficulties escalate.

There are a number of opportunities for referral with this family, but they may require explicitly raising issues with Sunee rather than waiting for her to seek help, particularly where the children are involved.

This family is living in marginal housing and have come from another area. They have three young children including an infant. Assistance in relation to housing and social networks may reduce risk. Parenting education such as PPP may be useful for Sunee as this may help her make friends as well as assisting her with approaches to Chet.

Opportunities for collaboration include sharing information where relevant linking between the school and provision of parenting programs. Methadone programs are important points for connection with parents on methadone. It is important to know where local parents on methadone obtain their medication, and whether staff of those services would be likely to refer a family to their service.

Ian
Increased risk could relate to conflict between Laura and Tom, or to Ian's psychological functioning.

Ian is likely to do better if there is reduced conflict between his parents and if he is not forced to visit his uncle in gaol. Service providers can play a role in naming and addressing these issues with the parents.

It may be helpful for agencies working with Ian to be communicating i.e. the school, the counsellor and the out-of-school-hours care program. It would be helpful if they could all give Laura and Tom a consistent message. Encourage participants to think through options in working with the parents while recognising the risks involved because of the history of domestic violence.

Ian may benefit from assistance to identify areas of interest where he can have a sense of achievement. While counselling can be useful, there is ample evidence that involvement in positive recreation experiences can also be effective in promoting resilience.

**Aisha**

Aisha’s gift from her uncle could reasonably be seen as an age-appropriate gift. Gifts that were not age-appropriate, or a sudden change in their relationship could raise concerns.

If Aisha believes she will be left alone and it is only a few days until her uncle leaves, the school should contact him to discuss his plans. If he is planning to leave her alone this would reach the threshold of significant harm.

Given Aisha’s self-harming and background, school staff should try to engage her uncle to look at whether she needs more support. Involvement with a mentoring program may be helpful.

If there is a Sudanese community in the area, it would be helpful if school and youth group staff develop connections with community leaders to enhance their understanding of the life experiences of children such as Aisha. These connections can lead to activities that can promote resilience, such as sporting programs, which families may not have the resources to access for children individually.

**Dheran**

Evidence of increased risk would include escalating physical violence and danger in sibling relationships, and concrete evidence that Dheran is exposed to/using marijuana or other drugs.

Which of the agencies working with the family would be in best position to identify how Dheran may be feeling and to talk to Dheran and Laura about the possible meaning of Dheran’s escalating behaviour issues, including his confusion about his identity? If no one takes this up, an opportunity to impact Dheran’s future may be lost. Mentoring may be of benefit to Dheran, as may be involvement in structured recreational activities.

The way the school engages with other Aboriginal families could have a significant impact on Dheran’s own identity. Dheran may benefit from involvement in positive recreational activities.
To conclude show *PowerPoint 11.1: Child protection and wellbeing is everyone’s business.*

At the end of the session address any final questions about the training.

- If time allows, ask participants to highlight the most significant learning they have gained from the session.
- If relevant discuss the assessment process and address questions.
- Distribute training evaluations.
- Thank participants for their attendance.
Appendices

Appendix 1 – PowerPoint presentation

Slide 1

Identify and respond to children and young people at risk

CHCCHILD401A

Slide 2

Training focus

• Roles and responsibilities regarding identifying and responding to children and young people at risk

• Working within an ethical framework

• Applying relevant legislation, policies and procedures
Training context

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

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

Working with children, young people and their families

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

**Risk and protective factors**

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

Slide 7

**Professional boundaries**

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

- Anna Katherine 1991

Slide 8

**Maintaining professional boundaries**

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

**Diversity in NSW: statistics**

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

Slide 10

**NSW child protection legislation**

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

- www.legislation.nsw.gov.au

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

Slide 11

**Definitions**

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

- Child: a person aged 0-15 years
- Young person: a person aged 16 or 17 years
Slide 12

**Guiding principles for care and protection**

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

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

3.3

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Slide 13

**Participation**

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

Children and young people participate in decision making through:

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

3.4

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Slide 14

**Decisions about Aboriginal and Torres Strait Islander children**

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

3.5
**Interagency work**

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

**Reporting to Community Services**

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

**Mandatory reporters**

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

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

Information exchange and families

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

Who can exchange information? (prescribed bodies)

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

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

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

Exchanging information under s.248

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

Exchanging information under Ch 16A

- Ch16A – allow for exchange of information between prescribed bodies

- Exemptions stated in the Act e.g. prejudice of legal proceedings
Slide 24

**Information exchange**

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

3.15

Slide 25

**Protection for reporters when information is exchanged (s.29 and s.245G)**

Where information is provided in good faith and according to legal provisions:

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

3.16

Slide 26

**Child safe workplaces**

Commission for Children and Young People Act

Ombudsman Act


- Who can work with children
- Employment screening
- Management of specific allegations against staff or volunteers
- Definition of a child: a person under 18 years.

4.1
Slide 27

Five years ago Mr. B was convicted of sexual assault involving a 19 year old woman and served 12 months in prison.

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

Slide 28

Child-related employment

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

Slide 29

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

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

**Child protection and employment**

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

Slide 31

**NSW Ombudsman: physical contact with children**

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

Slide 32

**Ethical practice with children and young people**

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

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

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

What is cumulative harm?

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

s.23 (1) (a-b1)

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

**Neglect**

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

Slide 37

**s.23 (1)(c) Physical abuse and ill-treatment**

Physical abuse is:

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

Slide 38

**s.23(1)(c) Sexual abuse and ill-treatment**

Sexual abuse can be described as:

- Any sexual act or sexual threat imposed on a child or young person
- Exploitation of dependency and immaturity
- Coercion intrinsic to child sexual abuse
Prevalence of child sexual abuse

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

Factors influencing disclosure

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

s.23(1)(d)
Domestic violence

Domestic violence (DV) includes:
• Violence, abuse and intimidatory behaviour in a personal, intimate relationship
• Violence perpetrated when couples are separated or divorced
• Harm to children from exposure to or from actual violence or both
Slide 42

**Domestic violence and other forms of maltreatment**

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

Slide 43

**Working with families where there is domestic violence**

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

Slide 44

**s.23 (1) (e)**

**Serious psychological harm**

Child/young person is exposed to:

- chronic or severe domestic violence
- severe parental/carer mental health or substance abuse concerns
- persistent and repetitive parental/carer behaviours have a negative impact on child/young person
- parental/carer criminal and/or corrupting behaviour
- parental/carer behaviours that deliberately expose a child/young person to traumatic events
Prenatal reports
• Prenatal report made previously under s.25
• Birth mother not successfully engaged with support services
• Risk factors not eliminated or minimised

Relinquishing care
Risk of significant harm includes:
• unauthorised foster care or
• voluntary Out-of-Home Care for more than three months that does not meet the Children’s Guardian’s Guidelines
Slide 48

Neglect concerns

Slide 49

Other concerns

Slide 50

Recording of other concerns
Final decision: report to Community Services

Final decision: immediate report to Community Services

Document and continue relationship (MRG)
Document and continue relationship

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

Refer to Child Wellbeing Unit (CWU)

Consult with a professional
Psychological harm: discussion with family

Talking to families about concerns

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

Responding to disclosures

- Believe the child or young person
- Reassure them
- Avoid promises you can’t keep
- Avoid rushing the child—allow time for them to speak
- Let them use their own words in their own time
- Tell them what will happen next
Slide 60

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

Slide 61

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

Low level collaboration → High level collaboration

Agency focused → Collaboration focused

Slide 62

**Working collaboratively**
- Practice the same approach to building relationships with other agencies/organisations as you do with working with families: respect, trust, honesty
- Take opportunities for interagency training
- Make efficient use of interagency meetings and email communication
- Work with families collaboratively to share information and avoid duplication
- Address conflict in direct but respectful ways
Child wellbeing and protection is everyone’s business
Appendix 2 – Mapping of CHCCHILD1C to CHCCHILD401A

The table below maps CHCCHILD401A Identify and respond to children and young people at risk from the current Training Package CHC08 to CHCCHILD1C Identify and respond to children and young people at risk of harm from the CHC02 Training Package.

*Highlighted areas are additional to CHCCHILD1C.*

<table>
<thead>
<tr>
<th>CHCCHILD401A</th>
<th>CHCCHILD1C</th>
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</thead>
<tbody>
<tr>
<td><strong>Descriptor:</strong></td>
<td><strong>Descriptor:</strong></td>
</tr>
<tr>
<td>This unit describes the knowledge and skills required to address duty of care requirements, working within an ethical framework and applying relevant legislation, policies and procedures in responding to children and young people</td>
<td>This unit applies to all those workers (including the professions) involved in delivering services to children and young people including in community services, health, policing, juvenile justice, recreation, family services, education, alcohol and other drugs work, mental health.</td>
</tr>
<tr>
<td><strong>Employability Skills:</strong></td>
<td></td>
</tr>
<tr>
<td>This unit contains Employability Skills</td>
<td></td>
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<tr>
<td><strong>Element 1:</strong></td>
<td><strong>Element 1:</strong></td>
</tr>
<tr>
<td>Implement work practices which support the protection of children and young people</td>
<td>Implement work practices which support the protection of children and young people</td>
</tr>
<tr>
<td><strong>Performance Criteria:</strong></td>
<td><strong>Performance Criteria:</strong></td>
</tr>
<tr>
<td>1.1 Identify children and young people at risk of harm by observing signs and symptoms, asking non-invasive questions, being aware of protective issues and using child protection procedures where appropriate</td>
<td>1.1 Relevant child protection procedures are routinely implemented when appropriate to identify children and young people at risk of harm.</td>
</tr>
<tr>
<td>1.2 Respond to disclosure, information or signs and symptoms in accordance with accepted standards, techniques, and legislative obligations</td>
<td>1.2 Respond to disclosure in accordance with accepted standards and techniques.</td>
</tr>
<tr>
<td>CHCCHILD401A</td>
<td>CHCCHILD1C</td>
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<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Performance Criteria:</td>
<td>Performance Criteria:</td>
</tr>
<tr>
<td>1.3 Comply with lawful instructions, regulations and duty of care in all work activities</td>
<td>1.3 In all work activities lawful instructions and regulations are complied with.</td>
</tr>
<tr>
<td>Performance Criteria:</td>
<td>Performance Criteria:</td>
</tr>
<tr>
<td>1.4 Routinely employ child focused work practices to uphold the rights of children and young peoples to participate in decision-making where it is age appropriate</td>
<td>1.4 Child focussed work practices are routinely employed.</td>
</tr>
<tr>
<td>Performance Criteria:</td>
<td>Performance Criteria:</td>
</tr>
<tr>
<td>1.5 Employ communication and information gathering techniques with children and young people in accordance with current recognised good practice</td>
<td>1.5 Any communication and information gathering techniques employed with children and young people are in accordance with current recognised good practice.</td>
</tr>
<tr>
<td>Performance Criteria:</td>
<td>Performance Criteria:</td>
</tr>
<tr>
<td>1.6 Ensure decisions and actions taken are within own level of responsibility, work role and legislative requirements</td>
<td>1.6 Decisions and actions taken are within own level of responsibility.</td>
</tr>
<tr>
<td>Performance Criteria:</td>
<td>Performance Criteria:</td>
</tr>
<tr>
<td>1.7 Maintain own knowledge and skills as required to work effectively and participate in practice supervision processes</td>
<td>1.7 Maintain own knowledge and skills required to work effectively and participate in practice supervision processes.</td>
</tr>
<tr>
<td>Performance Criteria:</td>
<td>Performance Criteria:</td>
</tr>
<tr>
<td>1.8 Maintain confidentiality as appropriate</td>
<td>1.8 Confidentiality is maintained as appropriate.</td>
</tr>
<tr>
<td>Performance Criteria:</td>
<td>Performance Criteria:</td>
</tr>
<tr>
<td>1.9 Provide an appropriate response as determined by organisation procedures, legal and work role obligations.</td>
<td>1.9 Provide an appropriate response as determined by organisational procedures.</td>
</tr>
<tr>
<td>Element 2: Report indications of possible risk of harm</td>
<td>Element 2: Report indications of possible risk of harm</td>
</tr>
<tr>
<td>CHCCHILD401A</td>
<td>CHCCHILD1C</td>
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</tr>
<tr>
<td><strong>Performance Criteria:</strong> 2.1 Accurately record relevant specific and general circumstances surrounding risk of harm in accordance with organisation procedures, ethics and legal requirements</td>
<td><strong>Performance Criteria:</strong> 2.1 Provide accurate recording of relevant specific and general circumstances surrounding risk of harm in accordance with organisational procedures.</td>
</tr>
<tr>
<td><strong>Performance Criteria:</strong> 2.2 Promptly report risk of harm indicators accordance with statutory and organisation procedures</td>
<td><strong>Performance Criteria:</strong> 2.2 Provide prompt reporting of relevant risk of harm circumstances in accordance with statutory and organisational procedures.</td>
</tr>
<tr>
<td><strong>Performance Criteria:</strong> 2.3 Work collaboratively with relevant agencies to ensure maximum effectiveness of report</td>
<td><strong>Performance Criteria:</strong> 2.3 Work collaboratively with all the relevant agencies to maximise effectiveness of report.</td>
</tr>
</tbody>
</table>

**Element 3:**

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

<table>
<thead>
<tr>
<th>Performance Criteria:</th>
<th>Performance Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Protect the rights of children and young people in the provision of services</td>
<td></td>
</tr>
<tr>
<td><strong>Performance Criteria:</strong> 3.2 Identify and seek supervision support for issues of ethical concern in practice with children and young people</td>
<td></td>
</tr>
<tr>
<td><strong>Performance Criteria:</strong> 3.3 Develop ethical and nurturing practices in accordance with professional boundaries when working with children and young people</td>
<td></td>
</tr>
<tr>
<td><strong>Performance Criteria:</strong> 3.4 Recognise indicators for potential ethical concerns when working with children and young people</td>
<td></td>
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<tr>
<td>CHCCHILD401A</td>
<td>CHCCHILD1C</td>
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</tr>
<tr>
<td><strong>Performance Criteria:</strong></td>
<td></td>
</tr>
<tr>
<td>3.5 Respond to unethical behaviour of others by reporting to the appropriate person</td>
<td></td>
</tr>
<tr>
<td><strong>Essential Knowledge</strong></td>
<td><strong>Essential Knowledge:</strong></td>
</tr>
<tr>
<td>The participant must be able to demonstrate essential knowledge required to effectively perform task skills; task management skills; contingency management skills and job/role environment skills as outlined in elements and performance criteria of this unit</td>
<td></td>
</tr>
<tr>
<td>These include knowledge of:</td>
<td>• Statutory and policy requirements relating to job role</td>
</tr>
<tr>
<td>• Statutory and policy requirements relating to job role</td>
<td>• State/territory requirements about notifying suspected abuse and reporting process</td>
</tr>
<tr>
<td>• Ethical obligations as stated in relevant codes of practice, licensing, accreditation registration to professional bodies, service agreements</td>
<td>• Child protection system: including reporting protocols, responses to reporting, inter-agency policies</td>
</tr>
<tr>
<td>• Ethical approaches that incorporate the conventions on the rights of the child, and human rights</td>
<td>• Organisational guidelines and policies for responding to risks of harm to children and young people</td>
</tr>
<tr>
<td>• Responsibilities to clearly define worker and client roles and responsibilities in regard to ethical conduct and professional relationship boundaries</td>
<td>• Duty of care responsibilities</td>
</tr>
<tr>
<td>• State/territory requirements and processes for notifying suspected abuse and reporting process</td>
<td>• Recording procedures appropriate to job role</td>
</tr>
<tr>
<td>• Child protection system: including reporting protocols, responses to reporting, inter-agency policies</td>
<td>• Common risks to child's safety</td>
</tr>
<tr>
<td>• Organisation guidelines and policies for responding to risks of harm to children and young people</td>
<td>• Indicators of the different types and dynamics of abuse including as they apply to age, gender, disability, culture, sexuality</td>
</tr>
<tr>
<td>• Duty of care responsibilities</td>
<td>• The different types of abuse: emotional, physical, sexual, neglect, domestic violence</td>
</tr>
<tr>
<td>• Ethical obligations as defined by the job specification and employing organisation</td>
<td>• Link between domestic violence and acquired brain injury</td>
</tr>
<tr>
<td>• Principles of ethical decision-making</td>
<td>• Link between domestic violence and child protection</td>
</tr>
<tr>
<td></td>
<td>• Impact of risk of harm</td>
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<tr>
<td></td>
<td>• Appropriate responses to disclosure</td>
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<td>CHCCHILD401A</td>
<td>CHCCHILD1C</td>
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<td>• Recording procedures appropriate to job role</td>
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<tr>
<td>• Indicators of the different types and dynamics of abuse including as they apply to age, gender, disability, culture, sexuality</td>
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<tr>
<td>• The different types of abuse: serious psychological, physical, sexual, neglect, domestic violence</td>
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<tr>
<td>• Impact of risk of harm</td>
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<tr>
<td>• Appropriate responses to disclosure</td>
<td></td>
</tr>
<tr>
<td>• Overview of legal system as it pertains to the job role</td>
<td></td>
</tr>
<tr>
<td>• Outline of common legal issues as relevant to work undertaken with children and young people such as:</td>
<td></td>
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<tr>
<td>- abuse in all forms</td>
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<tr>
<td>- domestic and family violence</td>
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<td>- neglect</td>
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<tr>
<td>- exploitation</td>
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<tr>
<td>- alcohol and other drugs (AOD) concerns</td>
<td></td>
</tr>
<tr>
<td>- systems abuse</td>
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</tbody>
</table>

**Essential skills:**

It is critical that the participant demonstrate the ability to:

• Provide an appropriate response to indications of risk of harm

In addition, the participant must be able to demonstrate relevant task skills; task management skills; contingency management skills and job/role environment skills.

These include the ability to:

• Apply indicators of abuse to make judgments about risks of harm
• Follow procedures and instructions

**Essential skills:**

• Applying indicators of abuse to make judgments about risks of harm
• Following procedures and instructions
• Child focused work practices including:
  a. Communication skills
  b. Awareness and sensitivity to children and young person’s needs
  c. Inclusiveness of children as clients
  d. Making special allowances to meet needs of children and young people
  e. Ways of engaging children and young people
• Observance and presence of children
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<th>CHCCHILD401A</th>
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<tr>
<td>making</td>
<td>and young people as potential clients</td>
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<tr>
<td>• Maintain professional boundaries in work with children and young people</td>
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<tr>
<td>• Provide required reports and records, including effective use of relevant information technology in line with occupational health and safety (OHS) guidelines</td>
<td></td>
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<tr>
<td>• Use child focused work practices including:</td>
<td></td>
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<tr>
<td>- communication skills</td>
<td></td>
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<tr>
<td>- awareness and sensitivity to children and young person's needs</td>
<td></td>
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<tr>
<td>- inclusiveness of children and young people in participatory decision-making process</td>
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<tr>
<td>- making special allowances to met needs of children and young people</td>
<td></td>
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<tr>
<td>- ways of engaging children and young people</td>
<td></td>
</tr>
<tr>
<td>- observance and presence of children and young people as primary clients</td>
<td></td>
</tr>
<tr>
<td>• Distinguish between legal and ethical problems</td>
<td></td>
</tr>
<tr>
<td>• Work within a legal and ethical framework</td>
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</tr>
<tr>
<td>• Apply problem solving and negotiation skills to resolve problems of a difficult nature within organisation protocols</td>
<td></td>
</tr>
</tbody>
</table>

**Range statement**

*Lawful instructions and regulation may include:*

- Restraining orders
- Supervision and custody orders
- Legislation

*Lawful instructions may include:*

- Restraining orders
- Supervision and custody orders
- Legislation

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<td>• Licensing authorities</td>
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<tr>
<td>• Organisation supervisor</td>
<td>• Organisation supervisor</td>
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<tr>
<td>• Courts of Law</td>
<td>• Courts of Law</td>
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<tr>
<td>• <strong>Police</strong></td>
<td>-</td>
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<td><strong>Child focused work practices</strong></td>
<td><strong>Child focused work practices</strong></td>
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<td>• Legislation</td>
<td>• Legislation</td>
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<td>• Policies of organisation</td>
<td>• Policies of organisation</td>
</tr>
<tr>
<td>• <strong>Client self determination</strong></td>
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<td><strong>Child protection procedures will be determined and defined by:</strong></td>
<td><strong>Child protection procedures will be determined and defined by:</strong></td>
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<tr>
<td>• The specific job role</td>
<td>• The specific job role</td>
</tr>
<tr>
<td>• Organisation procedures</td>
<td>• Organisation procedures</td>
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<td>• Inter-agency agreements</td>
<td>• Inter-agency agreements</td>
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<td>• <strong>Legislation within jurisdictions</strong></td>
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<td><strong>Response will be determined by:</strong></td>
<td><strong>Response will be determined by:</strong></td>
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<td>• Job role and will range from reporting to implementing disciplinary action</td>
<td>• Job role and will range from reporting to implementing disciplinary action</td>
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<tr>
<td><strong>Accepted standards include:</strong></td>
<td><strong>Accepted standards include:</strong></td>
</tr>
<tr>
<td>• State co-ordinating bodies</td>
<td>• State co-ordinating bodies</td>
</tr>
<tr>
<td>• Inter-agency agreements and guidelines</td>
<td>• Inter-agency agreements and guidelines</td>
</tr>
<tr>
<td>• Protocols defined in legislation</td>
<td>• Protocols defined in legislation</td>
</tr>
<tr>
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<td>• Organisational procedures</td>
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<td>• <strong>Codes of ethics</strong></td>
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<td>• <strong>Practice standards</strong></td>
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<td>• Licensing</td>
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<td>• Accreditation standards</td>
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<td><strong>The appropriate person to report suspected risk of harm will vary according to the legislation in the State/Territory and organisation policies. The person may be:</strong></td>
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<td>• <strong>Individual worker</strong></td>
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Critical Aspects

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

Critical Aspects, context of assessment and consistency in performance:

- Providing an appropriate response to indications of risk of harm.
- Assessment could occur both in the workplace and in off-the-job learning contexts through methods that present workplace practice situations, using case studies, simulations etc.
- In cases where the learner does not have the opportunity to cover all categories of the Range Statement in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on ‘What if?’ scenarios.
- Assessment of this unit of competence will usually include observation of processes and procedures, oral and/or written questioning on essential knowledge and skills and consideration of required attitudes.
- Competence in this unit must be assessed over a period of time in order to ensure consistency of performance over the Range Statement and contexts applicable to the work environment.
- Consistency in performance should consider the work environment, worker’s role and responsibilities in the workplace.

- Access and equity considerations
- All workers in community services should be aware of access, equity
### CHCCHILD401A

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

### CHCCHILD1C

Context of and specific resources for assessment:
- This unit can be assessed independently, however holistic assessment practice with other community services units of competency is encouraged
- Resources required for assessment include access to an appropriate workplace where assessment can be conducted or simulation of realistic workplace setting for assessment.

Method of assessment
- In cases where the learner does not have the opportunity to cover all relevant aspects in the work

Context of assessment:
- Assessment could occur both in the workplace and in off-the-job learning contexts through methods that present workplace practice situations, using case studies, simulations etc.
- In cases where the learner does not have the opportunity to cover all categories of the Range Statement in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on 'What if?' scenarios
- Assessment of this unit of competence will usually include observation of processes and procedures, oral and/or written questioning on essential knowledge and skills and consideration of required attitudes
Assessment of this unit of competence will usually include observation of processes and procedures, oral and/or written questioning on Essential knowledge and skills and consideration of required attitudes.
Appendix 3 - Assessment tasks

Assessment guidelines

Students enrolled with approved Registered Training Organisations can be formally assessed against the CHC08CHc08 Community Services Training Package unit of competency CHCCHILD401A Identify and respond to children and young people at risk.

The assessment for this unit of competency is designed to give students the opportunity to demonstrate competence in:

- implementing work practices which support the protection of children and young people
- reporting indications of possible risk
- applying ethical and nurturing practices in work with children and young people

Participants should also be offered opportunity for recognition of prior learning and current competency.

Assessment requirements

There are three different assessment activities that must be completed to achieve competency.

Students must select one case scenario from the following scenarios.

1. Jessica and Paul  
2. Honesto  
3. Crystal, Hope, Dominic and Tye.

Using the case scenario selected from above students must complete the following two activities:

- **Activity One** - Responding to child disclosure
  - questions and answers
- **Activity Two** - Reporting responsibilities
  - questions and answers.

The final activity is a set of questions and answers:

- **Activity Three** - Organisational requirements
  - questions and answers.
Activity One: Responding to child disclosure

Participant instructions

- Please select one scenario from the three scenarios provided.
- Clearly identify the number of the scenario you have chosen at the top of your answer sheet or audio reading.
- Read the scenario and answer the following questions.
- Your responses may be audio taped or presented in a written format.
- Written responses should be approximately 600 - 800 words in length.
- The written responses may be presented in narrative or bullet point format.

You are required to respond in accordance with:

- Child focused practice principles
- Your organisation’s child protection policies and procedures
- The Children and Young Persons (Care and Protection) Act (1998)
- The NSW Inter-agency Guidelines for Child Protection Intervention (2006)
Activity One: Responding to child disclosure

Chose one of the following scenarios and answer the questions below.

1. Describe your communication with the child/ren and cover the following areas:
   - What would your age appropriate questions and verbal responses be to the child?
   - What would your appropriate non-verbal responses be to the child?
   - What are the key elements to consider if responding to a child’s disclosure?

2. What child-focused work practices would you use to respond and support the child emotionally?

3. Based on your areas of concern, select the main decision tree from the NSW Mandatory Reporter Manual (2009) that most closely matches the concern(s) you have to help you make a decision.
   - If decision point is “Report to CS” or “CWU”:
     - describe the specific circumstances that supported your “Yes” or “No” responses on the decision tree(s).
     - to whom and to what would you report to?
     - what child focused practices should be implemented prior to making the report?
   - If decision point is “Referrals”
     - what services could you refer the family and/or child/ren to for support?
   - If decision point is “Document and continue relationship”
     - based on your organisation’s policies what strategies would you implement for the ongoing monitoring and support of the family and child/ren?
Case Scenario One, Part A - Jessica and Paul

Client demographics and background

Rebecca (twenty one years old) is an Australian born woman who has been in a de facto-relationship for the past five years with Mark, (thirty nine years old). They have two children together Jessica (four years old) and Paul (eighteen months old).

Neither has had paid employment throughout the relationship and both are dependent on Centrelink benefits. They live in public housing and Rebecca is reliant on public transport to access services. Mark has a lengthy criminal record that encompasses break and enter, aggravated assault, and car theft and fraud.

There has been a history of ongoing domestic violence including psychological, economical and physical abuse and excessive alcohol and drug use which has resulted in regular police intervention. Rebecca has stayed at the Yamma Women’s Refuge on a number of occasions over the past five years, however has chosen to return to Mark after short periods.

Rebecca’s parents, second generation Australians, are devout Christians and are deeply opposed to the de facto-relationship. However, her parents and older siblings have offered Rebecca ongoing practical support, in the form of food and clothing for the children. At the insistence of Mark, Rebecca has dramatically reduced contact with all of her previous friends and her relationship with her parents and siblings has disintegrated to a point where Rebecca is completely isolated from her family.

Employment context

You are employed as a Family Worker at the Mayside Family Support Service and are familiar with Rebecca and her circumstances. Over the past two years you have provided Rebecca with short term episodic case management, financial assistance and encouraged her to attend activities the service provides.

Three weeks after her last visit Rebecca attends the young Mothers Playgroup with both Jessica and Paul. You notice that Rebecca is moving very cautiously and carefully and despite the very hot day is dressed in clothing that covers her arms and legs. In addition, she is very concerned that she has been away from home all morning and your conversations have been interrupted numerous times by text messages from Mark demanding to know where Rebecca is.
Case Scenario One, Part A - Jessica and Paul (Continued)

Worker observations and concerns

Whilst Rebecca attends to the basic needs of her children she has limited interaction with them and often tries to divert any affection and attention they show towards her. You notice that Jessica (four years old) is unusually quiet and withdrawn and shows separation anxiety when her mother moves from her line of vision. You try to initiate a conversation with Jessica whilst playing with building blocks, an activity that she now shows little interest in, despite having previously always enjoyed it.

You have developed a good relationship with Jessica and in the past you have had open and positive interactive conversations with her. Today she is very quiet and it takes some time for Jessica to participate in conversation. Jessica discloses that her Mum is always crying at home, there is never any food for Mum to cook and that she always falls over and has bruises on her face and body.

You are concerned that Jessica is exhibiting emotions and behaviours that could indicate that the child is affected by exposure to chronic domestic violence. You openly discuss these concerns with Rebecca whom acknowledges that there has been domestic violence in her relationship however strongly denies that the children are directly exposed to the violence or that their safety is at risk. Despite reservations about how Mark will react. Rebecca is willing to engage with any services that can provide her family with support and has agreed to meet with you next week.
Case Scenario Two, Part A - Honesto

Client demographics and background
Juan (forty-eight years old) and Jocelyn (forty-three years old) both born in Spain migrated to Australia twenty five years ago. They have three children, all born in Australia, Isabel (twenty-three years old) who is now married and living interstate, Pedro (twenty-one years old) who is living independently and attending university and Honesto (ten10 years old).

The couple have recently separated and have filed for divorce. Both parents have agreed to joint custody of Honesto and he resides with his mother Jocelyn during the week and spends weekends with his father Juan. The family are financially secure and Juan is a successful businessman with his own import and export business which requires regular trips overseas. Jocelyn works part-time at the local preschool and volunteers in the community. They own a number of houses, rental properties and business premises. Both parents are now housed in separate homes, which are located within easy walking distance.

Despite having few relatives living in Australia the family has developed strong social networks and is considered upstanding members of the community. As Roman Apostolic Catholics all members of the family regularly attend church and actively participate in religious activities. Honesto attends a private Catholic School and attends scripture classes several times a week.

Employment context
You are employed as a School Counsellor providing services to students that address educational, social, emotional and behavioural needs. You are approached by Mr. Berry, a school scripture teacher who is concerned with the way Honesto has recently been acting in lessons. Mr. Berry explains that Honesto has been withdrawn in class and appears to be nervous whenever he is near him. Mr. Berry has asked Honesto if there is anything wrong and he refused to participate in the conversation. He reports that Honesto had drawn a number of pictures during group activities that depict young naked adults engaged in sexual activities. He asked Honesto to tell him about his drawing and Honesto responded by folding the drawings up and placing them in his bag.
**Case Scenario Three, Part A – Crystal, Hope, Dominic and Tye**

**Client demographics and background**

Dianna, of Aboriginal descent (thirty years old) grew up in a dysfunctional family. Her father abandoned her mother and Dianna’s five siblings when she was very young. Dianna, as the eldest was responsible for raising her younger siblings and took on a mothering role at a very young age.

Dianna left home at sixteen and now has four children, two girls Crystal (twelve years old) and Hope (eleven years old), both fathered by Jason, Australian born (twenty eight years old). Dianna and Jason separated when Hope was three years old and he now lives interstate and has no contact with Dianna or either of the girls.

Dianna then had two boys Dominic (nine years old) and Tye (six years old) fathered by Thomas of Aboriginal descent (twenty nine years old). Dianna and Thomas have been in a defacto-relationship for approximately ten years and during this time it has not been uncommon for Thomas to leave the family home for months at a time, often with little or no notice and visit extended family members across the country.

**Case Scenario Two Part A – Honesto (continued)**

**Worker observations and concerns**

During the lunch break you seek out Honesto and ask him to come and see you. You explain to Honesto that Mr. Berry has been worried about him and you ask if there is anything Honesto would like to talk to you about. Honesto strongly denies that there is anything that is worrying or upsetting him, apart from the recent separation of his parents. During this discussion Honesto keeps his eyes diverted from yours and continually fidgets on his seat.

You do not think that Honesto was completely honest with you during the conversation you shared. The family is well known and respected in the community and you are aware that your direct line manager is a friend of the family. You are unaware of a family history of physical abuse, neglect, sexual abuse, domestic violence, neglect or psychological harm. You understand that an interest in sex and children seeking information or pictures that explain body functions is considered ‘normal’ sexual behaviours for children of his age.
Case Scenario Three, Part A – Crystal, Hope, Dominic and Tye (continued)

Dominic has been diagnosed with Type 1 Diabetes, the inability of the pancreas to produce insulin. He requires twice daily doses of short and intermediate acting insulin injected into the skin of the abdomen before breakfast and before his evening meal. Dominic and his oldest sister have been taught how to measure his blood sugar levels and inject his insulin, which needs to be kept cold in the refrigerator.

Seven years ago Dianna was diagnosed with Bipolar 1 Disorder, mainly defined by manic or mixed episodes that last at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. It is not unusual for Dianna to have shifts in mood, energy, activity levels and a diminished capacity to carry out day-to-day tasks. As bipolar disorder is a lifelong and recurrent illness, Dianna needs long-term treatment to maintain control of her symptoms. Her maintenance treatment plan includes medication and psychotherapy for preventing relapse and reducing symptom severity.

Dianna and her children live in Aboriginal housing and are located several hours away from their nearest relatives. At times Dianna is non-compliant with her medication regime, which generally corresponds to Thomas’s absences. This results in huge burdens being placed on her children who experience emotional distress, such as guilt, grief and worry, disruptions in their regular routine and confusion in regards to Dianna’s bizarre and/or reckless behaviour. Crystal, the eldest child, takes on the mothering role to her siblings during these periods and assumes a level of responsibility that would normally be expected of an adult.

Employment context

As a mental health professional you have been providing intensive case management to Dianna for the past eighteen months after receiving a referral from her local General Practitioner. During this period you have developed a therapeutic relationship with Dianna and her children and created a climate by which you hope to engage with, and effect change for the family. In addition, there are a number of services providing support to the family including a respite care service, home and community care service and a Diabetic Nurse Practitioner.

Your scheduled fortnightly meeting with Dianna takes place and she informs you that Thomas had left to visit family in western NSW. Crystal joins the conversation and you voice your concerns, due to past experiences, that Dianna may refuse to take her prescribed medications. Dianna denies that this will happen and she quickly promises Crystal that she will keep taking her medication.
Case Scenario Three, Part A – Crystal, Hope, Dominic and Tye
(continued)

From your past interactions with the family you know that responsibility will rest with Crystal to take on the caring role if Dianna stops taking her medications. You know from your professional experiences that caring responsibilities can significantly impact upon a child’s health and development and has already resulted in Crystal having a high level of absenteeism from school, physical ill health and being socially isolated from children of her age. In addition, further pressure is placed on Crystal to manage and monitor Dominic’s diabetes.
Activity Two: Reporting responsibilities

Participant instructions

• Select the same scenario you used for activity one.
• Read the additional information provided in Part B of the scenario and answer the following questions.
• Your responses may be audio taped or presented in written format.
• Written responses should be approximately 600 - 800 words in length.
• The written responses may be presented in narrative or bullet point format.

You are required to respond in accordance with:

• Child focused practice principles
• Your organisation’s child protection policies and procedures
• The Children and Young Persons (Care and Protection) Act (1998)
• The NSW Inter-agency Guidelines for Child Protection Intervention (2006)
• NSW Mandatory Reporter Manual (2009)
Activity Two: Reporting responsibilities

1. Due to the changes in the child/ren’s circumstances, you now have additional areas of concern. Select the main decision tree from the NSW Mandatory Reporter Manual (2009) that most closely matches the concern(s) you have to help you make a decision.

   - If decision point is “Report to CS” or “CWS”:
     - describe the specific circumstances that supported your “Yes” or “No” responses on the decision tree(s).
     - to whom and to what would you would the report to?
     - what child focused practices should be implemented prior to making the report?
   
   - If decision point is “Referrals”
     - what services could you refer the family and/or child/ren to for support?

   - If decision point is “Document and continue relationship”
     - based on your organisation’s policies what strategies would you implement for the ongoing monitoring and support of the child and family.

2. What record keeping and documentation would be necessary in this situation?

3. What are the indicators for potential ethical concerns in your chosen scenario? How might you respond to this concern and from whom in your organisation could you seek supervision and support?

4. What government and non-government services could support this family?

5. What strategies would you put in place to protect the rights of the child and to maintain your professional relationship and duty of care with the child/ren?
Case Scenario One, Part B – Jessica and Paul

Changing circumstances

Rebecca fails to turn up to the meeting scheduled last week increasing your concerns for the safety of Rebecca and her children. You have tried to contact Rebecca on her mobile two to three times a day for the past three days without any success.

After expressing your growing concerns with your Manager you undertake a home visit, accompanied by another worker for safety reasons. The door is answered by Jessica who is in pyjamas, despite being late in the afternoon and she appears to have lost weight since you last saw her. Jessica vaguely recognises you and despite previously demonstrating a broad vocabulary she responds to your questions in a way that suggests her language skills have regressed.

When you enter the house you notice that Paul is sleeping under the lounge. There is a large number of empty alcohol bottles scattered around the room, overfilling ashtrays and that some of the furniture is upturned and even broken.

Jessica takes you into the kitchen where Rebecca is sitting with her head on the table. When she looks up you notice that she has a swollen black eye, a dried bloody nose and a split lip. You offer to take Rebecca to a Doctor or hospital and she immediately tells you to get out of the house, that Mark will be home any minute and if he finds out that she was talking to ‘welfare’ that her and the children will suffer.

You are in a dilemma, torn between a desire to immediately ensure the safety of Rebecca and her children but aware that you have been told to leave the house and that by raising your concerns you may place the children at a greater risk of harm.
**Case Scenario Two, Part B – Honesto**

**Changing circumstances**

During the next weekly staff meeting Honesto’s changing behaviour is raised by his teacher. Ms Smyth comments that there has been a drop in his academic performance and he has dramatically reduced his participation in school and social activities. Other teachers also comment that in the playground he has a pre-occupation with sex play and recently has explicitly described sexual acts to other children.

You organise a meeting with Honesto that afternoon and after a short time he begins to cry and clearly tells you his father has been making him look at rude photos of young children on his computer and this makes him feel uncomfortable. Honesto also tells you that when he stays with his father on weekends his father makes him sit on his lap and watch dirty sex movies with him.

**Case Scenario Three, Part B – Crystal, Hope, Dominic and Tye**

**Changing circumstances**

As arranged, you visit Dianna and her children the following week. When you arrive you find the front door wide open and no sign of Dianna. Crystal comes to the door and you notice that she looks extremely tired and anxious. Crystal invites you in and explains that her mother isn’t here and that she is looking after her siblings, none of whom have been to school for the past week.

Upon further discussion and investigation you find that Dianna stopped taking her medications, that she hasn’t been home for over three days, there is very little food in the house and Dominic’s supply of insulin is very low. Crystal explains that she has been trying to contact an auntie to come and stay with them however her aunt’s phone has been disconnected. Crystal becomes very agitated and begs you not to tell. She believes that she will be held responsible by her mother and siblings if the family is reported.
Activity Three: Organisational requirements

Participant instructions

- Read and answer the following questions.
- Your responses may be audio taped or presented in written format.
- Written responses should be approximately 600 - 800 words in length.
- The written responses may be presented in narrative or bullet point format.

You are required to respond in accordance with:

- Child focused practice principles
- Your organisation’s child protection policies and procedures
- The Children and Young Persons (Care and Protection) Act (1998)
- The NSW Inter-agency Guidelines for Child Protection Intervention (2006)

You will also need to include a copy of your organisation/service’s child protection policy that you used for your responses when submitting your assessment.
Activity Three: Organisational requirements

1. What are your ethical and legal responsibilities (within your work role) in regards to children and young people at risk?

2. What is your organisation’s reporting procedures for children and young people who may be at risk?

3. You have reasonable grounds to think that a child or young person may be at risk.
   - What are the key indicators of significant harm?
   - What are the impacts of risk of harm?
   - Describe the indicators of the different types and dynamics of abuse.
   - With whom would you share information about this child or young person and why?

4. What strategies would you use within your organisation, to work collaboratively with relevant agencies?

5. Provide an example of a form of unethical behaviour that may occur in the workplace and describe how you would respond to this.

6. Identify resources and activities you may access to assist you to maintain your knowledge and skills to work effectively with children and young people at risk.

Please remember to submit the child protection policy/procedure that you have used to respond to these questions.
### Appendix 4 - Mapping of assessment tasks

Mapping of the assessment tasks to the unit of competency CHCCHILD401A
Identify and respond to children and young people at risk

<table>
<thead>
<tr>
<th>CHCCHILD401A</th>
<th>Assessment Tasks</th>
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<tbody>
<tr>
<td><strong>1. Implement work practices which support the protection of children and young people</strong></td>
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<tr>
<td>1.1 Identify children and young people at risk of harm by observing signs and symptoms, asking non-invasive questions, being aware of protective issues and using child protection procedures where appropriate</td>
<td>Activity 1 Question 3&lt;br&gt;Activity 2 Question 1&lt;br&gt;Activity 3 Question 3</td>
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<tr>
<td>1.2 Respond to disclosure, information or signs and symptoms in accordance with accepted standards, techniques, and legislative obligations</td>
<td>Activity 1 Questions 1,2,3&lt;br&gt;Activity 2 Questions 1,2,3,4&lt;br&gt;Activity 3 Questions 1,2,3,4,5</td>
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<td>1.3 Comply with lawful instructions, regulations and duty of care in all work activities</td>
<td>Activity 1 Questions 1,2,3&lt;br&gt;Activity 2 Questions 1,2,3,4&lt;br&gt;Activity 3 Questions 1,2,3,4,5</td>
</tr>
<tr>
<td>1.4 Routinely employ child focused work practices to uphold the rights of children and young peoples to participate in decision-making where it is age appropriate</td>
<td>Activity 1 Questions 1,2,3&lt;br&gt;Activity 2 Question 5&lt;br&gt;Activity 3 Question 1</td>
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<tr>
<td>1.5 Employ communication and information gathering techniques with children and young people in accordance with current recognised good practice</td>
<td>Activity 1 Questions 1,2,3&lt;br&gt;Activity 2 Question 5&lt;br&gt;Activity 3 Question 1</td>
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<tr>
<td>1.6 Ensure decisions and actions taken are within own level of responsibility, work role and legislative requirements</td>
<td>Activity 1 Questions 1,2,3&lt;br&gt;Activity 2 Questions 1,2,3,4,5&lt;br&gt;Activity 3 Question 1</td>
</tr>
<tr>
<td>1.7 Maintain own knowledge and skills as required to work effectively and participate in practice supervision processes</td>
<td>Activity 1 Questions 1,2,3&lt;br&gt;Activity 2 Questions 1,2,3,4,5&lt;br&gt;Activity 3 Question 1</td>
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<td>1.8 Maintain confidentiality as appropriate</td>
<td>Activity 3 Question 3</td>
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<tr>
<td>1.9 Provide an appropriate response as determined by organisation procedures, legal and work role obligations</td>
<td>Activity 1 Questions 1,2,3&lt;br&gt;Activity 2 Questions 1,2,3,4,5&lt;br&gt;Activity 3 Questions 1,2,3,4</td>
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### CHCCHILD401A

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<th>Assessment Tasks</th>
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<tr>
<td>2. Report indications of possible risk of harm</td>
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<tr>
<td>2.1 Accurately record relevant specific and general circumstances surrounding risk of harm in accordance with organisation procedures, ethics and legal requirements</td>
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<tr>
<td>Activity 1 Question 3</td>
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<td>Activity 2 Question 2</td>
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<td>Activity 3 Questions 1, 2</td>
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<tr>
<td>2.2 Promptly report risk of harm indicators accordance with statutory and organisation procedures</td>
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<td>Activity 1 Question 3</td>
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<tr>
<td>Activity 2 Questions 1, 2, 4</td>
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<tr>
<td>Activity 3 Questions 1, 2, 4</td>
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<tr>
<td>2.3 Work collaboratively with relevant agencies to ensure maximum effectiveness of report</td>
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<td>Activity 2 Question 4</td>
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<td>Activity 3 Question 4</td>
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<tr>
<td>3. Apply ethical and nurturing practices in work with children and young people</td>
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<td>3.1 Protect the rights of children and young people in the provision of services</td>
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<td>Activity 2 Question 5</td>
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<tr>
<td>3.2 Identify and seek supervision support for issues of ethical concern in practice with children and young people</td>
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<td>Activity 2 Question 3</td>
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<tr>
<td>3.3 Develop ethical and nurturing practices in accordance with professional boundaries when working with children and young people</td>
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<td>Activity 1 Questions 1, 2, 3</td>
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<td>Activity 2 Question 5</td>
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<tr>
<td>3.4 Recognise indicators for potential ethical concerns when working with children and young people</td>
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<td>Activity 2 Question 3</td>
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<tr>
<td>3.5 Respond to unethical behaviour of others by reporting to the appropriate person</td>
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<td>Activity 3 Question 5</td>
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### Essential Knowledge

- Statutory and policy requirements relating to job role
  - Activity 3 Question 1
- Ethical obligations as stated in relevant codes of practice, licensing, accreditation registration to professional bodies, service agreements
  - Activity 2 Question 3
  - Activity 3 Question 5
- Ethical approaches that incorporate the conventions on the rights of the child, and human rights
  - Activity 1 Questions 1, 2, 3
  - Activity 2 Question 5
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<tr>
<th>CHCCHILD401A</th>
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<tr>
<td>• Responsibilities to clearly define worker and client roles and responsibilities in regard to ethical conduct and professional relationship boundaries</td>
<td>Activity 1 Questions 1,2,3  Activity 2 Question 5</td>
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<tr>
<td>• State/territory requirements and processes for notifying suspected abuse and reporting process</td>
<td>Activity 1 Questions 1,2,3  Activity 2 Questions 1,2,3,4,5  Activity 3 Questions 1,2,3,4</td>
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<tr>
<td>• Child protection system: including reporting protocols, responses to reporting, inter-agency policies</td>
<td>Activity 1 Questions 1,2,3  Activity 2 Questions 1,2,3,4,5  Activity 3 Questions 1,2,3,4,5</td>
</tr>
<tr>
<td>• Organisation guidelines and policies for responding to risks of harm to children and young people</td>
<td>Activity 3 Questions 1,2</td>
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<tr>
<td>• Duty of care responsibilities</td>
<td>Activity 2 Question 5  Activity 3 Question 1</td>
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<tr>
<td>• Ethical obligations as defined by the job specification and employing organisation</td>
<td>Activity 3 Questions 1,2</td>
</tr>
<tr>
<td>• Principles of ethical decision-making</td>
<td>Activity 2 Question 3  Activity 3 Question 5</td>
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<tr>
<td>• Recording procedures appropriate to job role</td>
<td>Activity 1 Question 3  Activity 2 Questions 1,2  Activity 3 Questions 1,2</td>
</tr>
<tr>
<td>• Common risks to child’s safety</td>
<td>Activity 1 Question 3  Activity 2 Question 1  Activity 3 Question 3</td>
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<tr>
<td>• Indicators of the different types and dynamics of abuse including as they apply to age, gender, disability, culture, sexuality</td>
<td>Activity 3 Question 3</td>
</tr>
<tr>
<td>• The different types of abuse: serious psychological, physical, sexual, neglect, domestic violence</td>
<td>Activity 3 Question 3</td>
</tr>
<tr>
<td>• Impact of risk of harm</td>
<td>Activity 3 Question 3</td>
</tr>
<tr>
<td>• Appropriate responses to disclosure</td>
<td>Activity 1 Questions 1,2,3</td>
</tr>
<tr>
<td>• Overview of legal system as it pertains to the job role</td>
<td>Activity 3 Question 1</td>
</tr>
<tr>
<td>• Outline of common legal issues as relevant to work undertaken with children and young people such as:</td>
<td>Activity 3 Question 1</td>
</tr>
</tbody>
</table>
### CHCCHILD401A – Assessment Tasks

<table>
<thead>
<tr>
<th>Essential skills</th>
<th>Activity 1 Questions 1,2,3</th>
<th>Activity 2 Questions 1,2,3,4,5</th>
<th>Activity 3 Questions 1,2,3,4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide an appropriate response to indications of risk of harm</td>
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<tr>
<td>Apply indicators of abuse to make judgments about risks of harm</td>
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<tr>
<td>Follow procedures and instructions</td>
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<tr>
<td>Apply principles of ethical decision-making</td>
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<tr>
<td>Maintain professional boundaries in work with children and young people</td>
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<tr>
<td>Provide required reports and records, including effective use of relevant information technology in line with occupational health and safety (OHS) guidelines</td>
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<tr>
<td>Use child focused work practices including:</td>
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<tr>
<td>- communication skills</td>
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<tr>
<td>- awareness and sensitivity to children and young person's needs</td>
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<tr>
<td>- inclusiveness of children and young people in participatory decision-making process</td>
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<tr>
<td>- making special allowances to met needs of children and young people</td>
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<tr>
<td>- ways of engaging children and young people</td>
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<tr>
<td>- observance and presence of children and young people as primary clients</td>
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<tr>
<td>Distinguish between legal and ethical problems</td>
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<tr>
<td>Work within a legal and ethical framework</td>
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<tr>
<td>CHCCHILD401A</td>
<td>Assessment Tasks</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>• Apply problem solving and negotiation skills</td>
<td>Activity 2 Questions 3,5</td>
<td></td>
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<tr>
<td>to resolve problems of a difficult nature</td>
<td>Activity 3 Questions 1</td>
<td></td>
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<tr>
<td>within organisation protocols</td>
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</tr>
</tbody>
</table>
References and websites


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


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


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


NSW Ombudsman (2004) *Child Protection in the Workplace*

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


**Non-Government Organisations**

Aboriginal Child, Family and Community Care: www.absec.org.au

Child and Family Welfare Association: www.cafwaa.org.au

Council of Social Services of NSW: www.ncoss.org.au

Create: www.create.org.au

Foster Care Association: www.fcansw.org.au

Foster Parents Support Networks: www.fosterparentsupportnetwork.org.au

NSW Family Services: www.nswfamilyservices.asn.au

The Youth Accommodation Association: www.yaa.com.au

Youth Action and Policy Association: www.yapa.org.au

**NSW Government**

Better Service Delivery Program: www.hsnet.nsw.gov.au

Community Builders: www.communitybuilders.nsw.gov.au

Department of Ageing, Disability and Home Care: www.dadhc.nsw.gov.au

Division of Community Services: www.community.nsw.gov.au


NSW Commission for Children and Young People: www.kids.nsw.gov.au

NSW Ombudsman: www.ombo.nsw.gov.au

NSW Parenting Centre: www.community.nsw.gov.au

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