Reporting Child Protection Concerns Policy No. 1.2
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APPROVED BY Bill Wright, Bishop of Maitland-Newcastle

Signature:

RELATED POLICIES Investigations Policy (Version 1.3)

RELATED FORMS 1. DCPU Child Protection Concerns Report (V. 1.0)
2. DCPU Intake Form (Version 1.5)

SPONSOR Sean Tynan, Manager Zimmerman Services

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1. **Aim**

This policy sets out the expectations and methodology for all members of the Diocese of Maitland-Newcastle (‘the Diocese’) and their supervisors, to report child protection concerns.

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2. **Rationale**

The Catholic Church in Australia has made an unambiguous commitment to promoting the protection of children. NSW legislation and Church regulations set out a range of personal, professional and organizational requirements for the promotion of child protection, reporting concerns and conducting investigations. The Diocese of Maitland-Newcastle has a legal and moral obligation to promote the protection of children from abuse or neglect.

One of the cornerstones of protecting children is to report concerns relating to their safety, welfare or well being. There is a complex interrelationship in NSW between child protection concerns and matters that may require reporting to (and investigation by) external statutory authorities and internal Diocesan programmes.

The Diocesan Child Protection Unit (DCPU) was established by Bishop Malone and continued by Bishop Wright, to act as a specialist resource for the Diocese. The DCPU will assist Diocesan members in meeting their reporting obligations and ensure that there is an appropriate record kept of any concerns raised. The DCPU works with statutory authorities including the NSW Ombudsman, the NSW Police Force and the Department of Human Services – Community Services (previously DoCS).

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3. **Application**

This policy applies to the following:

- Catholic Schools Office
- CatholicCare Social Services
- Parishes
- Chancery

The following members of the Diocese are required to read and understand this policy:

- Clergy and Religious
- Contractors (including consultants under contract to the Diocese)
- Students and trainees
- Visitors
- Volunteers (including authorised carers)
- Wage and salaried employees

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4. Definitions

An **Appropriate Person** is a term used to describe a range of persons within the Diocese, who have management or oversight responsibility and who may be contacted by a member of the Diocese to report child protection concerns. An appropriate person may include their supervisor’s manager or other senior management within their Service (i.e. Catholic Schools Office, CatholicCare Social Services or Chancery). For Parishes, an appropriate person would include an Associate Pastor, the Regional Moderator or Dean. An appropriate person is an alternate person to report to when a member of the Diocese’s supervisor is unavailable.

**Abuse** is a highly complex concept. **Appendix A Indicators of Abuse and Neglect**, provides a detailed description of abuse types and the related indicators that may make a member of the Diocese suspect that a child is the victim of abusive care and may be at risk of significant harm.

**Child** refers to persons under the age of 18 years. Under the Children and Young Persons (Care and Protection) Act 1998, there is a differentiation between children (0-15 yrs) and young people (16-17 yrs). However, the Crimes Act 1900, the Ombudsman Act 1974 and the Child Protection (Working with Children) Act 2012 all define children as any persons under 18 years of age.

**Child protection concern** is a term used to capture a wide range of possible concerns held by members of the Diocese for the safety, welfare and well being of children. Child protection concerns include those matters that:

- would constitute risks of significant harm; or
- do not meet the threshold for significant harm but where a Diocesan member has anxiety, concern or fears for one or more children;
- may constitute reportable conduct under the NSW Ombudsman’s Act 1974;
- may involve a crime against a child or class of children;
- may constitute a breach of Integrity in Ministry, when considering clerical and religious; or
- may constitute a breach of Integrity in the Service of the Church, when considering lay people.

**Child-related work** includes paid or volunteer persons whose work involves face-to-face contact with children in:

- Child development and family welfare services
- Child protection
- Children’s health services
- Clubs or other bodies providing services for children
- Disability services
- Early education and child care
- Education
- Entertainment for children
- Justice centres
- Religious services
- Residential services
- Transport services for children
- Youth workers
People who are deemed to be in child-related work must have a working with children check clearance.

Most of the activities carried out within the Diocese would be considered child-related work. Part 2 of the Child Protection (Working with Children) Regulation 2013 defines child-related work in detail. The Office of the Children’s Guardian has an on-line quiz to assist people in determining whether they are in child-related work and require a working with children check clearance:


The Diocese of Maitland-Newcastle is inclusive of all parishes, services, programmes and agencies that are under the authority of the Bishop of Maitland-Newcastle. The Bishop takes his authority from Canon Law (cannons 375-402) and his status as ‘head of agency’ from clause 6 of the Ombudsman Regulation 2011.

The Diocese is not wholly geographic in nature. There are elements of the Catholic Church operating within the geographical boundaries of the Diocese that do not fall under the authority of the Bishop, do not have him as ‘head of agency’ and are not a part of the Diocese of Maitland-Newcastle.

A Mandatory Reporter is:

- a person who, in the course of his or her professional work or other paid employment delivers health care, welfare, education, children’s services, residential services, or law enforcement, wholly or partly, to children; and
- a person who holds a management position in an organisation the duties of which include direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children’s services, residential services, or law enforcement, wholly or partly, to children.

The Mandatory Reporters’ Guide (MRG) is an on-line tool used to assist mandatory reporters to determine whether or not a report to the Child Protection Helpline is appropriate under the new risk of significant harm reporting threshold. The MRG is intended to complement rather than replace critical thinking and does not prohibit a mandatory reporter from any course of action that they believe appropriate.


A Member of the Diocese means any person engaged with the Diocese of Maitland-Newcastle, including:

- persons employed by the Diocese under an award or contract,
- performance of work as a self-employed person,
- volunteers,
- persons undertaking practical training as part of an educational or vocational course,
• clergy incardinated to the Diocese of Maitland-Newcastle or providing ministry as an agent of the Diocese (e.g. providing ‘relief’ for an absent priest),
• members of a religious congregations working for or providing ministry on behalf of the Diocese of Maitland-Newcastle, or
• authorised (foster) carers or relative or kinship carers, within the meaning of the Children and Young Persons (Care and Protection) Act 1998.

A member of the Diocese is inclusive of the definitions of ‘child-related work’ (ss.6-7) Child Protection (Working with Children) Act 2012, an ‘employee of an agency’ (s.25A) Ombudsman Act 1974 and ‘Church personnel’ (p.3) Towards Healing 2010.

A **Reportable Allegation** means an allegation of reportable conduct or a reportable conviction against a member of the Diocese or an allegation of misconduct that may involve reportable conduct.

**Reportable Conduct** is:

(a) any sexual offence, or sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence), or
(b) any assault, ill-treatment or neglect of a child, or
(c) any behaviour that causes psychological harm to a child,

A **Reportable Conviction** is defined in s.25A of the Ombudsman Act as a conviction (including a finding of guilt without the court proceeding to a conviction), in this State or elsewhere, of an offence involving reportable conduct.

In effect, this translate to Chapter 14 of the Children and Young Persons (Care and Protection) Act 1998 (**Offences involving children and young persons**) and specific sections of the Crimes Act 1900, including but not limited to:

• Division 10 of Part 3: Offences in the nature of rape, offences relating to other acts of sexual assault etc.
• Division 14 of Part 3: Child prostitution
• Division 15A of Part 3: Child abuse material

A child is at **Risk of Significant Harm** if current concerns exist for the safety, welfare or well-being of the child because of the presence, to a significant extent, of any one or more of the following circumstances:

(a) the child’s basic physical or psychological needs are not being met or are at risk of not being met,

(b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care,
(b1) In the case of a child who is required to attend school in accordance with the Education Act 1990—the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive an education in accordance with that Act,

(c) the child has been, or is at risk of being, physically or sexually abused or ill-treated,

(d) the child is 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,

(e) a parent or other caregiver has behaved in such a way towards the child that the child has suffered or is at risk of suffering serious psychological harm,

(f) the child was the subject of a pre-natal report under section 25 and the birth mother of the child did not engage successfully with support services to eliminate, or minimise to the lowest level reasonably practical, the risk factors that gave rise to the report.

Risk of significant harm may occur from a single act or omission or to a series of acts or omissions.

The meaning of Significant in the phrase ‘to a significant extent’ is that which is sufficiently serious to warrant a response by a statutory authority irrespective of a family’s consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child’s safety, welfare or well being.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child after the child’s birth. Significance can result from a single act or omission or an accumulation of these.

The functional meaning of ‘risk of significant harm’ will be achieved through the application of the Department of Family and Community Services’ (Community Services) structured decision making tool, the MRG.

**Senior management** means a supervisor who oversights other management roles and would include:

- in the Chancery – Vice Chancellors and Chancellor;
- in Catholic Schools Office – the Director of Schools, Assistant Directors of Schools and Heads of Services;
- in Catholic Systemic Schools – Principals; and
- in CatholicCare Social Services – Director of Services, Operations and Regional Managers.

For parishes, the Parish Priest may use his discretion to determine whether the relevant Dean, Vicar General or other member of the Chancery should be informed as a senior manager.
A **serious indictable offence** is defined in the NSW Crime Act 40/1900 as any indictable offence that is punishable to imprisonment for life or to a term of 5 years or more. A detailed list of the crimes that constitute serious indictable offences is available in Appendix D of the Diocese’s *Investigations Policy*.

A **Service** refers to the principle internal administrative structures within the Diocese of Maitland-Newcastle and may also be recognised as distinct organisations under civil or canon law. There are three services within the Diocese:

- Catholic Schools Office for the Diocese of Maitland-Newcastle is ascribed the primary role of supporting and leading the Catholic systemic schools within the Diocese, answerable to the Director of Schools or delegates.
- CatholicCare Social Services and all programme and service outlets that are answerable to the Director of CatholicCare Social Services or delegates.
- The Chancery and all departments answerable to the Bishop of Maitland-Newcastle or delegates.

Each parish is a unique entity, as articulated in Canon 515(3) and where referenced, will be referred to in the collective ‘parishes’.

A **Supervisor** means a member of the Diocese who is in a position of direct authority over another Diocesan member. Direct authority means the supervisor has the ability to assign work to, or direct a member of the Diocese’s work activities, or they have administrative responsibility for the member of the Diocese in such matters as certifying timesheets (where applicable), approving leave or providing supervision.

Supervisory roles within the Diocese include:

- in Parishes – the Parish Priest, Administrator, Moderator or Pastoral Coordinator;
- in the Chancery – the Bishop, Vicar General, Chancellor, Vice Chancellors, directors or managers of service;
- in Catholic Schools Office – the Director of Schools, Assistant Directors or Heads of Service (e.g. Religious Education and Spirituality, Teaching and Learning, Financial or Employee);
- in Catholic Systemic Schools – the Principal, Assistant Principals, or service coordinators (e.g. Ministry, Religious Education, Study or Primary); and
- in CatholicCare Social Services – the Chief Executive Officer, Directors of Service, Programme Managers, service or site managers.
5. Procedure for Members of the Diocese to Report Child Protection Concerns

Members of the Diocese will maintain an appropriate ongoing professional dialogue with their supervisor in relation to all relevant work matters, including working with children.

A member of the Diocese will always endeavour to secure the safety of a child or class of children as the paramount priority. Refer to section 7 for grounds to contact 000 Emergency Services.

It is a member of the Diocese’s responsibility to report child protection concerns to their supervisor. There is a quick reference guide to reporting available for members of the Diocese to use (refer quick guide No.1).

For members of the Diocese who are not mandatory reporters, the determination of what child protection concerns constitute risk of significant harm, must be made in conjunction with the member’s supervisor or in consultation with the Diocesan Child Protection Unit (DCPU).

All members of the Diocese can discuss their child protection concerns directly with the DCPU, to seek advice, guidance and support in addressing their concerns. The DCPU is contactable by phone during office hours, (4979 1390).

Depending on the nature of the child protection concerns, a member of the Diocese (or their supervisor) must report their concerns based on the following timeframes:

1. If a child, class of children or other persons, face an urgent, time critical, life threatening situation or other emergency, contact 000 immediately (refer section 7) and then advise the relevant supervisor as a matter of urgency. The importance of contacting emergency services precedes all other reporting obligations.

2. It is determined that a child or class of children may be at high or imminent risk of significant harm, (refer Appendix C), contact the Community Services Helpline immediately by phone (133 627 or 132 111).

3. It is determined that a child or class of children may be at risk of significant harm, contact the relevant supervisor and the Community Services Helpline by phone or in writing by e-reporting or fax (9633 7666), within 24 hours.

4. For any other child protection concerns, report to the relevant supervisor either verbally or in writing, within 24 hours.

Reporting child protection concerns may be done either verbally or in writing.

A verbal report may be in person or by phone. However, the member of the Diocese must speak directly to their supervisor and confirm that the supervisor is fully aware of the issues. Leaving a message, either with a third party (e.g. administrative assistant) or on an
answering service does not constitute making a report. Employees must follow-up with further attempts at direct verbal contact or prepare a written report.

It is prudent for the member of the diocese who is verbally reporting their child protection concerns, to make a written note of their verbal report. A case note, diary entry or other form of private written record will suffice.

A written report can be made using the Community Services’ Risk of Significant Harm (ROSH) Report (available on-line at the Community Services website or through the DCPU). If the member of the Diocese believes that the concerns that they hold constitutes a risk of significant harm, then the ROSH Report should be used. The Community Services Helpline requires that their form is completed if a written report is to be made to the Helpline. Refer to section 6 for additional reporting procedure for members of the diocese who are also mandatory reporters.

Alternatively, Appendix D provides a relatively easy reporting template that could be used by Diocesan programmes, where the ROSH Report was made verbally to the Helpline or the concerns do not constitute ROSH.

Do not complete multiple forms, duplication is unnecessary.

A verbal or written report should contain adequate information to describe the issues of concern and identify the persons involved. Appendix B lists the informational requirements for making a ROSH report to the Community Services Helpline.

Where a member of the Diocese’s supervisor is unavailable or they believe their supervisor may have a conflict of interest in relation to the concerns, the member of the Diocese should report their concerns to an appropriate person.

Once a member of the Diocese has reported to their supervisor or the DCPU, they have fulfilled their obligations under this section of the policy.
6. Additional Reporting Procedure for Members of the Diocese who are Mandatory Reporters [s.27, Children and Young Persons (Care and Protection) Act 1998]

If a Diocesan member is a mandatory reporter and:

- they have reasonable grounds to suspect that a child is at risk of significant harm, and
- those grounds arise during the course of or from their work,

- it is the individual member of the Diocese’s duty to report to the Department of Family and Community Services, Community Services.

Mandatory reporters will use the NSW Mandatory Reporter Guide (MRG) to support their decision whether their concerns constitute risk of significant harm. It is recommended that the Online MRG be used and is available at:


It is recommended that the determination of what concerns constitute risk of significant harm is made in conjunction with the member of the Diocese’s supervisor or a member of the Diocesan Child Protection Unit (DCPU).

Mandatory reporters can discuss their child protection concerns directly with the DCPU, to seek advice, guidance and support in addressing their concerns. The DCPU is contactable by phone during office hours, (4979 1390).

On completing the Online MRG, the member of the Diocese will request a copy of the NSW Online MRG – Decision Report, which is a written record of the Guide’s recommendations. The Report will be saved to the member of the Diocese’s computer and printed out.

Dependent on the nature of the ROSH that has been identified, the mandatory reporter must report to the Community Services Helpline based on the following timeframes:

- A child or class of children may be at high or imminent risk of significant harm, (refer Appendix C) or the Online MRG – Decision Report states “Immediate report to Community Services”, contact the Community Services Helpline immediately by phone (133 627 or 132 111).
- It is determined that a child or class of children may be at risk of significant harm, i.e. the Online MRG – Decision Report states “Report to Community Services”, contact the Community Services Helpline by phone or in writing by e-reporting or fax (9633 7666), within 24 hours.

Appendix C provides Community Service’s criteria for making an immediate phone call report to the Helpline.
Alternatively, a mandatory reporter may choose to complete a Community Services’ Risk of Significant Harm Report, fax it to the Helpline (9633 7666) or e-report (if available). A copy of the Report is available through the DCPU or online at:


**Reporting to Community Services does not relieve the member of the Diocese of their responsibility to report their concerns to their supervisor or the DCPU.**
7. Procedure for Contacting 000 Emergency Services

000 is a free national emergency hotline service to contact the Police, Ambulance or Fire Services in case of urgent time critical, life threatening situations or other emergencies.

A member of the Diocese may form the view that a child, class of children or other persons face immediate danger if:

- there is a fire;
- there is a hazardous material spillage;
- one or more persons are trapped and require rescue;
- there are other emergency situation, such as a medical emergency;
- there are criminal or other incidents -
  - that are actually occurring at the time of the call,
  - where offenders are still on the scene,
  - that involve violence (e.g. domestic violence, assault and rob, brawl),
  - where a crime has just occurred (e.g. disturbing offenders breaking into a house), or
- there are credible fears for their safety.

Emergency calls are free on all mobile phones. Many newer digital phones may require the member of the diocese to dial 112. The Emergency Operator will ask for the mobile from which the call is made. Ensure that the mobile phone number is known prior to ringing 000.

Ensure that clear, accurate information is provided. Allow the Emergency Operator to guide the 000 call. Ensure that the following information is ready for the Emergency Operator:

- The nature of the emergency e.g. house fire, bush fire, car accident, hazardous material spillage, medical emergency etc.
- Location of the incident. This should include a house or flat number, street name and the name of the town, suburb or city.
- The name of the nearest cross street or distinguishing landmark. The nearest cross street is the nearest intersecting street. This does not mean the nearest main road, or any street nearby.
- If there are any people trapped or injured.
8. Procedure for Reporting Criminal Conduct

The Diocese of Maitland-Newcastle will report to NSW Police or other relevant authorities, criminal conduct which:

- involves crimes against children, or
- which could constitute a serious indictable offence.

This will be done irrespective of the wishes of the complainant or alleged victim.

A serious indictable offence is an indictable offence that is punishable by imprisonment for a term of five years or more. Section 316, Crimes Act 1900 makes it a criminal offence to conceal a serious indictable offence.

Members of the Diocese will report criminal conduct to the NSW Police Assistance Line (131 444), unless the alleged crime is life threatening or a time critical emergency situation. In those circumstances ring 000 Emergency Services and ask for ‘Police’ (refer section 7).

Reporting to Police does not relieve the member’s responsibility to report to their supervisor within one working day.

Where a member of the Diocese’s supervisor is unavailable or they believe their supervisor may have a conflict of interest in relation to the situation, the member of the Diocese must make contact with a member of the Diocesan Child Protection Unit (DCPU) within one working day.

Where the member of the Diocese is unsure whether the conduct is criminal or not, the member of the Diocese will report their concerns to their supervisor or the DCPU. All members of the Diocese can discuss any alleged criminal conduct directly with the DCPU, to seek advice, guidance and support in addressing their concerns. The DCPU is contactable by phone during office hours, (4979 1390). Under these circumstances, once a member of the Diocese has reported to their supervisor or the DCPU, they have fulfilled their obligations under this section of the policy.

The NSW Police Force is a very large and complex organisation. As part of the Diocese’s commitment to protecting children, the DCPU has an ongoing working relationship with NSW Police and may be aware of a particular local investigations or strike forces that may be the most appropriate and effective referral point for alleged crimes.

It is understood that there is no possibility of obtaining an indictment where an alleged offender is deceased. Nevertheless, those crimes committed against children that were allegedly committed by a deceased person, will be reported to Police for the purposes of supplying intelligence.
9. Procedure for Advising Senior Management

It is the supervisor’s responsibility to make a determination whether the child protection concerns warrant advising the service’s senior management.

The criteria for making the decision to advise senior management includes:

- a member of the Diocese has made contact with Emergency Services in relation to a child or class of children in receipt of services from the Diocese or another member of the Diocese facing an urgent, time critical, life threatening situation or other emergency,

- an allegation of criminal conduct has been made which involves a member of the Diocese who is employed or volunteers within that service, or

- the concerns were assessed as involving risk of significant harm, involve the conduct of a member of the Diocese who is an employee of that service and it appears probable that statutory intervention by JIRT or Community Services, will occur.

In most of these circumstances it would be advisable to contact senior management immediately. Regardless, if the situation warrants senior management being advised, supervisors should do so within one day of them becoming aware of the information.

It is the responsibility of the Diocesan Child Protection Unit (DCPU) to advise the relevant senior management of any reportable conduct or exempt matters that involve a member of the Diocese.

It is the Manager, Zimmerman Services’ responsibility to advise the Bishop of Maitland-Newcastle if a child protection concern involves a member of the Diocese’s clergy or religious.

Supervisors will maintain appropriate ongoing professional dialogue with their staff in relation to all relevant work matters, including working with children.

When a member of the Diocese reports child protection concerns to their supervisor, that supervisor has the following responsibilities:

- to ensure the immediate safety of one or more children or adults which may require contacting 000 Emergency Services immediately (refer section 7),
- to assist the member of the Diocese to determine the nature of the child protection concerns they are dealing with or to ensure that the member of the Diocese contacts the Diocesan Child Protection Unit (DCPU) to discuss the situation, and
- to ensure that all appropriate external authorities and internal persons are advised within required timeframes (refer below).

To assist a supervisor ensure that all reporting obligations are met, refer to quick guide No.2, which is a Supervisor Checklist for Managing Reports of Child Protection Concerns.

When a member of the Diocese reports child protection concerns to their supervisor, that supervisor has the responsibility to ascertain whether the member of the Diocese has made a determination that the concerns constitute risk of significant harm (ROSH), and if so, has a ROSH Report has been made to the Community Services Helpline.

If the member of the Diocese has not, the supervisor will assist in making that determination, using the NSW Mandatory Reporter Guide to support their decision whether their concerns constitute risk of significant harm. It is recommended that the Online Mandatory Reporter Guide be used and is available at: http://sdm.community.nsw.gov.au/mrg/app/summary.page

On completing the Online Guide, supervisors should request a copy of the NSW Online Mandatory Reporter Guide – Decision Report, which is a written record of the Guide’s recommendations. The Report should be saved to the supervisor’s computer and printed out.

There is a quick reference guide to reporting available for members of the Diocese to use (refer quick guide No.1).

If unsure, supervisors are encouraged to contact the Diocesan Child Protection Unit (DCPU) for advice, guidance and support in determining the nature of the child protection concern. The DCPU is contactable by phone during office hours, (4979 1390).

If the supervisor forms the view that the child protection concerns constitute risk of significant harm, the supervisor is responsible for ensuring that a report is made to Community Services’ Helpline immediately.
The supervisor may choose to make a verbal report to the **Helpline by phone** *(133 627 or 132 111)*. Alternatively, the member of the Diocese may choose to complete a Community Services’ Risk of Significant Harm Report, fax it to the Helpline (9633 7666) or e-report (if available). A copy of the Report is available through the Diocesan Child Protection Unit (DCPU) or online at: [http://www.community.nsw.gov.au/preventing_child_abuse_and_neglect/resources_for_mandatory_reporters.html](http://www.community.nsw.gov.au/preventing_child_abuse_and_neglect/resources_for_mandatory_reporters.html)

The supervisor may also report alleged criminality to the **NSW Police Assistance Line (131 444)**.

Reporting to Community Services or Police does not relieve the supervisor of their responsibility to report their concerns to the DCPU.

The supervisor must ensure that the appropriate external authorities are advised and that the relevant internal reports are made, within the following timeframes:

1. **Ensure Emergency Services (000)** are contacted immediately if a child, class of children or other persons face an urgent, time critical, life threatening situation or other emergency (refer *section 7*).

2. **Ensure the Community Services Helpline receive ROSH Reports:**
   a. immediately if it is determined that a child or class of children may be at high or imminent risk of significant harm, *(refer *Appendix C*) or the Online MRG – Decision Report states “Immediate report to Community Services”, and
   b. within 24 hours if it is determined that a child or class of children may be at risk of significant harm, by phone or in writing (e-reporting or fax).

3. **Advise senior management** *(refer *Section 9*):*
   a. as a matter of urgency, immediately after 000 has been contacted,
   b. as a matter of urgency, if an allegation of criminal conduct has been made against a member of the Diocese, and
   c. within one working day, if a member of the Diocese is the subject of a ROSH report and it appears probable that statutory intervention by Police, JIRT or Community Services will occur.

4. **Report to the DCPU:**
   a. within one working day, any alleged crime *(refer *section 8*),
   b. within five working days or sooner, all ROSH reports *(refer *Section 11*), and
   c. within five working days, all other child protection concerns that involve a member of the Diocese *(refer *Section 11*).
11. Procedure for Reporting Child Protection Concerns to the Diocesan Child Protection Unit (DCPU)

It is the Bishop’s responsibility (as Head of Agency) to determine whether a child protection concern constitutes a reportable allegation, which may require a separate report to the NSW Ombudsman. The Diocesan Child Protection Unit (DCPU) acts as the Bishop’s delegate.

Supervisors are responsible for ensuring that all relevant child protection concerns are reported to the DCPU within 5 working days. Relevant child protection concerns include:

1. all Risk of Significant Harm (ROSH) reports that are made to the Community Services Helpline, and
2. any child protection concerns that are below the threshold, where one or more of the persons alleged to be the cause of the child protection concern are members of the Diocese.

Also, any alleged criminality involving a member of the Diocese must be reported to the DCPU.

Contact with the DCPU should be made as a matter of urgency if the alleged conduct is of a more serious nature, may involve criminality or relates to a senior manager within the Diocese.

The supervisor may verbally advise the DCPU by phoning during office hours (4979 1390). Alternatively, the supervisor may advise the DCPU in writing by an e-mail with attachments (child.protection@mn.catholic.org.au) or by fax (4979 1151). Submit copies of the following documents:

- the NSW Online Mandatory Reporter Guide - Decision Report; and
- one of the following options:
  - the Community Services Helpline Risk of Significant Harm Report, or
  - the Diocesan Reporting Child Protection Concerns to the Diocesan Child Protection Unit (refer Appendix D).

Reporting to the DCPU ROSH or Below the Threshold Reports Referred to CatholicCare Social Services by Community Services (For CatholicCare Only)

Community Services will, from time to time, refer ROSH or Below the Threshold reports to CatholicCare Social Services, which concern children in OOHC who are placed with CatholicCare Social Services.

A copy of these reports referred by Community Services or any other body, will be submitted to the DCPU upon receipt.
## 12. Supporting Material

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<tr>
<td><strong>Statutory Guidelines</strong></td>
<td>Title III, Chapter IV: Parishes, Pastors, And Parochial Vicars, canons 515-552</td>
</tr>
<tr>
<td>Child Protection in the Workplace: Responding to allegations against employees (June 2004)</td>
<td><strong>Church Guidelines</strong></td>
</tr>
<tr>
<td></td>
<td>Integrity in the Service of the Church (2011)</td>
</tr>
</tbody>
</table>
13. Sign Off

I have read, understood and am prepared to abide by the Reporting Child Protection Concerns Policy.

I understand the following procedures (mark all relevant boxes) apply to me in my role:

- [ ] Procedure for Members of the Diocese Reporting Child Protection Concerns
- [ ] Additional Reporting Procedure for Members of the Diocese Who Are Mandatory Reporters [s.27, Children and Young Persons (Care and Protection) Act 1998]
- [ ] Procedure for Contacting 000 Emergency Services
- [ ] Procedure for Reporting Criminal Conduct
- [ ] Procedure for Advising Senior Management
- [ ] Procedure for Supervisors Managing Reports of Child Protection Concerns
- [ ] Procedure for Reporting Child Protection Concerns to the Diocesan Child Protection Unit (DCPU)

Employee’s Name: ___________________________  Role: ___________________________

__________________________________________  ___________________________
Signature:                                  Date:

14. Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Description of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>19/02/2012</td>
<td>Sean Tynan</td>
<td>Replaced Zimmerman House with DCPU, updated contact details, modified definition, inserted changed appendices.</td>
</tr>
<tr>
<td>1.2</td>
<td>08/07/2013</td>
<td>Sean Tynan</td>
<td>Updated contact details for DCPU, clarification of reporting timeframes in sections (5), (6), (9), added section on reporting allegations of criminality, deletion of alternate reporting arrangements, replacement of the old CCYP Act with the Child Protection (Working with Children) Act 2012, addition of Quick Reference 2.</td>
</tr>
</tbody>
</table>
Quick Reference No.1: Flowchart for Reporting Child Protection Concerns

You witness something or are told something or otherwise become aware of a situation that makes you feel anxious, concerned or fearful for one or more children.

You need to think about the nature of your concerns, the more immediate the possible risk, the more urgently you need to report your concerns.

Within 24 hours, you must inform:
1. Your supervisor/manager, or
2. An appropriate person (more senior management in your service), or
3. A staff member of the Diocesan Child Protection Unit
Office Hrs: 4979 1390

You &/or your supervisor complete an Online Mandatory Reporters Guide (MRG), available at:
When you have completed the MRG, save a copy of the MRG Report to your computer

Based on the directions given by the MRG, you and your supervisor’s professional judgement, you decide whether your concerns constitute a risk of significant harm report.

YES, the concerns are a risk of significant harm (ROSH) report.

NO, but the concerns are not ROSH but the child protection concerns relate to the conduct of a member of the Diocese.

Within 5 working days, report the child protection concerns to the DCPU
Office Hrs: 4979 1390 Fax.: 4979 1151
E-Mail: child.protection@mn.catholic.org.au

If warranted, your supervisor advises senior management of the child protection concerns.

Based on the directions given by the MRG, you and your supervisor’s professional judgement, you need to determine how urgently you report your concerns – first and foremost to the Helpline and then to the DCPU.

Make a ROSH report to the Helpline:
Ph. 133 627 or 132 111
Fax.: 9633 7666
E-Report (if available)
Quick Reference No. 2: Supervisor Checklist for Managing Reports of Child Protection Concerns

<table>
<thead>
<tr>
<th>No.</th>
<th>STAGES OF MANAGING A CHILD PROTECTION REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does a child, class of children or other persons, face an urgent, time critical, life threatening situation or other emergency?</td>
</tr>
<tr>
<td></td>
<td>□ YES – Contact Emergency Services immediately (000) then go to stage no. 2a. or 2b.</td>
</tr>
<tr>
<td></td>
<td>□ NO – go to stage no. 2a. or 2b.</td>
</tr>
<tr>
<td></td>
<td>If the child protection concern involve alleged criminality – the supervisor may directly report to the Police Assistance Line phone (131 444), alternatively the DCPU will contact Police.</td>
</tr>
<tr>
<td>2a.</td>
<td>Has your staff member determined whether the child protection concerns constitutes a ROSH report?</td>
</tr>
<tr>
<td></td>
<td>□ DON’T KNOW if the concern constitutes a ROSH Report or not – go to stage no. 3</td>
</tr>
<tr>
<td></td>
<td>□ YES the concern does constitute a ROSH Report – go to stage no. 4</td>
</tr>
<tr>
<td></td>
<td>□ NO the concern does not constitute a ROSH Report – go to stage no. 5</td>
</tr>
<tr>
<td>2b.</td>
<td>Alternate pathway.</td>
</tr>
<tr>
<td></td>
<td>□ Direct your staff member to contact the Diocesan Child Protection Unit, phone (4979 1390) – go to stage no. 6</td>
</tr>
<tr>
<td>3.</td>
<td>Access the Online MRG and enter the information.</td>
</tr>
<tr>
<td></td>
<td>□ YES the concern does constitute a ROSH Report – go to stage no. 4</td>
</tr>
<tr>
<td></td>
<td>□ NO the concern does not constitute a ROSH Report – go to stage no. 5</td>
</tr>
<tr>
<td></td>
<td>□ Download the MRG Final Decision Report onto your computer</td>
</tr>
<tr>
<td>4.</td>
<td>The child protection concerns constitute a ROSH Report.</td>
</tr>
<tr>
<td></td>
<td>□ Online MRG Decision states “Immediate report to Community Services” – phone the Helpline immediately, phone (133 627 or 132 111)</td>
</tr>
<tr>
<td></td>
<td>□ Online MRG Decision states “Report to Community Services”, – contact the Helpline within 24 hours by phone or in writing by e-report or fax (9633 7666)</td>
</tr>
<tr>
<td></td>
<td>Now go to stage no. 5</td>
</tr>
<tr>
<td>5.</td>
<td>Do you need to report the child protection concern to the DCPU?</td>
</tr>
<tr>
<td></td>
<td>(Any ‘YES’ answers – contact the DCPU within 5 working days)</td>
</tr>
<tr>
<td></td>
<td>□ YES – contact the DCPU within 5 working days</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
<tr>
<td></td>
<td>Does the child protection concern constituted a ROSH Report?</td>
</tr>
<tr>
<td></td>
<td>□ YES</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
<tr>
<td></td>
<td>Is one or more of the persons who are alleged to be the cause of the child protection concern, a member of the Diocese?</td>
</tr>
<tr>
<td></td>
<td>□ YES</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
<tr>
<td></td>
<td>Now go to stage no. 6</td>
</tr>
<tr>
<td>6.</td>
<td>Do you need to advise your Senior Management?</td>
</tr>
<tr>
<td></td>
<td>(Any ‘YES’ answers – contact your senior management as a matter of urgency)</td>
</tr>
<tr>
<td></td>
<td>□ YES</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
<tr>
<td></td>
<td>Have you contacted Emergency Services in relation to a child or class of children in receipt of services from the Diocese or another member of the Diocese?</td>
</tr>
<tr>
<td></td>
<td>□ YES</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
<tr>
<td></td>
<td>Is there an allegation of criminal conduct involving a member of the Diocese?</td>
</tr>
<tr>
<td></td>
<td>□ YES</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
<tr>
<td></td>
<td>Is it probable that a staff member may be the subject of statutory intervention by JIRT or Community Services?</td>
</tr>
<tr>
<td></td>
<td>□ YES</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
</tbody>
</table>
Appendix A: Indicators of Abuse and Neglect

Derived from past and current iterations of the Child Wellbeing and Child Protection – NSW Interagency Guidelines

Understanding the Use of Indicators

To report child protection matters, you need to be aware of some of the indicators of abuse and neglect.

It is the responsibility of every Diocesan employee of the Diocese’s to have some understanding of the indicators of abuse and neglect in children or young people.

The following indicators provide guidance on possible concerns and potential causal relationships. They act as a trigger, encouraging practitioners and others to consider whether an injury, behaviour or disclosure raises the possibility that a child or young person may be at risk of significant harm from abuse or neglect. Some indicators are sufficient as single signs to give reasonable grounds to suspect risk of significant harm. Others are meaningful when they co-exist with other indicators.

The absence of indicators does not necessarily mean that a child or young person is safe as some maltreated children or young people will not display any noticeable symptoms. Equally, many of the indicators listed may be the consequence of other factors asides from abusive or neglectful care.

Indicators need to be considered in the context of a child or young person’s circumstances and their age or other vulnerabilities, for example disability or chronic illness. Interpretation of indicators always involves adopting a child or young person’s perspective and having the child at the centre of consideration. The focus is on the consequences of the actions or inactions by parents or other authority figures for the child.

Children who have experienced abuse or neglect will often experience more than one type of maltreatment. For example, sexual abuse will most probably co-exist with psychological or emotional harm.

General indicators of abuse or neglect include:

- a child or young person tells you of their abuse or neglect
- someone else tells you of the abuse or neglect of a child or young person
- a history of previous abuse or neglect to the child, young person or a sibling
- unexplained and marked changes in a child or young person’s behaviour or mood
- the parents’ or caregivers’ misuse of alcohol or drugs is affecting their ability to care for the child or young person
- ongoing or sporadic violence between the parents
- the parents or caregivers are experiencing significant problems in managing their child, which is incongruent with the child’s or young person’s behaviour or special needs
- a deficiency in functional parenting skills required to provide for the safety, welfare and wellbeing of the child or young person.

Learning to identify indicators and to use them effectively in recognising child abuse and neglect is complex because of the unique nature of children and families. For this reason, it is important to access the guidance of your supervisor/manager and consult with staff from Zimmerman House when uncertain.

**Neglect**

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

Both the Children and Young Persons (Care and Protection) Act 1998 and the Crimes Act 1900 provide significant penalties against a person who neglects to provide adequate and proper food, nursing, or lodging for a child or young person, or intentionally abandons or exposes a child under seven years of age to risk if it causes danger of death or serious injury to the child.

Neglect can take one or more of the following forms:

(i) **Neglect of basic physical needs** occurs where there is a risk of significant harm or actual harm caused by the parent or caregiver’s failure to provide for a child’s basic physical needs, such as:

- food
- clothing and hygiene
- physical shelter
- safety from harm – including issues of appropriate supervision.

Neglect of basic physical needs is the most well known and recognised form of child neglect. Depending on the age and circumstances of the child, the focus is not simply and solely on the absence of safe physical care, adequate nutrition or appropriate clothing. Rather, the issue is whether the omission of such basic care needs has impaired or could risk impairing the child’s welfare, health and development.

(ii) **Neglect of basic psychological needs** occurs when a child or young person is not receiving sufficient or appropriate interaction, encouragement, nurturing or stimulation from their parents or caregivers. This form of neglect also refers to the persistent ignoring of a child’s signals of distress, pleas for help, attention, comfort, reassurance, encouragement and acceptance.

Without this care a child or young person may not develop appropriate attachments with primary carers and others, significantly impairing their ongoing emotional, cognitive and physical development. These are important for participation in school, forming
friendships, playing sport or participating in other recreational activities, and later, in employment and for raising their own children.

(iii) The neglect of necessary medical care presumes that risk of significant harm is likely to arise from a failure to provide for the required medical service or treatment. This can include the withholding or failure to provide essential medication for a child. For very young children the risk of significant harm in not receiving appropriate medical attention may be quite high.

Physical and behavioural indicators of neglect are often readily observable by people in close contact with the child – most particularly doctors, teachers, child care workers, relatives and neighbours.

### Indicators of Neglect

<table>
<thead>
<tr>
<th>In Children</th>
<th>In Young People</th>
<th>In Parents or Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>• low weight for age and/or failure to thrive and develop</td>
<td>• poor standards of hygiene and self care</td>
<td>• may have poor standards of hygiene and self-care</td>
</tr>
<tr>
<td>• poor primary health care (e.g. untreated sores, serious nappy rash, significant dental decay)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• poor standards of hygiene (i.e. child consistently unwashed, bad odour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• poor complexion and hair texture</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social/psychological</strong></td>
<td><strong>Social/psychological</strong></td>
<td><strong>Social/psychological</strong></td>
</tr>
<tr>
<td>• child not adequately supervised for their age</td>
<td>• stays at the homes of friends and acquaintances for prolonged periods, rather than at home</td>
<td>• unable/unwilling to provide adequate/food, shelter, clothing, medical attention, safe home conditions</td>
</tr>
<tr>
<td>• scavenges or steals food; focus is on basic survival</td>
<td>• cannot access adequate self-care resources such as washing facilities and food</td>
<td>• leaves the child without appropriate supervision</td>
</tr>
<tr>
<td>• longs for or indiscriminately seeks adult affection</td>
<td>• poor school attendance</td>
<td>• abandons the child</td>
</tr>
<tr>
<td>• displays rocking, sucking, head-banging behaviour</td>
<td></td>
<td>• withholds physical contact or stimulation for prolonged periods</td>
</tr>
<tr>
<td>• poor school attendance</td>
<td></td>
<td>• unable or unwilling to provide psychological nurturing – low-warmth parenting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• has limited understanding of the child’s needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• has unrealistic expectations of the child</td>
</tr>
</tbody>
</table>
Physical Abuse

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

Caution has to be exercised in interpreting the cause of injuries as bruising, bone and other injuries can also occur accidentally. Suspicions may be raised where:

- the injuries relate to an infant or a child under two years of age
- there is inconsistency between the presentation of the injury and the explanation provided
- there are multiple injuries that appear to be of different ages
- there is a pattern and/or an unexplained frequency to injuries.

The boundary between physical discipline of children and abusive behaviour is a particularly vexed one. In some instances, excessive discipline can constitute physical abuse and lead to criminal charges. The Crimes Act 1900 has been amended to limit the use of physical force to discipline, manage or control a child. Section 61 AA of the Crimes Act precludes force (other than in a manner that could reasonably be considered trivial or negligible in the circumstances):

- to any part of the head or neck of a child, or
- to any part of the body of a child in such a way as to be likely to cause harm to the child that lasts for more than a short period.

Risk of physical abuse involving infants require extra vigilance and attention. A study by Dale, Green and Fellows in 2002 (based on a Welsh child protection sample) provides powerful illustrative data, finding that severe physical abuse in babies under one year was:

- six times more common than for children from one to four years, and 120 times more common than in five to 13-year-olds
- brain injury and fractures are more common than for older children, and are at their most frequent in the first six months
- the non-accidental death rate is ten times higher than for children one to five years of age.

Indicators of Physical Abuse

<table>
<thead>
<tr>
<th>In Children</th>
<th>In Young People</th>
<th>In Parents or Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Physical</td>
</tr>
<tr>
<td>bruises on face, head or neck</td>
<td>lacerations, welts, bruising, burn marks</td>
<td>frequent visits with child to health or other services with unexplained or suspicious injuries, swallowing of non-food</td>
</tr>
<tr>
<td>other bruises or marks which may show the shape of the object that caused it</td>
<td>unspecified internal pains</td>
<td></td>
</tr>
</tbody>
</table>
### In Children
- lacerations and welts
- head injuries where the infant may be drowsy or vomiting, or have glassy eyes, fixed pupils or pooling of blood in the eyes suggesting the possibility of having been shaken
- adult bite marks and scratches
- bone fractures, especially in children under three years old
- dislocations, sprains, swelling
- burn marks and scalds
- multiple injuries or bruises
- child’s explanation inconsistent with injury
- abdominal pain (may be caused by ruptured internal organs)
- ingestion of poisonous substances, alcohol or drugs
- general indicators of female genital mutilation (e.g. having a ‘special operation’)

### In Young People
- aggressive and violent behaviours toward others, particularly younger children
- explosive temper that is out of proportion to precipitating event
- constantly on guard around adults, cowers at sudden movements, unusual deference to adults

### In Parents or Carers
- substances or internal complaints
- explanation of injury is not consistent with the visible injury

### Social/psychological
- wears clothing that is inappropriate to the weather conditions, to conceal injuries
- fears adults, is aggressive, lacks empathy
- family history of violence
- history of their own maltreatment as a child
- fears injuring their child
- uses excessive discipline

### Sexual Abuse
**Sexual abuse** is any sexual act or threat to a child or young person that causes them harm, or to be frightened or fearful. It covers a continuum from:

- non-contact forms of harm, such as flashing, having a child or young person pose or perform in a sexual manner, exposure to sexually explicit material or acts (including...
pornographic material), communication of graphic sexual matters (including by email and SMS)

- a range of contact behaviours, such as kissing, touching or fondling the child or young person in a sexual manner, penetration of the vagina or anus either by digital, penile or any other object or coercing the child to perform any such act on themselves or anyone else.

**Sexual abuse may result in physical, emotional or psychological harm.** It can occur to children of any age, from infants to teenagers. It may occur once, a few times or be a repeated occurrence, and can be perpetrated by either males or females. In most cases the offender is known to the child and can include household members such as parents, step-parents, de facto partners of parents, siblings of the child or young person, or non-household relatives and acquaintances of the family.*

Physical and psychological coercion of children is intrinsic to child sexual assault and differentiates such assault from consensual peer sexual activity. Adults, young people and children who perpetrate child sexual abuse exploit the dependency and immaturity of children by misusing their power and encouraging children to be secretive. Although the child victims of sexual assault often feel guilty, it is never their fault.

**Recognising sexual abuse can be difficult** because there is often an absence of clear physical evidence or indicators. There also may be a number of explanations that could account for some behavioural presentations listed in the indicators table, such as general stress reactions or even other abuse types.

**Children with a disability are at greater risk of sexual abuse.** A large epidemiological study in 2003 found that the rate of sexual abuse of children with a disability is higher than that of children with no disability. It identified that this abuse was more likely to be by an extra-familial perpetrator.

### Indicators of Sexual Abuse

<table>
<thead>
<tr>
<th>In Children</th>
<th>In Young People</th>
<th>In Non-Offending Parents, Carers</th>
<th>In Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>- bleeding from the vagina, external genitalia or anus</td>
<td>- adolescent pregnancy and/or reluctance to identify father of child</td>
<td>- Nil</td>
<td>- Nil</td>
</tr>
<tr>
<td>- tears or bruising to the genitalia, anus or perineal regions</td>
<td>- trauma to the breasts, buttocks, lower abdomen or thighs including bite/burn marks</td>
<td>- sexually transmitted disease</td>
<td>- nil</td>
</tr>
<tr>
<td>In Children</td>
<td>In Young People</td>
<td>In Non-Offending Parents, Carers</td>
<td>In Perpetrator</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social / Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>• direct or indirect disclosures</td>
<td>• poor self esteem</td>
<td>• defers to partner</td>
<td>• controlling attitude and behaviour to children and/or partner</td>
</tr>
<tr>
<td>• describes sexual acts with age inappropriate knowledge</td>
<td>• runs away from home, homelessness</td>
<td>• may minimise disclosure</td>
<td>• inappropriately curtails child’s age appropriate development of independence from the family</td>
</tr>
<tr>
<td>• age-inappropriate behaviour and/or persistent sexual behaviour</td>
<td>• particularly negative reaction to adults of only one sex</td>
<td></td>
<td>• overly critical of adult partner</td>
</tr>
<tr>
<td>• self-destructive behaviour, drug misuse, suicide attempts, self mutilation</td>
<td>• desexualisation (e.g. wearing baggy clothes in order to disguise gender)</td>
<td></td>
<td>• defends against accusations by claiming the child or young person is lying</td>
</tr>
<tr>
<td>• runs away from home persistently</td>
<td>• artwork or creative writing with obsessively sexual themes</td>
<td></td>
<td>• encourages/tolerates sexualised behaviour between family members</td>
</tr>
<tr>
<td>• eating disorders</td>
<td>• sexually provocative behaviour</td>
<td></td>
<td>• exposes child or young person to prostitution or pornography; or uses a child or young person for pornographic purposes</td>
</tr>
<tr>
<td>• goes to bed fully clothed</td>
<td>• engaging in/talking about violent sexual acts</td>
<td></td>
<td>• intentionally exposes child or young person to the sexual behaviour of others</td>
</tr>
<tr>
<td>• regression in developmental achievements in younger children</td>
<td>• knowledge about practice and locations usually associated with prostitution</td>
<td></td>
<td>• committed/been suspected of child sexual abuse or child pornography</td>
</tr>
<tr>
<td>• has contact with a known or suspected paedophile</td>
<td>• risk-taking behaviours self-harm, suicide attempts</td>
<td></td>
<td>• coerces child or young person to engage in sexual behaviour with other children and young people</td>
</tr>
<tr>
<td>• unexplained money and gifts</td>
<td>• contact with a known or suspected paedophile</td>
<td></td>
<td>• verbal threats of sexual abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• family denies adolescent pregnancy</td>
</tr>
</tbody>
</table>

**Psychological Harm**

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

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

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

### Indicators of Psychological Harm

<table>
<thead>
<tr>
<th>In Children</th>
<th>In Young People</th>
<th>In Parents or Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>• feels worthless about life and themselves</td>
<td>• avoids all adults is obsessively obsequious to adults</td>
<td>• constantly criticises, belittles, teases a child or young person</td>
</tr>
<tr>
<td>• unable to value others or show empathy</td>
<td>• has difficulty maintaining long term significant relationships</td>
<td>• ignores or withholds praise and affection</td>
</tr>
<tr>
<td>• lacks trust in people</td>
<td>• is highly self-critical</td>
<td>• excessively criticises a child in comparison to child’s peers</td>
</tr>
<tr>
<td>• lacks interpersonal skills necessary for age-appropriate functioning</td>
<td>• is depressed, anxious, other mental ill health indicators</td>
<td>• is persistently hostile and verbally abusive, rejects and scapegoats</td>
</tr>
<tr>
<td>• extreme attention-seeking</td>
<td>• is self-harming, attempts suicide</td>
<td>• makes excessive or unreasonable demands</td>
</tr>
<tr>
<td>• takes extreme risks, is markedly disruptive, bullying or aggressive</td>
<td></td>
<td>• believes that a particular child or young person is bad or evil</td>
</tr>
</tbody>
</table>

### Exposure To Domestic Violence

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

Living with domestic violence can cause physical and emotional harm to children and young people. Studies show that children who live with domestic violence are more likely to:

- show aggressive behaviour
- develop phobias and insomnia
- experience anxiety
- show symptoms of depression
- have diminished self-esteem
- demonstrate poor academic performance and problem-solving skills
• have reduced social competence skills, including low levels of empathy
• show emotional distress
• have physical complaints

Children and young people can be physically injured or threatened within an environment of family violence. Children and young people do not need to see violence to be affected by it. Recent research on infant brain development highlights the potential for serious harm occurring to the development of neural pathways in an infant’s brain when exposed to trauma such as domestic violence. Research has also drawn links between household violence and insecure or disorganised attachment in children.

**Psychological harm caused by domestic violence** may vary depending on the age of the child, the length of exposure to incidents of domestic violence, the nature of incidents of domestic violence, and the nature of any protective factors or influences available to the child or young person and their family.

The following situations should act as a trigger to consider whether the child or young person is at risk of serious psychological harm:

• there has been a repetition or escalation in frequency/severity of household violence
• the violence resulted in the need for medical intervention for any party
• weapons have been used
• police officers have intervened and an Apprehended Violence Order (AVO) has been issued/breached, or the offender has been removed from the house

It is also critical to consider whether the caregiver’s level of victimisation is such that they are unable to act protectively towards the child or young person and to note whether domestic violence coexists with one or more factors such as the hazardous use of alcohol or other drugs and/or untreated mental health concerns. Violence to Aboriginal women is reported to be 45 times higher than to non-Aboriginal women, with 23% of these women needing hospital treatment compared to 6.6% of non-Aboriginal victims.

The **developing baby’s brain** is most vulnerable to the impact of traumatic experiences between the seventh prenatal month and the infant’s first birthday. It is believed that raised levels of cortisol, secreted during stress, may affect the development of a major stress regulating system in the brain.

Remember: One indicator in isolation may not imply that domestic violence is occurring. Each indicator needs to be considered in the context of the individual situation and the presence of other indicators.
### Indicators of Exposure To Domestic Violence

<table>
<thead>
<tr>
<th>In Children</th>
<th>In Young People</th>
<th>In Parents or Carers</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>• preterm and low birth weight baby</td>
<td>• unexplained physical injuries</td>
<td>• injuries do not fit the cause/history given</td>
<td>• physical signs of the victim fighting back, such as facial scratches and injuries to hands</td>
</tr>
<tr>
<td>• slow weight gain in infants</td>
<td>• eating disorders, such as anorexia and bulimia</td>
<td>• bite marks</td>
<td></td>
</tr>
<tr>
<td>• difficulties with sleeping/eating</td>
<td>• uses alcohol and drugs</td>
<td>• unwanted pregnancy or sexually transmitted infection through coerced sex/refusal to use contraceptives</td>
<td></td>
</tr>
<tr>
<td>• unexplained physical injuries.</td>
<td>• psychosomatic complaints</td>
<td>• bruising/other injuries, especially if pregnant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• higher rates of genital tract infection.</td>
<td>• unexplained miscarriage or stillbirth</td>
<td></td>
</tr>
<tr>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
<td><strong>Social/Psychological</strong></td>
</tr>
<tr>
<td>• defiant at school, particularly with female teachers</td>
<td>• depressed</td>
<td>• anxious, depressed</td>
<td>• presents as the victim of abuse, discrimination or allegation of abuse</td>
</tr>
<tr>
<td>• aggressive or violent behaviour</td>
<td>• suicide attempts</td>
<td>• suicidal thoughts and attempts</td>
<td>• admits to some violence but minimises its frequency and severity</td>
</tr>
<tr>
<td>• over-protects mother or fears leaving mother at home</td>
<td>• takes extreme risks</td>
<td>• low self-esteem</td>
<td>• visible rough handling of victim / children / pets</td>
</tr>
<tr>
<td>• concentrates poorly</td>
<td>• physically and verbally abusive</td>
<td>• socially isolated</td>
<td>• impresses as overly concerned about suspected victim</td>
</tr>
<tr>
<td>• constantly fights with peers</td>
<td>• abuses siblings, parents, peers</td>
<td>• submissive and withdrawn</td>
<td>• threatens to commit acts of violence</td>
</tr>
<tr>
<td>• frequently absent from school</td>
<td>• sexually abusive</td>
<td>• repeat/after hours presentations at emergency departments</td>
<td></td>
</tr>
<tr>
<td>• clingy, dependent, sad and secretive</td>
<td>• frequently absent from school, and poor academic achievement</td>
<td>• seldom/never makes decisions without referring to partner</td>
<td></td>
</tr>
<tr>
<td>• regressive behaviour</td>
<td>• disruptive</td>
<td>• fears reprisal</td>
<td></td>
</tr>
<tr>
<td>• delayed or problematic language</td>
<td>• homeless or stays away from home for prolonged time</td>
<td>• frequent absences from work/studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• socially isolated</td>
<td></td>
<td>• is unable to control angry outbursts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• always speaks for</td>
</tr>
</tbody>
</table>

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From Zimmerman Services

**CATHOLIC DIOCESE OF MAITLAND-NEWCASTLE**

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In Children
- development

In Young People
- stealing

In Parents or Carers

<table>
<thead>
<tr>
<th>Adult Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>partner/children</td>
</tr>
<tr>
<td></td>
<td>believes he ‘owns’ partner/children</td>
</tr>
<tr>
<td></td>
<td>describes partner as incompetent or stupid</td>
</tr>
<tr>
<td></td>
<td>holds rigidly to stereotypical gender roles</td>
</tr>
<tr>
<td></td>
<td>jealous of partner, lacks trust in her or anyone else</td>
</tr>
<tr>
<td></td>
<td>does not allow partner or child to access service providers alone</td>
</tr>
</tbody>
</table>

Prenatal Harm
Refers to parental circumstances or behaviours during pregnancy that may reasonably be expected to produce a substantial and demonstrably adverse impact on the child’s safety, welfare or wellbeing.

In parents or caregivers

**Physical**
- pregnant woman misuses alcohol or drugs
- pregnant woman is/has been victim of domestic violence
- homelessness

**Social/psychological**
- pregnant woman has an unmanaged mental health condition
- pregnant woman is at risk of suicide
- pregnant woman or caregivers have history of abuse or neglect of siblings of the unborn child
- a previous child of the pregnant woman was removed or died
- pregnant woman’s partner had a previous child removed or die in suspicious circumstances
- pregnant woman’s significant others are misusing drugs, alcohol or have a mental illness
- pregnant child or young person with limited social support, such as pregnant child/young person under parental responsibility to the Minister
Appendix B: Informational Content Required for Making a ROSH Report

Derived from past and current iterations of the Child Wellbeing and Child Protection – NSW Interagency Guidelines and the Community Services website.

The Helpline is reliant on the reporter’s information, as it does not usually make outbound calls to other agencies or services involved with the child or family in order to clarify or corroborate the information provided. Additional inquiries are only initiated by the Helpline to clarify the child’s identity or their current location, or to a school or hospital to determine essential information, such as whether the child is currently on their premises.

Reporters need to be prepared to provide as much information as possible and to answer the exploratory questions from the Helpline caseworker. Reporters can assist the reporting process by having all required information close at hand – this might be the demographic information from agency records, as well as any contemporaneous notes of observations or disclosures.

<table>
<thead>
<tr>
<th>DEMOGRAPHIC INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child’s Information</strong></td>
</tr>
<tr>
<td>• Name of child or young person (or alias) or other means of identifying them</td>
</tr>
<tr>
<td>• Age and date of birth (or approximation)</td>
</tr>
<tr>
<td>• If child is Indigenous – Aboriginal, Torres Strait Islander or both</td>
</tr>
<tr>
<td>• Language, religion and other cultural factors</td>
</tr>
<tr>
<td>• Name, age of other household children or young people</td>
</tr>
<tr>
<td>• Address of child and family</td>
</tr>
<tr>
<td>• School or child care details (if known)</td>
</tr>
<tr>
<td>• If child has a disability – nature/type, severity, impact on functioning</td>
</tr>
<tr>
<td><strong>Family’s Information</strong></td>
</tr>
<tr>
<td>• Name, age of parents and household adults</td>
</tr>
<tr>
<td>• Home and/or mobile phone number</td>
</tr>
<tr>
<td>• Language, religion and other cultural factors</td>
</tr>
<tr>
<td>• Information about parental risk factors and how they link to child’s risk of significant harm</td>
</tr>
<tr>
<td>o domestic violence</td>
</tr>
<tr>
<td>o alcohol or other drug misuse</td>
</tr>
<tr>
<td>o unmanaged mental illness</td>
</tr>
<tr>
<td>o intellectual or other disability</td>
</tr>
<tr>
<td>• Protective factors and family strengths</td>
</tr>
<tr>
<td>• Non-offending carers’ capacity to protect child</td>
</tr>
<tr>
<td>• Any previous suspicious death of a child or young person in the household</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporter’s Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Name, agency address, phone and email details</td>
</tr>
<tr>
<td>• Position</td>
</tr>
<tr>
<td>• Reason for reporting today</td>
</tr>
<tr>
<td>• Nature of contact with child or family</td>
</tr>
<tr>
<td>• Nature of ongoing role with child or family (include frequency, duration and type)</td>
</tr>
<tr>
<td>• If report is being made by someone else in the agency, name of the agency worker who sourced the report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services involved with child/family if known</td>
</tr>
<tr>
<td>• Principal language of family and whether an interpreter or signing is required</td>
</tr>
<tr>
<td>• If parent knows of report and their response</td>
</tr>
<tr>
<td>• If child or young person knows about the report and their views</td>
</tr>
<tr>
<td>• Information related to worker safety issues (if known)</td>
</tr>
</tbody>
</table>
**RISK OF SIGNIFICANT HARM ISSUES**

<table>
<thead>
<tr>
<th>Neglect</th>
<th>Psychological Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Description of neglect – who, what, when:</td>
<td>• Description of harmful parenting practices and frequency (e.g. rejection, criticism, scape-goating, isolating, ignoring, blaming)</td>
</tr>
<tr>
<td>o inadequate provision of food/shelter</td>
<td>• The impact on the child’s behaviour</td>
</tr>
<tr>
<td>o inappropriate clothing or hygiene</td>
<td>• Description of exposure to domestic violence, its nature and frequency</td>
</tr>
<tr>
<td>o inadequate supervision</td>
<td>• Reason to suspect risk of serious psychological harm</td>
</tr>
<tr>
<td>o failure to provide medical treatment</td>
<td></td>
</tr>
<tr>
<td>o emotional needs unmet</td>
<td></td>
</tr>
<tr>
<td>• Implications/impact of neglect on child</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Description of injury – who, what, when:</td>
<td>• Description of harm incident or risk of significant harm, including what occurred and when</td>
</tr>
<tr>
<td>o site, size and colour of injury</td>
<td>• Did child disclose? – What was said (use direct quotes of child), to whom, when?</td>
</tr>
<tr>
<td>o who allegedly caused injury (if known) and how</td>
<td>• Description of behaviours</td>
</tr>
<tr>
<td>o medical treatment – what, when, who</td>
<td>• Who/where is the alleged perpetrator (if known)?</td>
</tr>
<tr>
<td>• Suspicions regarding future risk of significant harm</td>
<td>• Response of the non-offending parent</td>
</tr>
<tr>
<td>• Did child/parents disclose/ – What did they say?</td>
<td></td>
</tr>
</tbody>
</table>

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Appendix C: Circumstances that Requires a Reporter Phone the Helpline

Derived from past and current iterations of the Child Wellbeing and Child Protection – NSW Interagency Guidelines and the Community Services website.

Reports to the Child Protection Helpline must be made by phone where:

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

- the report concerns:
  - a group of children / young people other than a sibling group
  - a child or young person who resides outside of NSW
  - an alleged person causing harm who has access to the child AND there is concern that the child may experience harm in the foreseeable future
  - complex information which is more easily communicated verbally than in writing

- the MRG final outcome decision is: Immediate Report to Community Services, or

- the reporter is unsure how to interpret the MRG outcome and needs to discuss this with a Helpline caseworker.