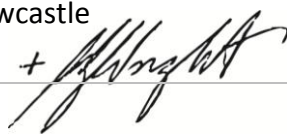


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RELATED DOCUMENTS	Investigations Policy (Version 1.4)
RELATED FORMS	1. Community Services' Risk of Significant Harm Report 2. Zimmerman Services Report for Concerns for a Child (V. 2.0) 3. Diocese's Intake Form (Version 1.8)
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1. Definitions

An **Agency** 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 agencies 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 delegate.
- CatholicCare Social Services and all programme and services that are answerable to the Director of CatholicCare Social Services or delegate.
- The Chancery and all departments answerable to the Bishop of Maitland-Newcastle or delegate.

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

Abuse is a complex concept. **Appendix A. Indicators of abuse and neglect of children**, 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 people 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 person less than 18 years of age.

Child-related work includes paid employees, contractors or volunteers whose work involves face-to-face contact with children in:

- Child development and family welfare services
- Education
- Entertainment for children

- Child protection
- Children's health services
- Clubs or other bodies providing services for children
- Disability services
- Early education and child care
- 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 'clearance' (refer below).

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:

<http://www.kids.nsw.gov.au/Working-with-children/Quiz--Do-you-need-a-check>

Clearance is the abbreviated term for NSW's statutory pre-employment screening programme for people wishing to engage in child-related work, the Working with Children Check Clearance administered by the Office of the Children's Guardian (OCG) and was established by the Child Protection (Working with Children) Act 2012.

A **valid Clearance** requires that the member of the Diocese:

- has obtained a 'employee Clearance number' from the OCG if they are in paid work (the Clearance number starts with the letter 'E'); or
- has obtained a 'volunteer Clearance number' from the OCG if they are unpaid (the Clearance number starts with the letter 'V'); and
- submit their Clearance number to the appropriate Diocesan authority for on-line validation with the OCG.

Concerns for Children is a term used to capture a wide range of possible situations or issues that may adversely affect the safety, welfare or well being of a child or class of children and includes those matters that:

- may involve a criminal act;
- constitutes '*risk of significant harm*'; or
- do not meet the threshold for significant harm but where a Diocesan member has anxiety or fears for a child or class of children;
- may constitute reportable conduct under Part 3A NSW Ombudsman's Act 1974;
- may constitute a breach of *Integrity in Ministry*, when considering clerical and religious members of the Diocese; or
- may constitute a breach of *Integrity in the Service of the Church*, when considering lay members of the Diocese.

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

The MRG is available on-line at:

<http://sdm.community.nsw.gov.au/mrg/screen/DoCS/en-GB/summary?user=guest>

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

- people employed by the Diocese under an award or contract,
- performance of work as a self-employed person,
- volunteers,
- people 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 under Part 3A Ombudsman Act, a reportable conviction against a member of the Diocese or an allegation of misconduct that may involve reportable conduct.

Reportable Conduct is defined in Part 3A of the Ombudsman Act 1974 as:

- (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 or a reportable incident.

In effect, this translates to a number of the divisions in *Part 3 Offences against the person, Crimes Act 1900* (NSW).

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’ structured decision making tool, the MRG.

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

- in the Chancery –Vice Chancellors, Chancellor, Vicar-General and Bishop;
- 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 Agency, 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 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 **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 Director, programme managers, service or site managers.

Senior management is a particular subset of ‘supervisors’.

2. Policy

2.1. Purpose

This policy sets out the obligations for all members of the Catholic Diocese of Maitland-Newcastle ('the Diocese') to report 'concerns for children', acts of criminality or any person or group of people engaged in child-related work in the Diocese without having current Clearances from the Office of the Children's Guardian.

2.2. 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 has a legal and moral obligation to protect children from abuse or neglect.

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

Zimmerman Services was established by Bishop Malone and expanded by Bishop Wright, to act as a specialist resource for the Diocese. Zimmerman Services' Prevention and Response Team (PaRT) will support members of the Diocese to meet their reporting obligations and ensure that there is an appropriate record kept of any concerns raised. PaRT works with statutory authorities including the NSW Ombudsman, the NSW Police Force, the Department of Family and Community Services and the Office of the Children's Guardian.

2.3. Support for Members of the Diocese Reporting Concerns

Any member of the Diocese who reports concerns for children in good faith, will be supported by their supervisors and the senior management of the relevant Diocesan agency.

2.4. Application

This policy applies to the following agencies and entities within the Diocese:

- | | |
|--|--|
| ☒ Catholic Schools Office | ☒ Parishes |
| ☒ Catholic systemic schools | |
| ☒ CatholicCare Social Services | ☒ The Chancery |

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

- | | |
|--|---|
| ☒ Clergy and Religious | ☐ Visitors |
| ☒ Contractors (<i>including consultants under contract to the Diocese</i>) | ☒ Volunteers (<i>including authorised carers</i>) |
| ☒ Students and trainees | ☒ Wage and salaried employees |

Should this policy be in conflict with any other policy issued by Catholic Schools Office, individual systemic schools, CatholicCare, the Chancery or individual parishes; this policy overrides other policies.

2.5. Breaches of the Policy

The Diocese considers the failure to report concerns for children as a serious breach of an *employee's, contractor's, trainee's, religious or cleric's* professional obligations which may result in disciplinary action.

Volunteers or students who are shown to have failed to report concerns for children may be counseled or asked to cease volunteering.

3. Procedure for Reporting Concerns for Children

Members of the Diocese will maintain an appropriate ongoing professional dialogue with their supervisor in relation to all relevant work matters, including any concerns they may have in relation to a child or class of children.

A member of the Diocese will endeavour to secure the safety of a child or class of children as their first priority. Refer to **section 5** for the *Procedure for Contacting (000) Emergency Services*

It is a member of the Diocese's responsibility to report concerns for children to their supervisor or an investigator of Zimmerman Services' Prevention and Response Team (PaRT). There is a quick reference guide for members of the Diocese to identify the appropriate reporting pathways (refer **Quick Guide 1**).

Any member of the Diocese can discuss their concerns for children directly with PaRT, to seek advice, guidance and support in addressing their concerns. PaRT is contactable by phone during **office hours, (4979 1390)**.

Members of the Diocese who are not mandatory reporters should consult with their supervisor or with a PaRT investigator, prior to making a report to Family and Community Services Helpline.

Depending on the nature of the concerns held for a child, the member of the Diocese must report their concerns based on the following timeframes:

1. If there is an emergency involving a child, class of children or other member of the Diocese, contact (000) immediately (refer **section 5**) and then advise the relevant supervisor as a matter of urgency. The importance of contacting emergency services precedes all other reporting obligations.
2. If the concerns relate to possible criminal conduct involving a member of the Diocese, report the concerns to your supervisor as a matter of urgency (refer **section 6**).
3. If it is suspected that a child or class of children is at risk of significant harm, report the concerns to your supervisor as a matter of urgency.
4. For any other 'concerns for children', report to the relevant supervisor either verbally or in writing, within 24 hours.
5. If there are reasonable grounds to believe a person or group of people are engaged in child-related work without valid Clearances, report the concern to a PaRT investigator within 1 working day (refer **section 7**).

Reporting concerns for children 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 'voice mail' does not constitute making a report. Members of the Diocese must follow-up with further attempts at direct contact or prepare a written report.

It is prudent for the member of the Diocese who is verbally reporting their concerns, to make a written note of their verbal report. A case note, diary entry or other form of 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 PaRT). 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 4** for additional reporting procedure for members of the diocese who are also mandatory reporters.

Alternatively, *PaRT Concerns for Children Report* (V. 2.0) 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 people involved. **Appendix B** lists the informational requirements for making a ROSH report to the Community Services Helpline. However more simply put, the basic requirements for making a meaningful report are:

Who did **What** to **Whom**, **When** and **Where** and were there any **Witnesses**

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 a PaRT investigator.

Once a member of the Diocese has reported to their supervisor, senior manager or a PaRT investigator and completed any follow-up actions as directed, they have fulfilled their obligations under this procedure.

4. Additional Procedures for Mandatory Reporters

If a member of the Diocese is also a mandatory reporter and:

- has 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 member of the Diocese's duty to report to Family and 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: <http://sdm.community.nsw.gov.au/mrg/app/summary.page>

Mandatory reporters can discuss their concerns for children directly with a PaRT investigator, to seek advice, guidance and support in addressing their concerns. PaRT 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 will 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, 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 PaRT or online at: http://www.community.nsw.gov.au/preventing_child_abuse_and_neglect/resources_for_mandatory_reporters.html

Reporting to Community Services does not relieve the member of the Diocese of their responsibility to report their concerns to their supervisor or PaRT.

5. 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 people 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.

6. Procedure for Reporting Criminal Conduct

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

- involves a child or class of children,
- involves a CatholicCare worker committing an offense against a person with disability who receives a service from CatholicCare, or
- constitutes a serious indictable offence.

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.

Reporting to the Police will occur irrespective of the wishes of the complainant or alleged victim. The Diocese will provide all available information in relation to the alleged crime, including the perpetrators and victims' demographic information.

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

Members of the Diocese are encouraged to discuss any suspected criminal conduct with their supervisor and an investigator at Zimmerman Services' Prevention and Response Team (PaRT), to seek advice, guidance and support in addressing their concerns. PaRT is contactable by phone during **office hours, (4979 1390)**.

Members of the Diocese can 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 5**). However, it is preferred that reporting to Police occurs through the member's supervisor and a PaRT investigator. The NSW Police Force is a large and complex organisation. As part of the Diocese's commitment to protecting children, PaRT has an appropriate 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.

Reporting directly to Police does not relieve the member's responsibility to report to their supervisor, or PaRT as a matter of urgency.

Once a member of the Diocese has reported to their supervisor or PaRT, they have fulfilled their obligations under this procedure.

7. Procedure for Reporting People engaged in Child-Related Work without Clearances

Ensuring that all members of the Diocese who are engaged in child-related work have valid Clearances is a fundamental part of meeting the Diocese's obligations to reduce the risk of abuse.

Section 9 Child Protection (Working with Children) Act 2012 makes it an offence for an employer to *"commence employing, or continue to employ, a worker in child-related work if the employer knows or has reasonable cause to believe"* that the worker does not have or is unable to obtain a Clearance.

If a member of the Diocese knows or has reasonable cause to believe that an individual or group of people are engaged in child-related work without having a valid Clearance, they must report their concerns to a PaRT investigator within 1 working day, phone during office hours (**4979 1390**).

If the member of the Diocese is unsure whether a person is in child-related work, they may discuss their concerns with PaRT, to seek advice, guidance and clarification.

Once a member of the Diocese has reported to a PaRT investigator, they have fulfilled their obligations under this procedure.

8. Procedures for Supervisors managing Reports of Concerns for Children

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

1. To ensure the immediate safety of the child or class of children or other members of the Diocese who require Emergency Services (refer **section 5**).
2. To ensure that the nature of concerns that the member of the Diocese has for a child is assessed in an accurate and timely manner.
3. To ensure that all appropriate parties (internal and external) are advised within required timeframes, notably:
 - Family and Community Services (FaCS),
 - NSW Police,
 - Zimmerman Services' Prevention and Response Team (PaRT), and
 - senior management within the Diocese.

Supervisors are encouraged to contact PaRT for advice, guidance and support in determining the nature of the concerns and fulfilling their reporting obligations. A PaRT investigator is available for consultation by phone during office hours, (**4979 1390**).

When a member of the Diocese reports concerns for children to their supervisor, that supervisor has the responsibility to ascertain whether the concerns constitute a 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 the member to determine whether the concerns constitute a ROSH report, using the Mandatory Reporter Guide (MRG). It is recommended that the **Online MRG** is used, available at: <http://sdm.community.nsw.gov.au/mrg/app/summary.page>

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

If the concern constitutes a ROSH report, 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 PaRT or online at:

http://www.community.nsw.gov.au/preventing_child_abuse_and_neglect/resources_for_mandatory_reporters.html

The supervisor must ensure that the ROSH report is made to the Helpline within the following timeframes:

- immediately if it is determined that a child or class of children may be at high or imminent risk of significant harm, (refer **Appendix D**) or the Online MRG – Decision Report states “*Immediate report to Community Services*”, and
- 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).

There is a flow chart setting out the correct reporting lines for concerns for children refer **Quick Guide (I)**.

There is also a checklist available to assist supervisors to meet their multiple reporting obligations for concerns for children, refer to **Quick Guide (II)**, *Supervisor Checklist for Managing Reports of Concerns for Children*.

8.1. ROSH Reports Referred to CatholicCare by Family and Community Services

This subsection is relevant to CatholicCare’s Out-of-Home Care (OOHC) programme only.

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

Supervisors in CatholicCare’s OOHC programme will submit a copy of these reports referred by Community Services or any other body to a PaRT investigator within 5 working days.

8.2. Reporting Concerns to PaRT (Zimmerman Services), including Criminality and Working without Clearances

It is the Bishop’s responsibility (as Head of Agency) to determine whether a concern for a child constitutes a reportable allegation, which will then require a report to the NSW Ombudsman. Zimmerman Services undertakes this function on behalf of the Bishop. For that reason, supervisors must ensure that all concerns for children are reported to a PaRT investigator in accordance with the following timeframes:

1. **As a matter of urgency** if the alleged conduct:
 - is of a serious nature, i.e. involving sexual misconduct or abuse or serious physical abuse,

- was committed by a senior manager within the Diocese, or
 - may amount to a criminal act involving a member of the Diocese.
2. **Within 1 working day** if it is alleged that a person or group of people are engaged in child-related work without valid Clearances.
 3. **Within 5 working days** for all other 'concerns for children'.

The supervisor may verbally advise PaRT by phoning during office hours (**4979 1390**).

Alternatively, the supervisor may advise PaRT 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 (if applicable);
- a Community Services Helpline *Risk of Significant Harm Report* or
- PaRT *Concerns for children Report* (V. 1.1); or
- a CatholicCare CG-CC-FO-02 Complaint Notification Form.

8.3. Advising Senior Management

It is the supervisor's responsibility to make a determination whether the concerns for children warrant advising the service's senior management. A PaRT investigator can assist the supervisor in ensuring that appropriate senior management are advised.

The relevant senior management must be advised if:

- a child who is in receipt of services from the Diocese or a member of the Diocese is deemed to be in immediate danger and (000) has been contacted ,
- an allegation of criminal conduct has been made against a member of the Diocese, or
- children have been assessed as being at risk of significant harm and it appears probable that statutory intervention will occur by FaCS or JIRT (the Joint Investigation Response Teams of Police and FaCS).

Where the concern for a child or alleged criminality involves allegations against a senior manager in the Diocese, the supervisor must contact a PaRT investigator prior to advising any other Diocesan personnel (**4979 1390** during office hours).

Where the concern for a child or alleged criminality involves allegations against an employee of Zimmerman Services, the supervisor should contact Nicola Arvidson, the Diocese's In House Counsel urgently (**4979 1179** during office hours).

In most of these circumstances it would be advisable to contact senior management immediately. Regardless, supervisors should do so before close of business on the day they became aware of the matter.

It is the responsibility of Zimmerman Services to advise the relevant senior management of any Part 3A reportable conduct reported to the NSW Ombudsman or breaches of section 9 Child Protection (Working with Children) Act 2012 have occurred within their agencies.

It is the Manager, Zimmerman Services' responsibility to advise the Bishop of Maitland-Newcastle if a member of the Diocese's clergy or religious are subject of a criminal allegation, Part 3A reportable conduct or professional standards complaint under *Towards Healing* or *Integrity in Ministry* or breaches of section 9 Child Protection (Working with Children) Act 2012 have occurred within a Diocesan parish.

8. Sign Off

I have read, understood and am prepared to abide by *Reporting Concerns for Children Policy*.

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

- ☐ Procedure for Reporting Concerns for Children
- ☐ Additional Procedures for Mandatory Reporters
- ☐ Procedure for Contacting 000 Emergency Services
- ☐ Procedure for Reporting Criminal Conduct
- ☐ Procedure for Reporting People engaged in Child-related Work without Clearances
- ☐ Procedures for Supervisors managing Reports of Concerns for Children

I understand that the failure to fulfil my obligations under the policy and those procedures that apply to me will be considered a serious breach of my professional responsibilities and may result in disciplinary action against me.

Employee's Name:

Role:

Signature:

Date:

9. Background

9.1. Supporting Legislation and Guidelines

Civil	Church
Legislation Children and Young Persons (Care and Protection) Act 1998 and Regulation 2012 Child Protection (Working with Children) Act 2012 and Regulation 2013 Ombudsman Act 1974 (Part 3A) and Regulation 2011 Crimes Act 1900, various supporting acts and regulations Statutory Guidelines NSW Ombudsman Child Protection Update: Defining Reportable Conduct (July 2013) and related practice updates and fact sheets New South Wales Interagency Guidelines for Child Protection Intervention (2010 and online version) Structured Decision Making System New South Wales: Mandatory Reporter Guide (December 2009)	Canon Law Book II, Part II, Section II, Title I, Chapter II: Article 1: Bishops in General, canons 375-380 and Article 2: Diocesan Bishops, canons 381-402 Title III, Chapter IV: Parishes, Pastors, And Parochial Vicars, canons 515-552 Church Guidelines Integrity in Ministry (June 2004) Integrity in the Service of the Church (2011) Towards Healing (January 2010)

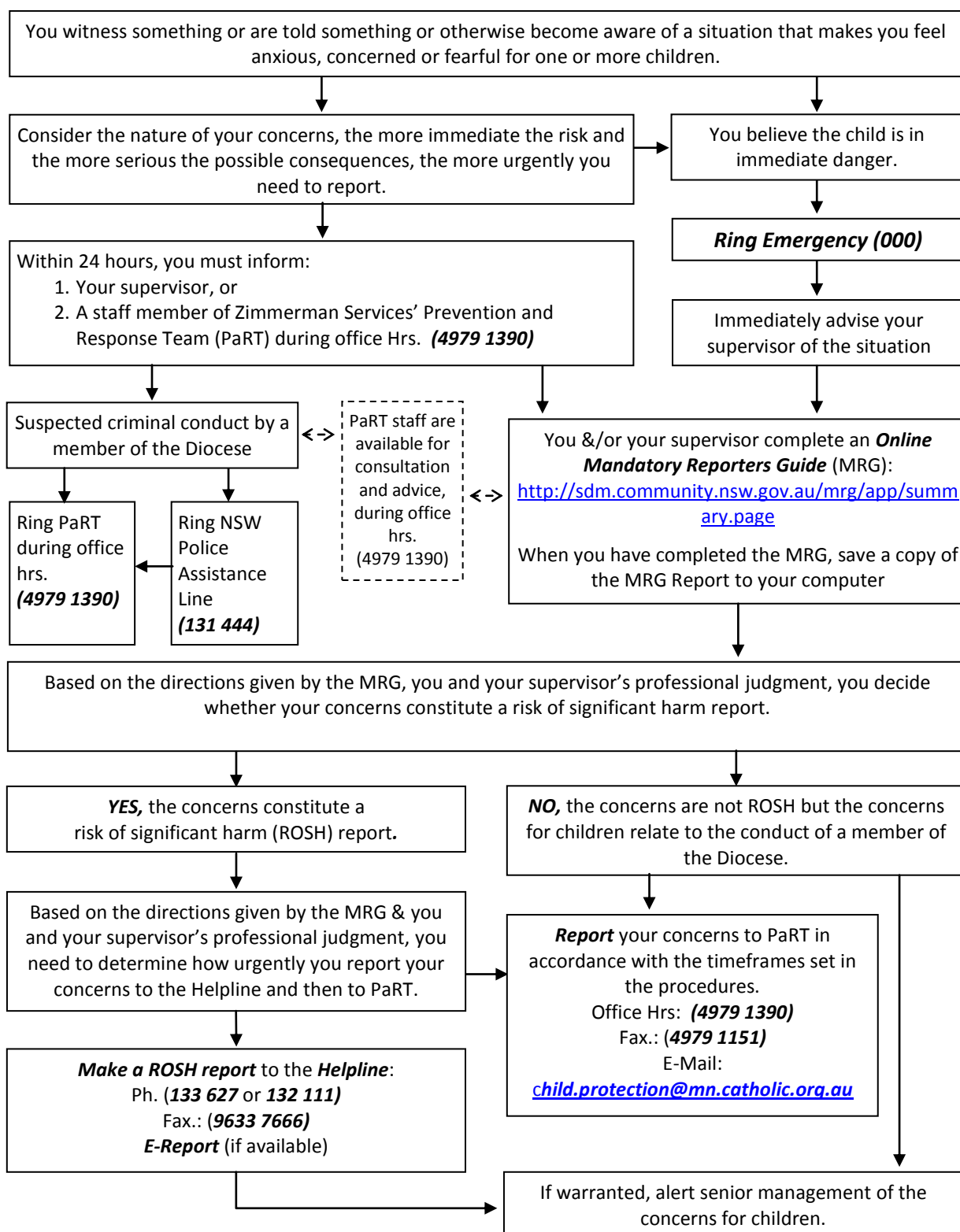
9.2. Revision History

Version	Date	Author	Description of Changes
1.1	19/02/2012	Sean Tynan	Replaced Zimmerman House with DCPU, updated contact details, modified definition, inserted changed appendices.
1.2	08/07/2013	Sean Tynan	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.
1.2.1	15/10/2013	Sean Tynan	Change of Diocesan 'Services' to 'Agencies'.

Version	Date	Author	Description of Changes
2.0	26/11/2014	Sean Tynan	Addition of 'reportable incidents' Part 3C Ombudsman Act. Change of policy name. Replaced DCPU with PaRT. Insertion of new sections; (4) <i>Breaches of the Policy</i> and (7) <i>Procedure for Reporting Concerns for a Person with a Disability</i> . Additional definitions in sections (5) and changes to reporting requirements in renumbered section (10). Expansion of section (11) to include subsections for child protection concerns, concerns for people with a disability, reporting to Zimmerman Services and advising senior management. Deletion of old sections (9) <i>Procedure for Advising Senior Management</i> and (11) <i>Procedure for Reporting Child Protection Concerns to the DCPU</i> . Renumbering of quick guides from (1, 2, 3) to (I, II, III). Addition of quick references (III + IV). Addition of appendix (B) <i>Types and Indicators of Abuse for People with a Disability</i> . All subsequent appendices re-lettered (+1).
3.0	22/9/2015	Sean Tynan	Separation of reporting concerns for children policy and procedures from reporting concerns for people with a disability. Replacing 'child protection concerns' with 'concerns for children'. Restructuring and renumbering sections and sub sections. Section 2 is the Policy statement. Rename title (2.1) from 'Aim' to 'Purpose' and additional statements re reporting criminality & failing to get Clearances. Revision to (2.3) <i>Application</i> highlighting primacy of reporting policy, section (6) with exclusion of automatically reporting people with disability offending against peers. Addition of section (2.3) <i>Support for Reporting Concerns</i> , paragraph removed from (2.5) <i>Breaches of the Policy</i> . Insertion of section (7) <i>Procedure for Reporting People engaged in Child-Related Work without Clearances</i> . Revisions to sections (8.2) <i>Reporting Concerns to PaRT</i> and (8.3) <i>Advising Senior Management</i> .

QUICK REFERENCES

I. Flowchart for Reporting Concerns for Children



II. Supervisor's Checklist for Managing Concerns for Children

No.	STAGES OF MANAGING A CHILD PROTECTION REPORT
1.	Does a child, class of children or member of the Diocese face an urgent, time critical, life threatening situation or other emergency? ☐ YES → Contact Emergency Services immediately (000) ☐ NO Now go to stage no. 2.
2.	Do the concerns for children include suspected or alleged criminal conduct by a member of the Diocese? ☐ YES → Contact Zimmerman Services' Prevention and Response Team (PaRT) (4979 1390) → Alternate contact – NSW Police Assistance Line (131 444) then contact PaRT ☐ NO Now go to stage no. 3a or 3b.
3a.	Has your staff member determined whether the concerns for children constitute a ROSH report? ☐ DON'T KNOW → go to stage no. 4 ☐ YES → go to stage no. 5 ☐ NO → go to stage no. 6
3b.	Alternate pathway. ☐ Direct your staff member to contact PaRT, (4979 1390) Now go to stage no. 7
4.	Access the Online MRG and enter the information <i>Remember to download the MRG Final Decision Report onto your computer:</i> ☐ YES the concern does constitute a ROSH Report → go to stage no. 5 ☐ NO the concern does not constitute a ROSH Report → go to stage no. 6
5.	The concerns for children constitute a ROSH Report. ☐ Online MRG Decision states "Immediate report to Community Services" → phone the Helpline immediately, phone (133 627 or 132 111) ☐ 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) Now go to stage no. 6
6.	Do you need to report the concerns for children to PaRT? <i>Any 'YES' answers – contact PaRT within 5 working days (4979 1390)</i> YES NO Do the concerns for children constituted a ROSH Report? ☐ ☐ Is one or more of the people who are alleged to be the cause of the child protection concern, a member of the Diocese? ☐ ☐ Now go to stage no. 7
7.	Do you need to advise your Senior Management? YES NO Does the concern for children involve a senior manager? ☐ ☐ <i>If 'YES' then DO NOT contact senior management – talk to a PaRT investigator immediately.</i> <i>If 'NO' proceed to following questions – if any answer 'yes' contact your senior management.</i> 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? ☐ ☐ Is there an allegation of criminal conduct involving a member of the Diocese? ☐ ☐ Is it probable that a staff member may be the subject of statutory intervention by JIRT or Community Services? ☐ ☐

APPENDICES

A. Indicators of Abuse and Neglect of Children

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

A.1. 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 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 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 besides from abusive or neglectful care.

Indicators need to be considered in the context of a child's circumstances and their age or other vulnerabilities, for example disability or chronic illness. Interpretation of indicators always involves adopting a child'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 tells you of their abuse or neglect
- someone else tells you of the abuse or neglect of a child
- a history of previous abuse or neglect to the child or a sibling
- unexplained and marked changes in a child's behaviour or mood
- the parents' or caregivers' misuse of alcohol or drugs is affecting their ability to care for the child
- 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 behaviour or special needs
- a deficiency in functional parenting skills required to provide for the safety, welfare and wellbeing of the child.

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 Services when uncertain.

A.2. 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 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 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 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

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

A.3. Physical Abuse

Physical abuse is harm to a child 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

In Children	In Young People	In Parents or Carers
Physical • bruises on face, head or neck • other bruises or marks which may show the shape of the object that caused it	Physical • lacerations, welts, bruising, burn marks • unspecified internal pains	Physical • frequent visits with child to health or other services with unexplained or suspicious injuries,

In Children	In Young People	In Parents or Carers
• 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')		• swallowing of non-food substances or internal complaints • explanation of injury is not consistent with the visible injury
<i>Social/psychological</i> • wears clothing that is inappropriate to the weather conditions, to conceal injuries • fears adults, is aggressive, lacks empathy	<i>Social/psychological</i> • 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	<i>Social/psychological</i> • family history of violence • history of their own maltreatment as a child • fears injuring their child • uses excessive discipline

A.4. Sexual Abuse

Sexual abuse is any sexual act or threat to a child 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 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 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 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 20003 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

In Children	In Young People	In Non-Offending Parents, Carers	In Perpetrator
Physical • bleeding from the vagina, external genitalia or anus • tears or bruising to the genitalia, anus or perineal regions • trauma to the breasts, buttocks, lower abdomen or thighs including bite/burn marks • sexually transmitted disease	Physical • adolescent pregnancy and/or reluctance to identify father of child	Physical • Nil	Physical • Nil

In Children	In Young People	In Non-Offending Parents, Carers	In Perpetrator
<i>Social/Psychological</i> • direct or indirect disclosures • describes sexual acts with age inappropriate knowledge • age-inappropriate behaviour and/or persistent sexual behaviour • self-destructive behaviour, drug misuse, suicide attempts, self mutilation • runs away from home persistently • eating disorders • goes to bed fully clothed • regression in developmental achievements in younger children • has contact with a known or suspected paedophile • unexplained money and gifts	<i>Social/Psychological</i> • poor self esteem • runs away from home, homelessness • particularly negative reaction to adults of only one sex • de-sexualisation (e.g. wearing baggy clothes in order to disguise gender) • artwork or creative writing with obsessively sexual themes • sexually provocative behaviour • engaging in/talking about violent sexual acts • knowledge about practice and locations usually associated with prostitution • risk-taking behaviours self-harm, suicide attempts • contact with a known or suspected paedophile	<i>Social / Psychological</i> • defers to partner • may minimize disclosure	<i>Social/Psychological</i> • controlling attitude and behaviour to children and/or partner • inappropriately curtails child's age appropriate development of independence from the family • overly critical of adult partner • defends against accusations by claiming the child is lying • encourages/tolerates sexualised behaviour between family members • exposes child to prostitution or pornography; or uses a child for pornographic purposes • intentionally exposes child to the sexual behaviour of others • committed/been suspected of child sexual abuse or child pornography • coerces child to engage in sexual behaviour with other children and young people • verbal threats of sexual abuse • family denies adolescent pregnancy

A.5. 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, resulting in serious emotional deprivation or trauma.

Serious psychological harm can lead to significant impairment of a child's social, emotional, cognitive, intellectual development and/or disturbance of a child'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

In Children	In Young People	In Parents or Carers
<i>Social/Psychological</i> • feels worthless about life and themselves • unable to value others or show empathy • lacks trust in people • lacks interpersonal skills necessary for age-appropriate functioning • extreme attention-seeking • takes extreme risks, is markedly disruptive, bullying or aggressive	<i>Social/Psychological</i> • avoids all adults is obsessively obsequious to adults • has difficulty maintaining long term significant relationships • is highly self-critical • is depressed, anxious, other mental ill health indicators • is self-harming, attempts suicide	<i>Social/Psychological</i> • constantly criticizes, belittles, teases a child • ignores or withholds praise and affection • excessively criticizes a child in comparison to child's peers • is persistently hostile and verbally abusive, rejects and scapegoats • makes excessive or unreasonable demands • believes that a particular child is bad or evil • uses inappropriate physical or social isolation as punishment • domestic violence involvement such as where weapons are used, significant threats made

A.6. 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 disorganized 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 and their family.

The following situations should act as a trigger to consider whether the child 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 victimization** is such that they are unable to act protectively towards the child 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

In Children	In Young People	In Parents or Carers	
		Adult Victim	Perpetrator
<i>Physical</i> • preterm and low birth weight baby • slow weight gain in infants • difficulties with sleeping/eating • unexplained physical injuries.	<i>Physical</i> • unexplained physical injuries • eating disorders, such as anorexia and bulimia • uses alcohol and drugs • psychosomatic complaints • higher rates of genital tract infection.	<i>Physical</i> • injuries do not fit the cause/history given • bite marks • unwanted pregnancy or sexually transmitted infection through coerced sex/refusal to use contraceptives • bruising/other injuries, especially if pregnant • unexplained miscarriage or stillbirth • nutritional/sleep deprivation or disorders • alcohol and drug abuse • psychosomatic complaints	<i>Physical</i> • physical signs of the victim fighting back, such as facial scratches and injuries to hands
<i>Social/Psychological</i> • defiant at school, particularly with female teachers • aggressive or violent behaviour • over-protects mother or fears leaving mother at home • concentrates poorly • constantly fights	<i>Social/Psychological</i> • depressed • suicide attempts • takes extreme risks • physically and verbally abusive • abuses siblings, parents, peers • sexually abusive • frequently absent from school, and	<i>Social/Psychological</i> • anxious, depressed • suicidal thoughts and attempts • low self-esteem • socially isolated • submissive and withdrawn • repeat/after hours presentations at	<i>Social/Psychological</i> • presents as the victim of abuse, discrimination or allegation of abuse • admits to some violence but minimises its frequency and severity • visible rough handling of victim / children / pets

In Children	In Young People	In Parents or Carers	
		Adult Victim	Perpetrator
with peers • frequently absent from school • clingy, dependent, sad and secretive • regressive behaviour • delayed or problematic language development • stealing	poor academic achievement • disruptive • homeless or stays away from home for prolonged time • socially isolated	emergency departments • seldom/never makes decisions without referring to partner • fears reprisal • frequent absences from work/studies	• impresses as overly concerned about suspected victim • threatens to commit acts of violence • is unable to control angry outbursts • always speaks for partner/children • believes he 'owns' partner/children • describes partner as incompetent or stupid • holds rigidly to stereotypical gender roles • jealous of partner, lacks trust in her or anyone else • does not allow partner or child to access service providers alone

A.7. 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 with limited social support, such as pregnant child under parental responsibility to the Minister

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.

DEMOGRAPHIC INFORMATION	
<i>Child's Information</i>	<i>Family's Information</i>
• Name of child (or alias) or other means of identifying them • Age and date of birth (or approximation) • If child is Indigenous – Aboriginal, Torres Strait Islander or both • Language, religion and other cultural factors • Name, age of other household children or young people • Address of child and family • School or child care details (if known) • If child has a disability – nature/type, severity, impact on functioning	• Name, age of parents and household adults • Home and/or mobile phone number • Language, religion and other cultural factors • Information about parental risk factors and how they link to child's risk of significant harm ○ domestic violence ○ alcohol or other drug misuse ○ unmanaged mental illness ○ intellectual or other disability • Protective factors and family strengths • Non-offending carers' capacity to protect child • Any previous suspicious death of a child in the household
<i>Reporter's Details</i>	<i>Other Information</i>
• Name, agency address, phone and email details • Position • Reason for reporting today • Nature of contact with child or family • Nature of ongoing role with child or family (include frequency, duration and type) • If report is being made by someone else in the agency, name of the agency worker who sourced the report	• Services involved with child/family if known • Principal language of family and whether an interpreter or signing is required • If parent knows of report and their response • If child knows about the report and their views • Information related to worker safety issues (if known)

RISK OF SIGNIFICANT HARM ISSUES	
<i>Neglect</i>	<i>Psychological Harm</i>
• Description of neglect – who, what, when: ○ inadequate provision of food/shelter ○ inappropriate clothing or hygiene ○ inadequate supervision ○ failure to provide medical treatment ○ emotional needs unmet • Implications/impact of neglect on child	• Description of harmful parenting practices and frequency (e.g. rejection, criticism, scape-goating, isolating, ignoring, blaming) • The impact on the child's behaviour • Description of exposure to domestic violence, its nature and frequency • Reason to suspect risk of serious psychological harm
<i>Physical Abuse</i>	<i>Sexual Abuse</i>
• Description of injury – who, what, when: ○ site, size and colour of injury ○ who allegedly caused injury (if known) and how ○ medical treatment – what, when, who • Suspicions regarding future risk of significant harm • Did child/parents disclose/ – What did they say?	• Description of harm incident or risk of significant harm, including what occurred and when • Did child disclose? – What was said (use direct quotes of child), to whom, when? • Description of behaviours • Who/where is the alleged perpetrator (if known)? • Response of the non-offending parent

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 requiring medical attention
 - serious neglect to a child 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 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.