

ORIGINALLY INTRODUCED	21 October 2010 as the <i>Reporting Child Protection Concerns Policy</i>
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APPROVED BY	Bill Wright, Bishop of Maitland-Newcastle Signed:
RELATED POLICIES	Investigations Policy (Version 1.3)
RELATED FORMS	1. Community Services' Risk of Significant Harm Report 2. Zimmerman Services Report for Concerns for a Child or Person with a Disability (V. 1.2) 3. Diocese's Intake Form (Version 1.7)
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1. Aim

This policy sets out the obligations for all members of the Catholic Diocese of Maitland-Newcastle (‘the Diocese’) to report concerns for children and people with a disability who are part of the congregation or otherwise in receipt of Diocesan services.

2. Rationale

The Catholic Church in Australia has made an unambiguous commitment to promoting the protection of children and people with a disability. NSW legislation and Church regulations set out a range of personal, professional and organizational requirements for the promotion of child protection, the safety and dignity of people with a disability, reporting concerns and conducting investigations. The Diocese has a legal and moral obligation to promote the protection of children and people with a disability 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 concerns for the safety, welfare and wellbeing of a child or person with a disability and matters that may require reporting to (and investigation by) external statutory authorities and Diocesan authorities.

Zimmerman Services was established by Bishop Malone and continued by Bishop Wright, to act as a specialist resource for the Diocese. Zimmerman Service's 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 and the Department of Family and Community Services.

3. Application

This policy applies to the following:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Catholic Schools Office | <input checked="" type="checkbox"/> Parishes |
| <input checked="" type="checkbox"/> CatholicCare Social Services | <input checked="" type="checkbox"/> Chancery |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Clergy and Religious | <input type="checkbox"/> Visitors |
| <input checked="" type="checkbox"/> Contractors (<i>including consultants under contract to the Diocese</i>) | <input checked="" type="checkbox"/> Volunteers (<i>including authorised carers</i>) |
| <input checked="" type="checkbox"/> Students and trainees | <input checked="" type="checkbox"/> Wage and salaried employees |

4. Breaches of the Policy

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

Volunteers who are shown to have failed to report concerns for children or people with a disability may be counseled or asked to cease volunteering.

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

5. 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 delegates.
- CatholicCare Social Services and all programme and services 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'.

An **Appropriate Person** is a term used to describe a range of people 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 is an alternate person to report to when a member of the Diocese's supervisor is unavailable. An appropriate person may include their supervisor's manager or other senior management within their Agency (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.

Abuse is a complex concept. **Appendix A. Indicators of abuse and neglect for 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. **Appendix B. Types and Indicators of abuse for people with a disability** provides a brief overview of the physical indicators and behavioural signs that may support a suspicion of abuse.

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 protection concern is a term used to capture a wide range of possible concerns held by a member of the Diocese for 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.

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
- 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:

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

Concern for a Person with a Disability is a term used to capture a wide range of possible concerns held by a member of the Diocese for the safety or welfare of a person or group of people with a disability and includes those matters that may:

- involve a criminal act;
- constitute a reportable incident under Part 3C NSW Ombudsman's Act 1974
- constitute a breach of Integrity in Ministry, when considering clerical and religious; or
- constitute a breach of Integrity in the Service of the Church, when considering lay members of the Diocese.

A concern for a person with a disability does not include issues that are best dealt with under the *CatholicCare Complaints Policy (October 2014)*.

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 and his role as ‘head of funded provider’ is derived from section 250 Ombudsman Act 1974.

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 **Person with a Disability** is person 18 years or older who has a long-term physical, psychiatric, intellectual or sensory impairment that, in interaction with various barriers, may hinder the person’s full and effective participation in the community on an equal basis with others. It has a similar meaning as a disability under s.7 Disability Inclusion Act 2014.

A **Reportable Allegation** means an allegation of reportable conduct under Part 3A or a reportable incident under Part 3C 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 and s.25O 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 **Reportable Incident** is defined in s.25P of the Ombudsman Act as an incident that involves a person with a disability in a supported group accommodation service, where:

1. a member of the Diocese has engaged in any of the following:
 - a sexual offence against the person with a disability,
 - sexual misconduct, including grooming the person with a disability for sexual activity,
 - an assault of the person with a disability that is to be investigated under workplace employment procedures,
 - a deception or fraud related offence against the person with a disability under the Crimes Act 1900, or
 - mistreatment or neglect of the person with a disability.
2. A resident assaults another person with disability in the same accommodation service that:
 - is a sexual offence, or
 - causes serious injury, e.g. fracture, burn, concussion or deep cuts, or

- involves the use of a weapon, or
 - is part of a pattern of abuse.
3. An apprehended violence order taken out to protect a person with disability is breached.
 4. An unexplained serious injury occurs to a person with disability.

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'.

Supported group accommodation is defined in s.22 Disabilities Inclusion Act 2012 as premises in which:

- a person with disability is living in a shared living arrangement (whether short-term or permanently) with at least one other person with disability, other than an arrangement in which one or more of the people with disability is living with a guardian of the person or a member of the person's family who is responsible for the care of the person, and
- support is provided on-site:
 - for a fee, or
 - whether or not for a fee if the support is provided as respite care.

Respite Care means short-term care for people with disability that is provided for the purpose of relieving families or carers from their caring responsibilities in the short-term before resuming their caring responsibilities at the end of the period of care.

6. Procedure for Reporting 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 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 9** 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 for members of the Diocese to identify the appropriate reporting pathways (refer **quick guide 1**).

Members of the Diocese who are not mandatory reporters must consult with their supervisor or with Zimmerman Services' Prevention and Response Team (PaRT) to analyze their child protection concerns

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

Depending on the nature of the child protection concerns, a 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 9**) 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 11.1**).
3. If it is suspected that a child or class of children are at risk of significant harm, report the concerns to your supervisor as a matter of urgency
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 'voice mail' 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 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 6** for additional reporting procedure for members of the diocese who are also mandatory reporters.

Alternatively, PaRT *Child Protection Concerns Report* (V. 1.1) 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 C** 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 an appropriate person.

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

7. Additional Reporting Procedure for Mandatory Reporters

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:

<http://sdm.community.nsw.gov.au/mrg/app/summary.page>

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 Zimmerman Services' Prevention and Response Team (PaRT).

Mandatory reporters can discuss their child protection concerns directly with PaRT, 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 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, 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 D 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.

8. Procedure for Reporting Concerns for People with a Disability

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 person with a disability.

A member of the Diocese will always endeavour to secure the safety of a person or group of people with a disability as their paramount priority. Refer to **section 8** for grounds to contact 000 Emergency Services

It is a member of the Diocese's responsibility to report concerns for a person with a disability to their supervisor. There is a quick reference guide for members of the Diocese to identify the appropriate reporting pathways (refer **quick guide III**).

Any member of the Diocese can discuss their concerns for a person with a disability directly with 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)**.

Depending on the nature of the concerns for a person with a disability, a member of the Diocese must report their concerns based on the following timeframes:

1. If there is an emergency involving a person with a disability, group of people with a disability or other member of the Diocese, contact **(000)** immediately (refer **section 8**) 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 or to PaRT as a matter of urgency (refer **section 9**).
3. It is suspected that a person with a disability has been:
 - a. the subject of abusive or neglectful conduct (refer **appendix B**), or
 - b. a breach of professional standards,
 report the concerns to your supervisor within 24 hours of becoming aware of the concerns.

Upon review, some concerns are more appropriately considered complaints and should be dealt with through CatholicCare Social Service's complaints management processes (refer **Complaints Policy CG-CC-PO-02, October 2014**).

Reporting concerns for a person with a disability may be done either verbally or in writing.

A verbal report may be made 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 verbal contact or prepare a written report if they left a message.

It is prudent for the member of the diocese who is verbally reporting their concerns for a person with a disability, 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 CatholicCare's Complaint Notification Form.

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. Remember the basics of reporting an incident:

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 an appropriate person or they PaRT.

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

9. 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, person with a disability, group of people with a disability or other member of the Diocese faces 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.
-

10. Procedure for Reporting Criminal Conduct

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

- involving a child or class of children,
- involving a person with a disability or group of people with a disability, or
- which could constitute 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.

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 8**).

Members of the Diocese can report criminal conduct personally to Police, however it is preferred that reporting to Police occurs through the member's supervisor and Zimmerman Services' Prevention and Response Team (PaRT). The NSW Police Force is a very large and complex organisation. As part of the Diocese's commitment to protecting children, PaRT 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.

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

All members of the Diocese can discuss any suspected criminal conduct with PaRT, to seek advice, guidance and support in addressing their concerns. PaRT is contactable by phone during **office hours, (4979 1390)**.

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

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 or people with a disability, will be reported to Police for the purposes of supplying intelligence.

11. Procedure for Supervisors Managing Reports of Concerns for Children or People with a Disability

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

When a member of the Diocese reports concerns in relation to a child or person with a disability to their supervisor, that supervisor has the following responsibilities:

1. To ensure the immediate safety of a child or class of children, person with a disability or group of people with a disability or other member of the Diocese who require Emergency Services (refer **section 8**).
2. To ensure that the nature of concerns that the member of the Diocese has for a child or person with a disability, 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
 - Zimmerman Services' Prevention and Response Team (PaRT),
 - Diocesan senior management, and possibly
 - NSW Police.

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)**.

11.1 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 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_f_or_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 child protection concerns refer **quick guide (i)**.

There is also a checklist available to assist supervisors to meet their multiple reporting obligations for child protection concerns, refer to **quick guide (ii)**, *Supervisor Checklist for Managing Reports of Child Protection Concerns*.

11.2 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 PaRT within 5 working days.

11.3 Concerns for a Person with a Disability

When a member of the Diocese reports concerns for a person with a disability to their supervisor, that supervisor has the responsibility to ascertain whether the concerns constitute:

- an allegation of abuse or neglect of a person with a disability (refer **appendix B**), or
- an alleged breach of professional standards, (refer *Integrity in the Service of the Church* or *Integrity in Ministry* for clergy and religious), or
- a complaint.

There is a flow chart setting out the correct reporting lines for concerns for a person with a disability refer **quick guide (iii)**.

There is also a checklist available to assist supervisors to meet their multiple reporting obligations for concerns for a person with a disability, refer to **quick guide (IV)**, *Supervisor Checklist for Managing Reports of Concern for a Person with a Disability*.

11.4 Reporting Concerns to Zimmerman Services

It is the Bishop's responsibility (as Head of Agency and Head of Funded Provider) to determine whether a concern for a child or person with a disability constitutes a reportable allegation or reportable incident, which will then require a report to the NSW Ombudsman. PaRT undertakes this function on behalf of the Bishop.

All alleged criminality involving a member of the Diocese must be reported to PaRT.

Supervisors are responsible for ensuring that all relevant concerns for a child or person with a disability are reported to PaRT within 5 working days.

Contact with PaRT 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 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 *Child Protection Concerns Report* (V. 1.1); or
- a CatholicCare CG-CC-FO-02 Complaint Notification Form.

11.5 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 relevant senior management must be advised if:

- a member of the Diocese has made contact with Emergency Services (000) in relation to a child or person with a disability in receipt of services from the Diocese or in relation to another member of the Diocese,
- an allegation of criminal conduct has been against a member of the Diocese,

- the concerns relate to children and were assessed as involving risk of significant harm and it appears probable that statutory intervention by JIRT or FACS, will occur, or
- the concerns relate to people with a disability and constitute a reportable incident.

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 before close of business on the day the supervisor was advised.

It is the responsibility of Zimmerman Services' Prevention and Response Team (PaRT) to advise the relevant senior management of any Part 3A reportable conduct or Part 3C reportable incident reported to the NSW Ombudsman.

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*.

12. Supporting Material

Civil	Church
<p><i>Legislation</i></p> <p>Children and Young Persons (Care and Protection) Act 1998 and Regulation 2000</p> <p>Child Protection (Working with Children) Act 2012 and Regulation 2013</p> <p>Ombudsman Act 1974 (Part 3A) and (Part 3C) and Regulation 2011</p> <p>Crimes Act 1900, various supporting acts and regulations</p> <p><i>Statutory Guidelines</i></p> <p>Child Protection in the Workplace: Responding to allegations against employees (June 2004)</p> <p>New South Wales Interagency Guidelines for Child Protection Intervention (2006 and 2010)</p> <p>Structured Decision Making System New South Wales: Mandatory Reporter Guide (December 2009)</p>	<p><i>Canon Law</i></p> <p>Book II, Part II, Section II, Title I, Chapter II:</p> <p>Article 1: Bishops in General, canons 375-380 and</p> <p>Article 2: Diocesan Bishops, canons 381-402</p> <p>Title III, Chapter IV: Parishes, Pastors, And Parochial Vicars, canons 515-552</p> <p><i>Church Guidelines</i></p> <p>Integrity in Ministry (June 2004)</p> <p>Integrity in the Service of the Church (2011)</p> <p>Towards Healing (January 2010)</p>

13. 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'.
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; <i>(4) Breaches of the Policy</i> and <i>(7) 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).

14. Sign Off

I have read, understood and am prepared to abide by the *Reporting Concerns for Children or People with a Disability Policy*.

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

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

- Procedure for Reporting Child Protection Concerns
- Additional Reporting Procedure for Mandatory Reporters
- Procedure for Reporting Concerns for People with a Disability
- Procedure for Contacting 000 Emergency Services
- Procedure for Reporting Criminal Conduct
- Procedure for Supervisors Managing Reports of Concerns for Children or People with a Disability

Employee's Name:

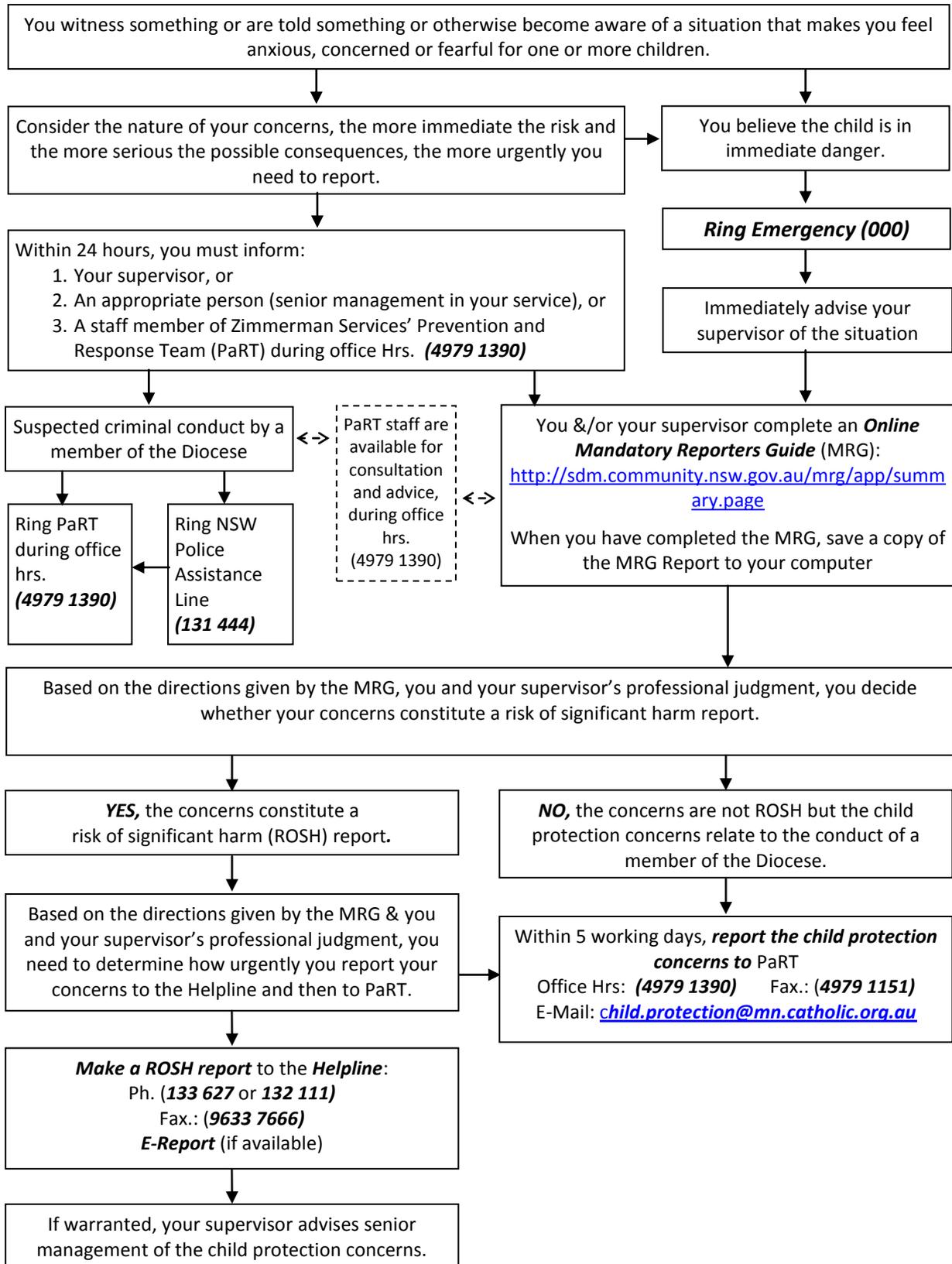
Role:

Signature:

Date:

QUICK REFERENCES

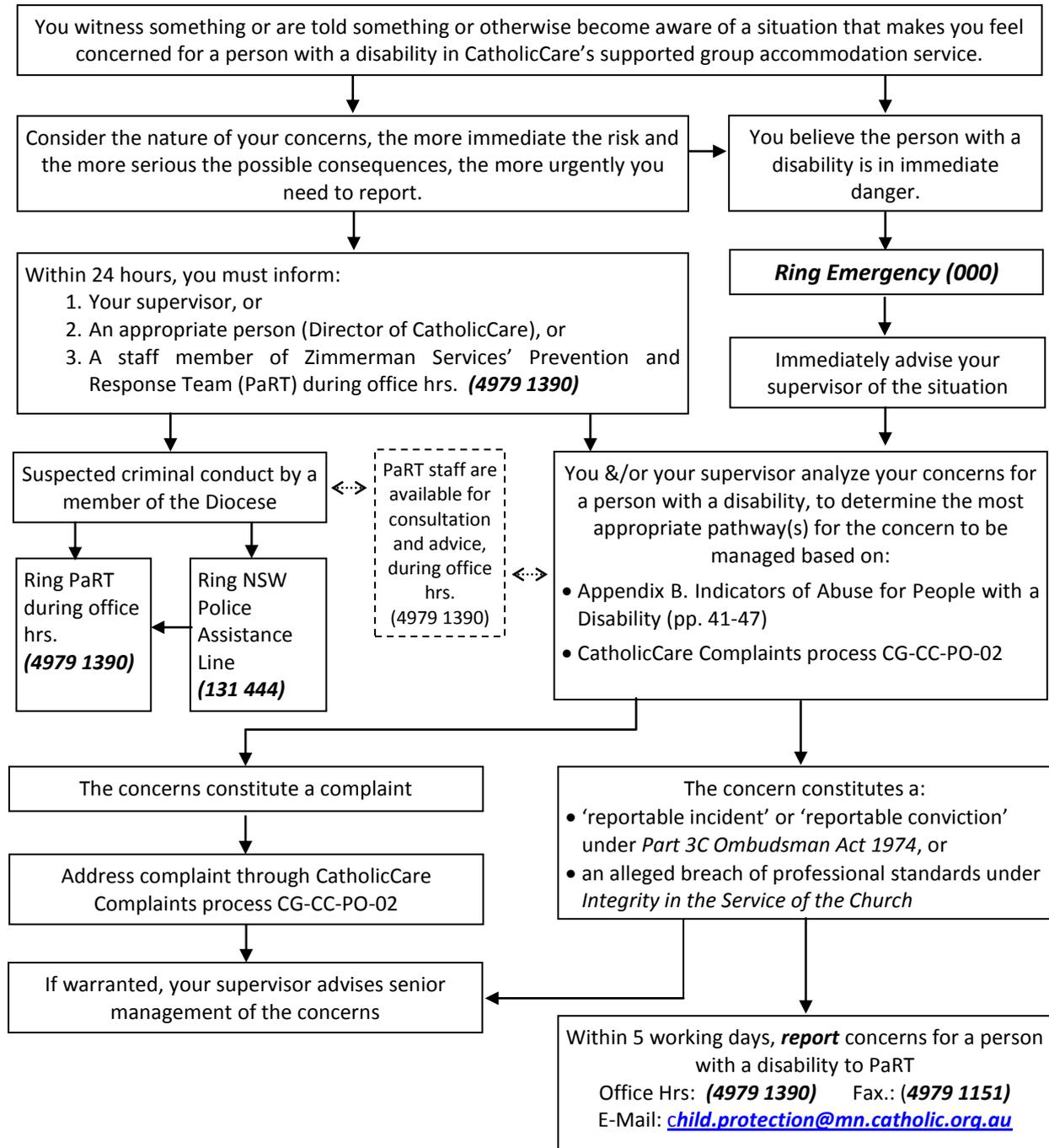
I. Flowchart for Reporting Child Protection Concerns



II. Supervisor’s Checklist for Managing Child Protection Concerns

No.	STAGES OF MANAGING A CHILD PROTECTION REPORT												
1.	<p>Does a child, class of children or member of the Diocese face an urgent, time critical, life threatening situation or other emergency?</p> <p><input type="checkbox"/> YES → Contact Emergency Services immediately (000)</p> <p><input type="checkbox"/> NO</p> <p style="text-align: right;">Now go to stage no. 2.</p>												
2.	<p>Does the child protection concern include suspected or alleged criminal conduct by a member of the Diocese?</p> <p><input type="checkbox"/> YES → Contact Zimmerman Services’ Prevention and Response Team (PaRT) (4979 1390) → Alternate contact – NSW Police Assistance Line (131 444) then contact PaRT</p> <p><input type="checkbox"/> NO</p> <p style="text-align: right;">Now go to stage no. 3a or 3b.</p>												
3a.	<p>Has your staff member determined whether the child protection concerns constitute a ROSH report?</p> <p><input type="checkbox"/> DON’T KNOW → go to stage no. 4</p> <p><input type="checkbox"/> YES → go to stage no. 5</p> <p><input type="checkbox"/> NO → go to stage no. 6</p>												
3b.	<p>Alternate pathway.</p> <p><input type="checkbox"/> Direct your staff member to contact PaRT, (4979 1390)</p> <p style="text-align: right;">Now go to stage no. 7</p>												
4.	<p>Access the Online MRG and enter the information <i>Remember to download the MRG Final Decision Report onto your computer:</i></p> <p><input type="checkbox"/> YES the concern does constitute a ROSH Report → go to stage no. 5</p> <p><input type="checkbox"/> NO the concern does not constitute a ROSH Report → go to stage no. 6</p>												
5.	<p>The child protection concerns constitute a ROSH Report.</p> <p><input type="checkbox"/> Online MRG Decision states “Immediate report to Community Services” → phone the Helpline immediately, phone (133 627 or 132 111)</p> <p><input type="checkbox"/> 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)</p> <p style="text-align: right;">Now go to stage no. 6</p>												
6.	<p>Do you need to report the child protection concern to PaRT? <i>Any ‘YES’ answers – contact PaRT within 5 working days (4979 1390)</i></p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>Does the child protection concern constituted a ROSH Report?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Is one or more of the people who are alleged to be the cause of the child protection concern, a member of the Diocese?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: right;">Now go to stage no. 7</p>		YES	NO	Does the child protection concern constituted a ROSH Report?	<input type="checkbox"/>	<input type="checkbox"/>	Is one or more of the people who are alleged to be the cause of the child protection concern, a member of the Diocese?	<input type="checkbox"/>	<input type="checkbox"/>			
	YES	NO											
Does the child protection concern constituted a ROSH Report?	<input type="checkbox"/>	<input type="checkbox"/>											
Is one or more of the people who are alleged to be the cause of the child protection concern, a member of the Diocese?	<input type="checkbox"/>	<input type="checkbox"/>											
7.	<p>Do you need to advise your Senior Management? <i>Any ‘YES’ answers – contact your senior management as a matter of urgency</i></p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <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> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Is there an allegation of criminal conduct involving a member of the Diocese?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Is it probable that a staff member may be the subject of statutory intervention by JIRT or Community Services?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		YES	NO	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?	<input type="checkbox"/>	<input type="checkbox"/>	Is there an allegation of criminal conduct involving a member of the Diocese?	<input type="checkbox"/>	<input type="checkbox"/>	Is it probable that a staff member may be the subject of statutory intervention by JIRT or Community Services?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO											
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Is it probable that a staff member may be the subject of statutory intervention by JIRT or Community Services?	<input type="checkbox"/>	<input type="checkbox"/>											

III. Flowchart for Reporting Concerns for a Person with a Disability



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

A1. 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.

A2. 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
<p>Physical</p> <ul style="list-style-type: none"> • 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 	<p>Physical</p> <ul style="list-style-type: none"> • poor standards of hygiene and self care 	<p>Physical</p> <ul style="list-style-type: none"> • may have poor standards of hygiene and self-care
<p>Social/psychological</p> <ul style="list-style-type: none"> • 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 	<p>Social/psychological</p> <ul style="list-style-type: none"> • 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 	<p>Social/psychological</p> <ul style="list-style-type: none"> • 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

A3. 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. Suspicious 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
<p>Physical</p> <ul style="list-style-type: none"> • bruises on face, head or neck • other bruises or marks which may show the shape of the object that caused it 	<p>Physical</p> <ul style="list-style-type: none"> • lacerations, welts, bruising, burn marks • unspecified internal pains 	<p>Physical</p> <ul style="list-style-type: none"> • frequent visits with child to health or other services with unexplained or suspicious injuries,

In Children	In Young People	In Parents or Carers
<ul style="list-style-type: none"> • 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’) 		<p>swallowing of non-food substances or internal complaints</p> <ul style="list-style-type: none"> • explanation of injury is not consistent with the visible injury
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • wears clothing that is inappropriate to the weather conditions, to conceal injuries • fears adults, is aggressive, lacks empathy 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • 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 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • family history of violence • history of their own maltreatment as a child • fears injuring their child • uses excessive discipline

A4. 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
<p>Physical</p> <ul style="list-style-type: none"> • 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 	<p>Physical</p> <ul style="list-style-type: none"> • adolescent pregnancy and/or reluctance to identify father of child 	<p>Physical</p> <ul style="list-style-type: none"> • Nil 	<p>Physical</p> <ul style="list-style-type: none"> • Nil

In Children	In Young People	In Non-Offending Parents, Carers	In Perpetrator
<p>Social/Psychological</p> <ul style="list-style-type: none"> • 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 	<p>Social/Psychological</p> <ul style="list-style-type: none"> • 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 	<p>Social / Psychological</p> <ul style="list-style-type: none"> • defers to partner • may minimize disclosure 	<p>Social/Psychological</p> <ul style="list-style-type: none"> • 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

A5. 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
<p>Social/Psychological</p> <ul style="list-style-type: none"> • 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 	<p>Social/Psychological</p> <ul style="list-style-type: none"> • 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 	<p>Social/Psychological</p> <ul style="list-style-type: none"> • 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

A6. 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
<p>Physical</p> <ul style="list-style-type: none"> • preterm and low birth weight baby • slow weight gain in infants • difficulties with sleeping/eating • unexplained physical injuries. 	<p>Physical</p> <ul style="list-style-type: none"> • unexplained physical injuries • eating disorders, such as anorexia and bulimia • uses alcohol and drugs • psychosomatic complaints • higher rates of genital tract infection. 	<p>Physical</p> <ul style="list-style-type: none"> • 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 	<p>Physical</p> <ul style="list-style-type: none"> • physical signs of the victim fighting back, such as facial scratches and injuries to hands
<p>Social/Psychological</p> <ul style="list-style-type: none"> • defiant at school, particularly with female teachers • aggressive or violent behaviour • over-protects mother or fears leaving mother at home • concentrates poorly • constantly fights with peers • frequently absent from school • clingy, dependent, 	<p>Social/Psychological</p> <ul style="list-style-type: none"> • depressed • suicide attempts • takes extreme risks • physically and verbally abusive • abuses siblings, parents, peers • sexually abusive • frequently absent from school, and poor academic achievement • disruptive • homeless or stays 	<p>Social/Psychological</p> <ul style="list-style-type: none"> • anxious, depressed • suicidal thoughts and attempts • low self-esteem • socially isolated • submissive and withdrawn • repeat/after hours presentations at emergency departments • seldom/never makes decisions without referring 	<p>Social/Psychological</p> <ul style="list-style-type: none"> • 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 • impresses as overly concerned about suspected

In Children	In Young People	In Parents or Carers	
		Adult Victim	Perpetrator
sad and secretive • regressive behaviour • delayed or problematic language development • stealing	away from home for prolonged time • socially isolated	to partner • fears reprisal • frequent absences from work/studies	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

A7. 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 <ul style="list-style-type: none"> • pregnant woman misuses alcohol or drugs • pregnant woman is/has been victim of domestic violence • homelessness
Social/psychological <ul style="list-style-type: none"> • 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. Indicators of Abuse for People with a Disability

Derived from the current iterations of the Abuse and Neglect Policy and Procedures (April 2012), Accommodation Policy and Development Directorate Ageing, Disability and Home Care, Department of Family and Community Services NSW

B1. Understanding the Use of Indicators

To report concerns for a person with a disability, you need to be aware of some of the indicators of abuse and neglect. It is the responsibility of every member of the Diocese's to have some understanding of the indicators of abuse and neglect in people with a disability.

Staff and management play an important role in protecting clients from further harm by recognising the indicators of abuse and responding to them.

The following indicators provide guidance on possible concerns and potential causal relationships. They should act as a trigger, encouraging practitioners and others to consider whether an injury, disclosure or marked changes to previous behaviour patterns raise the possibility that a person with a disability may be being harmed. Some indicators are sufficient as single signs to give reasonable grounds to report your concerns to Zimmerman Services Prevention and Response Team (PaRT). Others are meaningful when they co-exist with other indicators.

The presence of one or more indicators does not mean that abuse has occurred but does require staff to be vigilant on the client's behalf. The absence of indicators does not necessarily mean that the person with a disability is safe as some maltreated, as the person may 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 the person's particular disability, pre-existing conditions and behaviour patterns, current circumstances and their age or other vulnerabilities, for example chronic illness. Interpretation of indicators always involves adopting a person with a disability's perspective and having 'person centered practice'.

Indicators are variable, and people who are familiar with the person with a disability and have a strong positive relationship with them, are best placed to recognise behavioural changes that may suggest a client is being abused.

B2. Sexual Assault and Sexual Misconduct

Sexual assault of a person with a disability is any sexual activity with an adult who lacks the capacity to give or withhold consent, or is threatened, coerced or forced to engage in sexual behaviour. It includes non-consensual sexual contact, language or exploitative behaviour and can take the form of rape, indecent assault, sexual

harassment or sexual interference in any form. This type of abuse may be instigated by any person, against any other person of any age and of either gender.

Examples of sexual assault include:

- Anal or vaginal intercourse without consent
- Fingers or objects inserted into vagina or anus without consent
- Cunnilingus or fellatio without consent
- Masturbation of another person without consent
- Non-consensual touching of breasts or genitals
- Indecent exposure
- Masturbation by a person in the presence of the victim
- Voyeurism
- Displaying pornographic photography or literature

Indicators of Sexual Assault

Physical Indicators	Behavioural Signs
<ul style="list-style-type: none"> • Direct or indirect disclosure. • Sexual act described by client. • Trauma to the breasts, buttocks, lower abdomen or thighs. • Difficulty in walking or sitting. • Injuries (e.g. tears or bruising), pain or itching to genitalia, anus or perineal region. • Torn, stained or blood stained underwear or bedclothes. • Sexually transmitted diseases. • Unexplained accumulation of money or gifts. • Pregnancy. 	<ul style="list-style-type: none"> • Repeat use of words eg “bad”, “dirty”; • Self-destructive behaviour, self mutilation. • Sudden changes in behaviour or temperament, e.g. depression, anxiety attacks (crying, sweating, trembling), withdrawal, agitation, anger, violence, absconding, seeking comfort and security. • Inappropriate advances to others. • Sleep disturbances, refusing to go to bed, going to bed fully clothed. • Eating disorders. • Refusing to shower or constant showering. • Changes in social patterns, refusing to attend usual places (work, respite). • Excessive compliance.

Sexual Misconduct

Sexual misconduct includes lower level sexual harassment, including lewd or suggestive comments, teasing or insults with sexual connotations that does not necessarily equate to a criminal offence. Sexual misconduct may be categorised as:

1. crossing professional boundaries (which includes sexually explicit comments and other overtly sexual behaviour, and
2. grooming behaviour.

Crossing professional boundaries can reasonably be construed as involving an inappropriate and overly personal or intimate:

- relationship with;
- conduct towards; or
- focus on;

a person or group of people with a disability.

Persistent low level breaches of professional conduct in this area, or a single serious 'crossing of the boundaries' by a member of the Diocese, may constitute sexual misconduct, particularly if the employee either knew, or ought to have known, that their behaviour was unacceptable.

Crossing professional boundaries includes sexually explicit comments and other overtly sexual behaviour by a member of the Diocese towards a person with a disability, e.g.:

- sexualised behaviour with or towards a person with a disability (including sexual exhibitionism)
- inappropriate conversations of a sexual nature
- comments that express a desire to act in a sexual manner
- unwarranted and inappropriate touching involving a person with a disability
- personal correspondence and communications with a person with a disability in relation to the employee's romantic, intimate or sexual feelings with a person with a disability
- watching a person with a disability undress in circumstances where supervision is not required and it is clearly inappropriate.

Behaviour should only be seen as '**grooming**' where there is evidence of a pattern of conduct that is consistent with grooming the alleged victim for sexual activity, and that there is no other reasonable explanation for it. The types of behaviours that may lead to such a conclusion include (but are not limited to) the following:

- Persuading a person or group of people with a disability that they have a 'special' relationship, for example by:
 - spending inappropriate special time with a person with a disability
 - inappropriately giving gifts
 - inappropriately showing special favours to them but not other a people with a disability
 - asking the a person with a disability to keep the relationship to themselves.
- Testing boundaries, for example by:

- undressing in front of the person with a disability
 - encouraging inappropriate physical contact (even where it is not overtly sexual)
 - talking about sex
 - ‘accidental’ intimate touching.
- Inappropriately extending a relationship outside of work (e.g. taking a person with a disability to visit the employee’s home).

B3. Physical Assault

Physical assault is non-accidental injury or physical harm to a person by any other person. It includes but is not limited to inflicting pain or any unpleasant sensation, causing harm or injuries by excessive discipline, beating or shaking, bruising, electric shock, lacerations or welts, burns, fractures or dislocation, female genital mutilation and attempted suffocation or strangulation. This type of abuse may be perpetrated by people known to clients or by strangers, and can occur at any time or place.

Examples of physical abuse include:

- Hitting, smacking, biting, kicking, pulling limbs, hair or ears
- Bending back fingers, bending an arm up behind the back
- Dragging, carrying or pushing people who do not want to be moved unless involuntary relocation is part of a behaviour management plan
- Physical restraint
- Threat of violence

Indicators of Physical Abuse

Physical Indicators	Behavioural Signs
<ul style="list-style-type: none"> ● Facial, head and neck bruising or injuries. ● Drowsiness, vomiting, fits (associated with head injuries). ● Unexplained or poorly explained injury. ● Other bruising and marks may suggest the shape of the object that caused it. ● Bite marks or scratches. ● Unexplained burns or scalds. ● Unexplained fractures, dislocations, sprains. 	<ul style="list-style-type: none"> ● Explanation inconsistent with the injury; explanation varies. ● Avoidance or fearfulness of a particular person or staff member. ● Sleep disturbance (e.g. Nightmares; bedwetting). ● Changes in behaviour: out of character aggression; withdrawal; excessive compliance.

B4. Domestic Violence

Violence, abuse and intimidation perpetrated by one person against another in a personal, intimate relationship. It is a partnership violence that includes violence perpetrated when couples are separated or divorced. Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm. This type of abuse can occur where people are living in the same house, between a client and a family member or friend, or between two clients.

B5. Restraints and Restricted Practices

Restraining or isolating an adult for reasons other than medical necessity or in the absence of a less restrictive alternative to prevent self-harm is a form of abuse. This may include the use of chemical or physical means or the denial of basic human rights or choices such as religious freedom, freedom of association, access to property or resources or freedom of movement. However, these practices are not considered to be abuse if they are applied under a restricted practice authorisation based on established standards of practice (refer ADHC Behaviour Support Policy and Practice Manual, January 2009) for guidance.

Examples of restraints and restricted practices include:

- The use of social isolation (ignoring a client) when it is not a designated behaviour management strategy
- Putting a client into a room with the door locked
- Locking a client in a room all night
- Using other clients to provide physical control over a client
- Expulsion for masturbating
- Excessive chemical restraint - use of medication without proper authorisation or consent
- Forcing clients to eat food they do not want to eat

B6. Neglect

Neglect is a failure to provide the basic physical and emotional necessities of life. It can be wilful denial of medication, dental or medical care, therapeutic devices or other physical assistance to a person who requires it because of age, health or disability. It can also be a failure to provide adequate shelter, clothing, food, protection and supervision, or to place people at undue risk through unsafe environments or practices and thereby exposing that person to risk of physical, mental or emotional harm. Neglect includes the failure to provide the nurturance or stimulation needed for the social, intellectual and emotional growth or well being of an adult or child.

Neglect may occur when the primary carer of a client does not provide the essential elements for life described above, or when any person or organisation responsible for providing care or services to a client fails to meet this obligation.

Neglect can be a single significant incident where a caregiver fails to fulfill a duty, but is usually the accumulative effect of an ongoing pattern of repeated failures by a caregiver to meet the person with a disability’s physical or psychological needs.

Examples of neglect include:

- Refusing to provide service users with food because they have not done what they were asked to do
- Hurrying or rushing assistance with eating or drinking to fit in with staff timetables rather than clients’ needs
- Withdrawal or denial of privileges, planned outings or personal items that are not designated and planned behaviour management strategies
- Depriving clients of their right to express their cultural identity, their sexuality or other desires
- Failure to ensure adequate food, health care support, clothing, medical aid or culturally relevant contexts and supports
- Not using a communication device to enable expression of needs or other communication

There are particular classes of neglect that can be committed by a paid carer/worker against a person with a disability

Supervisory neglect is an intentional or reckless failure to adequately supervise or support a person with a disability that resulted in the death of, or significant harm to, that person or involved a gross breach of professional standards and had the potential to result in the death of, or significant harm to the person with a disability.

Failure to protect from abuse involves an obviously unreasonable failure to respond to information which strongly indicates actual or potential serious abuse of a client.

Indicators of Neglect

Physical Indicators	Behavioural Signs
<ul style="list-style-type: none"> • Hunger and weight loss. • Poor hygiene. • Poor hair texture. • Inappropriate or inadequate clothing for climatic conditions. • Inappropriate or inadequate shelter or accommodation. • Unattended physical problems or medical needs. • Health or dietary practices that endanger health or development. • Social isolation. 	<ul style="list-style-type: none"> • Requesting, begging, scavenging or stealing food. • Constant fatigue, listlessness or falling asleep. • Direct or indirect disclosure. • Extreme longing for company. • Anxiety about being alone or abandoned. • Displaying inappropriate or excessive self-comforting behaviours.

B7. Psychological or Emotional Abuse

Includes verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person's existence. This may also include denying cultural or religious needs and preferences. Although any person may initiate emotional abuse towards a client it is likely to come from people who associate with clients regularly. The sources could be primary carers, family, friends, other clients or other service providers.

Examples of psychological or emotional abuse include:

- Humiliating a client for losing control of their bladder or bowel or about other private matters
- Treating clients in ways that deny them their dignity
- Preventing clients from expressing themselves out of fear of retaliation
- Discouraging personalisation of rooms or clothing
- Limiting social freedom available to clients
- Denying cultural needs, such as serving pork to Jewish or Muslim clients
- Shouting orders to clients
- Using humiliating names when speaking to a client

Indicators of Psychological or Emotional Abuse

Physical Indicators	Behavioural Signs
<ul style="list-style-type: none"> • Speech disorders. • Weight loss or gain. 	<ul style="list-style-type: none"> • Feelings of worthlessness about life and self; extreme low self-esteem self-abuser, self-destructive behaviour. • Extreme attention seeking behaviour and other behavioural disorders (e.g. disruptiveness, aggressiveness, bullying). • Excessive compliance. • Depression, withdrawal, crying.

B8. Financial Abuse (Exploitation)

The improper use of another person's assets or the use or withholding of another person's resources. Possible sources of financial abuse are carers, families or guardians who act formally or informally as financial managers and have access to or responsibility for clients' finances and property.

Examples of financial abuse include:

- Denying clients' access to or control over their money when they have a demonstrated capacity to manage their own finances
- Denying a client access to information about their personal finances

- Taking a client’s money or other property without their consent (which is likely to also constitute a criminal offence)
- Forced changes to wills or other legal documents
- Using a client’s belongings for personal use

Indicators of Financial Abuse

Physical Indicators	Behavioural Signs
<ul style="list-style-type: none"> • Restricted access to or no control over personal funds or bank accounts. • No records or incomplete records kept of expenditure and purchases. • Missing money, valuables or property. • Forced changes to wills or other legal documents. 	<ul style="list-style-type: none"> • Stealing from others. • Borrowing money. • Begging.

B9. Systemic Abuse

Failure to recognise, provide or attempt to provide adequate or appropriate services, including services that are appropriate to that person’s age, gender, culture, needs or preferences. Service providers and carers are the likely sources of systemic abuse.

Examples of systemic abuse include:

- Relevant policies and procedures are not implemented
- Clients are denied the option to make decisions affecting their lives
- Health care and lifestyle plans are not implemented

C. 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>
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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>
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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>
<ul style="list-style-type: none"> • Description of neglect – who, what, when: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • 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>
<ul style="list-style-type: none"> • Description of injury – who, what, when: <ul style="list-style-type: none"> ○ 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? 	<ul style="list-style-type: none"> • 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

D. 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.