

Protecting and Supporting Children and Young People

Table of contents

Section

| | | |
|----|---|----|
| 1 | Introduction | 3 |
| 2 | Definitions | 4 |
| 3 | The education and training context | 4 |
| 4 | Roles of staff | 5 |
| 5 | When to report | 6 |
| | Reports involving young people | 6 |
| | Past abuse | 7 |
| | Discussing reports to DoCS with the children and young people involved | 7 |
| 6 | Safeguards for people making a report to the Department of Community Services | 8 |
| 7 | Procedures for reporting to the Department of Community Services | 8 |
| | Members of staff other than the principal, executive officer or TAFE or AMES counsellor | 8 |
| | Principals and executive officers | 9 |
| | TAFE and AMES counsellors | 10 |
| | State and district office staff | 10 |
| | Where children or young people, including trainees or apprentices, are undertaking courses in a range of locations concurrently | 11 |
| 8 | Procedures where concerns about risk of harm relate to the actions of a student, trainee or apprentice | 11 |
| 9 | Additional procedures where concerns about risk of harm relate to the actions of a staff member | 12 |
| 10 | Providing information to the Department of Community Services | 12 |
| 11 | The role of case planning | 13 |

| | | |
|-------------|--|----|
| 12 | ‘Best endeavours’ responses to a request for a service from the Department of Community Services | 13 |
| 13 | Communication with parents and carers about reports | 15 |
| 14 | Interviews of children and young people on DET premises or in association with a DET activity | 15 |
| | Support person | 16 |
| 15 | Record keeping and filing | 17 |
| 16 | Checklist of procedures | 18 |
| | Principals and executive officers | 18 |
| | TAFE and AMES counsellors | 20 |
| Form A: | Report to DoCS about Suspected Risk of Harm | 21 |
| Form B: | Information Request Form | 22 |
| Form C: | Response to a Request for Information from DoCS | 23 |
| Form D: | Request for Service Form | 24 |
| Form E: | Response to a Request for Service from DoCS (‘Best Endeavours’) | 26 |
| Appendix 1: | Legislative context | 27 |
| Appendix 2: | Glossary | 30 |
| Appendix 3: | Indicators of abuse and neglect | 33 |

1. Introduction

The *Children and Young Persons (Care and Protection) Act 1998* now replaces the *Children (Care and Protection) Act 1987*. It identifies the protection of children and young people from harm as an important role for the whole community.

Agencies which provide services to children, young people and their families, or whose staff come into contact with children and young people in the course of their work, have a particular role to play and must work together to provide effective care and protection.

These procedures:

- apply to all employees of the Department of Education and Training (DET), including TAFE and AMES
- replace *Child Protection: Procedures for recognising and notifying child abuse and neglect 97/019 (S.018)*, *Child Protection Update 1993 (DG 92.6262)*, *Child Protection in TAFE: Notification of child abuse and neglect (1999)* and *Child Protection in AMES NSW (2000)*
- must be readily accessible to all staff
- must be the subject of annual training and development for all staff, including casual and part-time staff and those who join the staff during the year.

Children and young people can be subjected to harm from abuse or neglect within the family, in social or community situations, in work placements, in employment or within an education and training setting. This document details procedures to be followed when, in the course of their work, staff develop concerns about suspected risk of harm to a child or young person or ‘a class’ of children or young people. The groups of children and young people relevant to DET staff include:

- children and young people enrolled in government schools and pre-schools
- children and young people enrolled in TAFE
- children and young people who are not enrolled but who access TAFE services
- apprentices and trainees registered with DET
- young people supervised by DET staff
- young people in AMES
- children enrolled in TAFE Children’s Centres and those accessing playgroups and child minding services provided by TAFE and AMES
- children and young people who accompany adults to DET premises, including TAFE and AMES premises, or to an off-campus activity conducted by DET

- ‘a class’ of children or young people who may be at risk because of the reported behaviour of an adult with whom they have, or may have contact
- any other child or young person about whom staff members develop concerns in the course of their work.

The Department of Education and Training requires that all employees of DET, including TAFE and AMES, must report to the Department of Community Services (DoCS), where they have reasonable grounds to suspect risk of harm to a child or young person.

2. Definitions

Relevant definitions, other than those listed below, are included in the Glossary at Appendix 2.

A *child* means a person under the age of 16 years.

A *young person* means a person who is aged 16 or 17 years.

An *executive officer* means the designated member of staff in charge of the establishment (whether under the title of College Director or Campus Manager, AMES Regional Manager or otherwise), and includes any person acting as the person in charge of the establishment. It also includes the Manager, Field Services and Skills Recognition. Where there is a TAFE-managed Children’s Centre on campus, the Early Childhood Director will be designated as executive officer for the Centre.

3. The education and training context

Children and young people can benefit from education about how to identify abusive and high risk situations and about how to develop their own strategies for minimising risk and seeking help. Policies and programs in related areas, such as discrimination and harassment, provide further contexts for information and briefings about personal safety for students, trainees and apprentices.

Many employees have regular contact with children and young people and sometimes this contact occurs over extended periods of time. In settings such as child care, classrooms, playgrounds, work sites, excursions and campuses, staff may become aware of signs of abuse or neglect that are not apparent in any other situation. Regular contact with children or young people, or working in a specific support or monitoring role, places staff in a position of trust and authority where children or young people may talk to them about personal concerns, including abuse or neglect. Staff may also observe indicators or behaviours that raise concerns about the child or young person. Whatever the source of the concern, staff members need to decide what is the best way to follow up. These concerns may be discussed with the principal or executive officer.

Where staff have reasonable grounds to suspect risk of harm to a child or young person, a report must be made to DoCS. It will initiate a safety and risk assessment by the DoCS Helpline. If DoCS staff believe that there are risk of harm concerns and the child or young person may be in need of care and protection, they will develop a case plan involving the local Community Services Centre.

It is not the responsibility of DET staff to investigate. This is the responsibility of officers of DoCS and the Police Service.

4. Roles of staff

In the course of their work, DET staff have a duty to take reasonable care to protect children and young people against risks of harm which should have been foreseen.

Staff are expected to:

- plan for a safe environment in all relevant activities conducted taking into account gender, age, maturity and cultural factors
- assess the levels of risk of harm of specific activities and develop and implement strategies to minimise risk
- support children and young people in ways that are responsive to their needs and are appropriate to staff roles
- be aware of indicators of abuse and neglect in children and young people
- report concerns about risk of harm
- restrict the sharing of information to circumstances when it is absolutely necessary for professional reasons, bearing in mind the child's or young person's right to privacy
- participate in relevant training and development
- follow departmental guidelines in the provision and exchange of relevant information to progress investigations, assessments and case management as permitted by law.

Note: Further information on the legislative requirements for child protection is provided in Appendix 1. Indicators of abuse and neglect are included in Appendix 3.

5. When to report

The *Children and Young Persons (Care and Protection) Act 1998* refers to reports being made when there are reasonable grounds to suspect risk of harm to the child or young person.

A child or young person is at risk of harm if current concerns exist for the safety, welfare and well-being of the child or young person because of the presence of one or more of the following circumstances:

- (a) the child's or the young person's basic physical or psychological needs are not being met or are at risk of not being met*
- (b) the parent or other carers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care*
- (c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated*
- (d) the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm*
- (e) a parent or other carer has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm.*

(Section 23 Children and Young Persons (Care and Protection) Act 1998)

A report can also be made if a child or young person is homeless (Sections 120 and 121 *Children and Young Persons (Care and Protection) Act 1998*). For a child this will form part of the risk of harm considerations. For a young person, a report relating to homelessness needs to have the agreement of the young person.

If a staff member is concerned about a child or young person but is unsure about whether to report, he or she should consult with the principal or executive officer or with the DoCS Helpline. In the context of an ongoing case plan, local DoCS staff may also be approached for advice.

Where it is suspected that a crime has been committed, irrespective of the age of the victim or the passage of time, the police must be advised.

Reports involving young people

Although the *Children and Young Persons (Care and Protection) Act 1998* does not make it mandatory to report suspected risk of harm to young people to DoCS, the Department of Education and Training requires all staff to do so.

It is appropriate to treat reports about young people differently from reports related to children. Where risk factors in young people's lives are balanced by protective factors such as a stable place to live, support from parents or other adults, strong peer networks or participation in a counselling program, risks are usually reduced. Risks may increase if the protective factors change.

If staff are not sure whether to make a report about a young person they should discuss their concerns, where possible with the young person's agreement, with the principal, executive officer or counsellor.

If a staff member forms the view that a young person's safety and welfare needs will not be met unless a report is made, a report must then be made to DoCS. The young person should be involved in the decision to report and the process of reporting. If he or she does not wish a report to be made, this information must be conveyed to DoCS. DoCS will consider the young person's wishes in undertaking any assessments and investigations.

Past abuse

Current concerns may exist for a child or young person where abuse has happened in the past, if the abuse is still having an impact on the child or young person. Current concerns can also arise from a situation where an adult discloses child sexual abuse by a perpetrator who still works with children or young people. In this case the report would refer to current concerns for 'the class' of children or young people who may be at risk from the alleged perpetrator. Any available information on the alleged perpetrator's identity or location will assist DoCS to assess any risk of harm.

Discussing reports to DoCS with the children and young people involved

The decision about whether a report should be discussed with a **child** needs to be carefully considered, taking into account factors such as the risk of harm suspected, the type of abuse, the age and capacity of the child to make sense of the information, the additional stress that may be placed on the child within a family or other context and the immediate needs of the child.

Where concerns have arisen in the course of discussions with a **child or young person**, it is particularly important for the staff member to continue to play a support role with the child or young person or to ensure that he or she is encouraged to link with available support. It is also important for the staff member to reassure the child or young person in this situation without making promises (e.g. promises that no-one else will be told) that cannot be kept.

A **young person** should be provided with the opportunity to express his or her views unless there would be serious risks in doing so (e.g. a possible escalation of self-harming behaviour or creating further risks of harm). Any views expressed should be indicated to DoCS in the telephone report and noted on the electronic Form A (see Section 7) when the report is confirmed.

6. Safeguards for people making a report to the Department of Community Services

DoCS is the agency with the authority and mandate to respond to reports of risk of harm. The identity of all reporters is confidential although staff will be required to provide identifying details when making a report to the DoCS Helpline.

Any person who makes a report in good faith to DoCS, or to a person who has the power or responsibility to protect the child or young person, is afforded the following protection by law:

- the making of the report does not constitute a breach of professional ethics or a departure from accepted standards of professional conduct
- no liability for defamation can be incurred because of the report
- the report is not admissible in any proceedings as evidence against the person who made the report
- a person cannot be compelled in any proceedings to provide the report or give evidence of any of its contents.

No person may disclose to anyone, including the parent, the identity of the person who makes the report unless with the person's permission or in accordance with a court order. In some cases, for example in a small community, parents may form suspicions about the identity of the reporter. No staff member should respond to an enquiry or complaint about a report or confirm or deny that any report has been made. Enquiries should be directed to DoCS.

The Department will provide support to assist any staff member who is concerned about his or her safety as a result of making a report. (Refer *Guidelines for Schools and TAFE NSW Colleges and Campuses: Management of Serious Incidents 2000*)

7. Procedures for reporting to the Department of Community Services

Members of staff other than the principal, executive officer or TAFE or AMES counsellor:

- inform their principal or executive officer when they have reasonable grounds to suspect risk of harm to a child or young person or 'a class' of children or young people
- provide relevant and available information required by the principal or executive officer to assist in the report to the DoCS Helpline. (Where possible the staff member should be available to assist the principal or executive officer to answer questions when the report is made.)

- ensure that a report has been made to DoCS
- report directly to the DoCS Helpline if there are reasons precluding a report being made to the principal or executive officer
- where requested by the principal or executive officer to participate in case planning (see Section 11)
 - contribute in interagency case meetings co-ordinated by the local DoCS Community Services Centre
 - provide information and advice on behalf of the principal or executive officer within departmental guidelines.

Principals and executive officers:

When a staff member informs them that he or she has reasonable grounds to suspect risk of harm to a child or young person or when they have formed these grounds themselves:

- collect relevant and available information (with the assistance of the staff member if appropriate) and make a report to the DoCS Helpline on telephone 13 3627
- note the decision indicated by the DoCS Helpline as the recommended course of action and the reference number allocated to the report by DoCS for entry onto the electronic Form A
- enter details relating to the report on electronic Form A and print it. Electronic Form A is located at intranet address <http://detwww.det.nsw.edu.au/forma> and will be accessed by using the normal user name and password
- transmit the electronic Form A to DoCS
- if the staff member who has reported the concern was not present, advise that staff member that the report has been made
- file the paper copy of the electronic Form A in a secure place so that it is kept confidential to the principal or executive officer
- fax a copy of the electronic Form A to the District Superintendent, Institute Director, Director of AMES or Commissioner for Vocational Training, as appropriate
- provide follow up support to the child or young person, or nominate an appropriate staff member to provide support
- respond to DoCS in relation to
 - requests for information (use Form C)
 - requests for service (use Form E)
- participate in, or delegate participation in, case planning meetings and assist in the implementation of case plans as outlined in Section 11

- maintain, where relevant, copies of Forms B, C, D and E with Form A
- provide the records relating to reports to any successor.

TAFE and AMES counsellors:

- collect relevant and available information and make a report to the DoCS Helpline on telephone 13 3627
- note the decision indicated by the DoCS Helpline as the recommended course of action and the reference number allocated to the report by DoCS for entry onto the electronic Form A
- enter details relating to the report on electronic Form A and print it. Electronic Form A is located at intranet address <http://detwww.det.nsw.edu.au/forma> and will be accessed by using the normal user name and password
- transmit the electronic Form A to DoCS
- file the paper copy of the electronic Form A on the client file
- provide a paper copy of Form A to the executive officer and where relevant, advise him/her about allegations against a staff member which will require his/her follow up
- where there are no allegations against a staff member, respond to DoCS in relation to
 - requests for information (use Form C)
 - requests for service (use Form E)
 - participation in case planning meetings and assistance in the implementation of case plans as outlined in Section 11
- file forms B, C, D and E if relevant on the client file and provide copies to the executive officer.

Note: Children and young people who are at risk of harm should be encouraged to seek counselling and support. They should not be required to see a counsellor.

State and district office staff:

- if the child or young person is currently enrolled in a school or TAFE or is participating in another DET program, report concerns to the relevant principal or executive officer
- if the young person is not participating in a DET program, consult with the District Superintendent or State Office Director who will make the report to DoCS.

Where children or young people, including trainees or apprentices, are undertaking courses in a range of locations concurrently:

Where a child or young person, including a trainee or apprentice, is the subject of concerns related to risk of harm and is participating in programs in a range of locations (e.g. TAFE college and school), the executive officer or principal who becomes aware of the concern will need to determine with other relevant executive officer(s) or principal(s) who will make the report. Depending on the circumstances and bearing in mind the right to privacy of the child or young person concerned, the reporting officer may need to provide advice related to the matter to staff in other locations. For example, where a report relates to a trainee or apprentice in a workplace setting, it may be necessary for the executive officer to provide advice to the Commissioner for Vocational Training.

The responsibility for reporting includes completing actions related to electronic Form A, liaising with DoCS and providing support to the child or young person.

8. Procedures where concerns about risk of harm relate to the actions of a student, trainee or apprentice

Where concerns about risk of harm relate to an alleged perpetrator who is a student, trainee or apprentice, the same procedures for reporting to DoCS are followed. It will be crucial to ensure that any child or young person who may have been harmed by the behaviour of an alleged perpetrator, is safe and supported.

If a student, trainee or apprentice of any age engages in behaviour which could in the view of the principal or executive officer constitute sexual or physical assault, the matter should be reported to the police.

If the student, trainee or apprentice is under 18 years, the report to the police should occur in a process determined in discussion with the DoCS Helpline. In some circumstances the DoCS Helpline will advise police; in others, the principal or executive officer will do so.

In circumstances where abusive behaviour has occurred, appropriate disciplinary procedures should be considered. This could include applying sanctions to the person who has breached discipline but would follow consultation with police or DoCS where relevant.

If there are concerns that a child or young person exhibiting the abusive behaviour may be at risk of harm, a report should also be made to DoCS about the child or young person in accordance with these procedures.

9. Additional procedures where concerns about risk of harm relate to the actions of a staff member

Where concerns about suspected risk of harm relate to the actions of a staff member, the same procedures for reporting to DoCS are followed but an additional action is required. The principal or executive officer will also seek advice from the Child Protection Investigation Unit (CPIU telephone 9266 8070). In these cases, the principal or executive officer will forward a paper copy of the electronic Form A to the CPIU on confidential fax 9266 8077. In TAFE and AMES this will include reports that have been made by the counsellor where concerns relate to the actions of a staff member.

Where concerns about suspected risk of harm relate to the actions of a principal or executive officer, staff should report these directly to the District Superintendent, Institute Director, Director of AMES or Commissioner for Vocational Training, as well as the CPIU (telephone 9266 8070). It is the responsibility of the District Superintendent, Institute Director, Director of AMES or Commissioner for Vocational Training to follow the procedures to report to the DoCS Helpline. The District Superintendent, Institute Director, Director of AMES or Commissioner for Vocational Training will forward a paper copy of the electronic Form A to the CPIU on confidential fax 9266 8077.

10. Providing information to the Department of Community Services

DoCS has the authority under Section 248 of the *Children and Young Persons (Care and Protection) Act 1998* to direct prescribed agencies (including the Department of Education and Training) to provide information relating to the safety, welfare and well-being of a child or young person, or 'a class' of children or young people. DoCS can also provide information to these agencies. Such exchanges of information may occur at any stage in a child protection investigation. DoCS must be a party to any information exchange (i.e. DET staff should only pass on information to DoCS, not to another agency). Exchanging information in good faith and with reasonable care within a child protection intervention, including a response to requests for information and requests for service, is not a breach of professional ethics or standards of professional conduct and does not carry liability for defamation or constitute grounds for civil action.

Because the protection of children and young people from risk of harm is deemed to be more important in some situations than an individual's right to privacy, there are statutory provisions that override restrictions on disclosure of personal information (e.g. the privacy principles outlined in privacy legislation).

Information provided to DoCS should be drawn from information that is available. It should be objective with any analysis of issues based on fact and professional judgement. It should be supplied promptly. Form C has been provided for this purpose.

DET staff are required to complete a variety of reports as a component of their work with children and young people. As with the provision of other written information, staff need to be conscious of the purpose and audience of information provided in relation to risk of harm reports and to ensure that only relevant information is included and that it is documented appropriately.

DoCS has a responsibility to provide appropriate feedback to people who make reports from DET. DoCS will advise in writing what initial action will be taken by DoCS or the reasons that no further action is considered appropriate.

11. The role of case planning

Where a referral is assessed at the DoCS Helpline as requiring further assessment through allocation to a Community Services Centre, DoCS will manage the response to the report, including the case plan.

Principals and executive officers may need to nominate an appropriate staff member to be the DET contact person for the ongoing consultation and any co-ordination of DET involvement which is necessary.

As part of case planning, the DET representative may be asked to convey requests for particular actions to be undertaken by the school, TAFE or other relevant program or a written referral may be made to DET. These requests will be called referrals by DoCS. They will be negotiated locally and do not require a 'best endeavours' response (see Section 12).

DoCS is now required to facilitate the active participation of children, young people and their families in decisions that affect them. Where possible and appropriate, the child, young person and his or her parents will be present in case planning meetings.

12. 'Best endeavours' responses to a request for a service from the Department of Community Services

In responding to a situation where a child or young person's safety, welfare or well-being is at risk of harm, DoCS may request a department (including the Department of Education and Training) to provide services to a child or young person or his or her family. For some requests for a service the Department of Education and Training will be requested to use its 'best endeavours' to comply with the request. In this context, 'best endeavours' means to exercise a genuine and considered effort to respond to a request for services to promote the safety, welfare and well-being of the child or young person.

Any requests for a service will be made in the context of a case plan. The DoCS caseworker making the request will negotiate with the agency providing the service. Requests from DoCS will be provided to the principal or executive officer. Most requests will be directed to agencies which provide family services, e.g. a drug and alcohol counselling service might be asked to use their best endeavours to provide a service to a parent whose substance abuse is jeopardising their child's safety, welfare or well-being.

DoCS will make a request for a service to DET staff only if DoCS staff consider the child or young person needs the assistance, and that DET is best placed to provide it. Agencies are not expected to provide services that are not within their expertise or responsibility.

When making requests which require DET staff to use their best endeavours (see Form D), DoCS will provide in writing (usually with the permission of family member/s):

- the reasons for DoCS approaching DET
- the type of service required, and how it will meet the needs of the child, young person or family
- accurate, appropriate and relevant information on the child or young person and family
- the views of the child, young person or family on their needs for support and assistance
- the nature of DoCS ongoing involvement
- information on how the case will be monitored
- a copy of the case plan.

A request to DET could occur, for example, to enlist educational support for a child or young person or to monitor their attendance and/or welfare.

In responding to a request for a service, DET staff will need to:

- notify DoCS promptly indicating whether or not the request can be accepted
- where the request is accepted, respond in writing and outline what will be provided (use Form E)
- where the request cannot be accepted, respond in writing outlining the reasons for being unable to do so. If the request may be able to be met in the future, appropriate contact details should be provided (refer to Form E).

13. Communication with parents and carers about reports

As part of their responsibility to investigate reports of risk of harm, officers of DoCS or the Police Service generally advise parents or carers that a report has been made. The identity of the person who made the report is confidential.

Officers from DoCS or the Police Service should also inform the child's or young person's parents or carers when an interview with a child or young person relating to a risk of harm investigation has occurred at school, TAFE or another DET site. Where the alleged perpetrator is a staff member, the principal or executive officer must consult with the Child Protection Investigation Unit by telephone (9266 8070) to discuss the type of information to be provided to parents or carers.

Processes for communication with parents and carers need to be managed sensitively in the context of advice from DoCS. If in doubt in a particular situation, principals and executive officers should consult with the DoCS Helpline or the DoCS Manager, Casework at the Community Services Centre.

14. Interviews of children and young people on DET premises or in association with a DET activity

Officers of DoCS and/or the Police Service may wish to carry out interviews with a student, trainee or apprentice sometimes jointly, at a school, TAFE campus, AMES Centre, workplace or other venue associated with a DET activity.

The principal or executive officer should permit an interview only where he or she has been assured by officers from DoCS or the Police Service that it is not appropriate for the child or young person to be interviewed at home. No child or young person will be interviewed by police or DoCS officers at school, TAFE or other venue associated with a DET activity, against their wishes and it is the principal's or executive officer's responsibility to inform the child or young person of this.

Where interviews are to take place at a DET site, the principal or executive officer should plan with the officer(s) who will conduct the interview, a satisfactory location, arrangements for the way in which the child or young person will leave and return to the classroom or other location, and suggestions for maintaining confidentiality.

Support person

All children and young people should be given an opportunity to have a support person of their choice with them when interviewed by the police or DoCS staff. Where interviews are to be held at a school or other DET site, principals and executive officers should take into account the age, maturity, developmental level and cultural background of the child or young person e.g. giving consideration to the use of an interpreter during an interview or clarifying whether an Aboriginal child or young person would prefer a member of the Aboriginal community as his or her support person.

If the person nominated is a parent or caregiver or a close friend of the family, the principal or executive officer must discuss this nomination with officers of DoCS or the Police Service before taking any action. Members of staff are not required to attend the interview unless they agree to do so.

When the child or young person wishes to be accompanied by a supportive adult, the interview must not be conducted until the person so nominated arrives to attend the interview and to provide support for the child or young person.

Note: Principals and executive officers should not allow children or young people (i.e. those under 18 years) to act as a support person in interviews conducted by the Police Service or DoCS.

Children or young people may not be comfortable to have members of staff present during interviews, particularly where the staff occupy positions that children and young people would identify as being authority figures. As far as possible, principals and executive officers should ensure that children and young people have support persons with whom they feel most comfortable.

The principal or executive officer should provide the officers of DoCS or the Police Service with an opportunity to speak to the supportive adult nominated by the child or young person before they interview him or her.

Staff members who attend interviews are there to support the child or young person. What takes place in the interview becomes part of the investigation and must remain confidential. Staff members who attend interviews may, at their discretion, make a written record of the interview. This record may assist staff members should they be called to give evidence in subsequent court proceedings. Staff should be aware that they, and/or their notes, may subsequently be required in court proceedings.

DoCS or the Police Service are responsible for communicating with parents or carers about any matters related to an interview.

15. Record keeping and filing

Well-kept records are important in ensuring effective management and follow up of reports relating to risk of harm. These records can be requested under various legislation. Paper copies of electronic Form As and related papers should be retained in secure storage and kept confidential. These records should be provided to any successor.

It is also important where there are ongoing concerns about the safety or welfare of a child or young person who leaves the school or other program, that the principal or executive officer:

- seeks to clarify or confirm whether they have enrolled elsewhere
- if a new enrolment is established, forwards related papers under a confidential file cover to the principal or executive officer at the new location
- advises the DoCS case manager that the child or young person has left and of any other relevant details.

Note: The most vulnerable children and young people may change address frequently and risk of harm can escalate in a new situation where they are not known and may have no support networks. It is important that communication occurs with DoCS in any cases where concerns are held for the safety, welfare or well-being of a child or young person who has moved.

16. Checklist of procedures

CHECKLIST FOR CHILD PROTECTION REPORTS: PRINCIPALS AND EXECUTIVE OFFICERS

The following checklist is for the principal's or executive officer's own use. It should be used in conjunction with relevant sections of the procedures and be retained by the principal or executive officer. A completed checklist is to be treated as confidential.

Name of child or young person

Date of report

| | Yes | No |
|---|--------------------------|--------------------------|
| • Have you collected available information relevant to this report? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you made a report to the DoCS Helpline (13 3627)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you noted the DoCS recommended course of action and the DoCS Helpline reference number for the report? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you completed electronic Form A and printed it? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you transmitted the electronic Form A to DoCS? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If the concerns relate to a staff member, have you sought advice from the Child Protection Investigation Unit (9266 8070) and if necessary forwarded a copy of electronic Form A to the CPIU on fax 9266 8077 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was the staff member who raised the concerns present when you phoned the DoCS Helpline? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If the staff member was not present, have you informed them that the report has been made to DoCS? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you printed and filed the paper copy of Form A in a secure, confidential place? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you faxed a copy of Form A to the District Superintendent, Institute Director, Director, AMES or Commissioner for Vocational Training? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has follow up support been arranged/provided for the child or young person? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you nominated a staff member to be the DET contact person in case planning meetings? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have any DoCS requests for information been responded to using Form C? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have any requests for a service from DoCS been responded to using Form E? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you filed all records confidentially? | <input type="checkbox"/> | <input type="checkbox"/> |

Where an interview of a child or young person is to take place on DET premises or in association with a DET activity

| | Yes | No |
|---|--------------------------|--------------------------|
| • Have you been assured by officers from DoCS or the Police that it is not appropriate for the child or young person to be interviewed at home? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you advised the child or young person that they may choose not to be interviewed at school or other DET site? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you planned a satisfactory location and arrangements with the DoCS or police officer conducting the interview? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you assisted the child or young person to have a support person of their choice at the interview? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you considered whether an interpreter or a member of the Aboriginal community may be helpful in the interview? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If the support person nominated is a parent or caregiver or close friend of the family, have you discussed this nomination with officers from DoCS or the Police Service? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where the nominated person is a staff member, have you briefed him/her and sought his/her agreement to participate in the interview? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you discussed arrangements for protecting the privacy of the child or young person before, during and following the interview? | <input type="checkbox"/> | <input type="checkbox"/> |

Where the child or young person is participating in more than one DET program

| | | |
|--|--------------------------|--------------------------|
| • Have you contacted the principal or executive officer of other DET locations and determined who will take responsibility for the report and any follow up? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you provided staff in other locations with necessary information? | <input type="checkbox"/> | <input type="checkbox"/> |

Where concerns about risk of harm relate to the actions of a student, trainee or apprentice

| | | |
|--|--------------------------|--------------------------|
| • Have you taken steps to ensure that any child or young person who may have been harmed, is safe and supported? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where relevant, have you determined with the DoCS Helpline who will notify the police about possible physical or sexual assault by a student, trainee or apprentice? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you were to notify the police, have you done so? | <input type="checkbox"/> | <input type="checkbox"/> |

CHECKLIST FOR TAFE AND AMES COUNSELLORS

The following checklist is for the TAFE or AMES counsellor’s own use. It should be used in conjunction with relevant sections of the procedures and be retained by the counsellor. A completed checklist is to be treated as confidential.

Name of child or young person

Date of report

| | Yes | No |
|---|--------------------------|--------------------------|
| • Have you collected available information for the report? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you made a report to the DoCS Helpline (13 3627)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you noted the DoCS recommended course of action and the DoCS Helpline reference number for the report? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you completed electronic Form A and printed it? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you transmitted the electronic Form A to DoCS? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you provided a copy of Form A to the executive officer? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If relevant, have you alerted the executive officer to allegations against a staff member? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you filed a paper copy of electronic Form A on the client file? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you responded to any requests for information from DoCS using Form C? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you responded to any requests for a service from DoCS using Form E? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you participated in case planning meetings and assisted in the implementation of case plans? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where relevant, have you filed copies of Forms B, C, D and E on the client file? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where relevant, have you sent copies of Forms B, C, D and E to the executive officer? | <input type="checkbox"/> | <input type="checkbox"/> |

CONFIDENTIAL
NSW DEPARTMENT OF EDUCATION AND TRAINING
REPORT TO DOCS ABOUT SUSPECTED RISK OF HARM

Name of child or young person Age

Date of birth Sex: M [] F []

Home address Postcode

Home phone

School/Course/Program attended

School/Campus/Centre or other location

Names of parents or carers and relationship to child or young person:

Name Name

Phone No Phone No

Relationship Relationship

Report made to the DoCS Helpline

Date/...../..... Time

What actual harm or risk of harm is suspected? (For grounds for suspected risk of harm refer to Section 5 of these procedures or Section 23 Children and Young Persons (Care and Protection) Act 1998.)

If known, what are the wishes of the child or young person about this matter?

Is this a report related to the homelessness of a young person who has given permission for the report to be made? Yes [] No []

Recommended decision of DoCS Helpline officer about action to be taken, if known.

Reference number allocated to this report by DoCS

Name of Principal/Executive Officer/TAFE or AMES counsellor

Signature

Address Postcode

Telephone Fax

CONFIDENTIAL
INFORMATION REQUEST FORM

(DoCS will use this form, completed by a DoCS staff member, to request information from a school, TAFE college or program. The DET response should be provided on Form C.)

To the director/coordinator/principal of:
Name of prescribed body from which the information is sought

This request is made in regard to:
Name of child/ren or young person/s

Date of Birth: Sex: M F

DoCS reference number

Information is sought regarding the following persons:

| Name | Relationship to child/young person | DOB |
|---------|------------------------------------|-----|
| | | |
| | | |
| Comment | | |

Specific information is requested in regard to:

- current and/or past history of involvement with the child, young person and/or their family
- family/ relationship dynamics (if known)
- attitude of the child, young person and/ or family to agency/service involvement
- other details required

Please provide the requested information:

By phone By fax In the form of a written report

The information is required by *date*

This information is sought in relation to the following issues of concern held for the above mentioned child/young person:

Has the child/young person/parent/carer given consent to DoCS for the release of the information requested on this form? No Why not? Yes

Has the child's or young person's parent/carer been informed of this request for information? No Why not? Yes

Name/s of person/s informed

Delegated Officer of the Department of Community Services

Name: Signature:

Date:

Contact Details

Phone: Fax:

E-mail:

Address:

Postal address:

CONFIDENTIAL

REQUEST FOR SERVICE FORM

Referral made under Section 17 of the *Children and Young Persons (Care and Protection) Act 1998*

(DoCS will use this form to request a service which requires a ‘best endeavours’ response)

To the manager/service coordinator/principal etc of
Name of agency or provider service

Has previous telephone contact been made with service provider in regard to this referral?

- Yes Date: Name of agency contact:
- OR
- No

Referral information

| | |
|---------------------------------|--------------------------|
| DoCS reference number: | Date of Referral: |
| DoCS Caseworker: | Position: |
| Community Service Centre: | |
| Telephone: | Fax: E-mail: |

Details of child/young person/family

| | | | |
|---|----------------------|---------------------------------|-----------------------------|
| Name: | | Sex: M <input type="checkbox"/> | F <input type="checkbox"/> |
| Age: | Date of Birth: | Culture: | |
| Current address: | | | |
| Is child or young person living with parents? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If child or young person is not living with parents: | | | |
| Carer/s name/s | | | |
| Relationship to child or young person | | | |
| <i>Repeat for each child/young person subject of referral</i> | | | |
| Mother's name | | | |
| Father's name | | | |

Type of service requested:

| | | |
|-----------------|----------------------|------------|
| Accommodation | Counselling | Assessment |
| Escort services | Supervision services | Support |

Reason for referral:

.....

.....

.....

.....

.....

Background information:

.....

.....

.....

Client's attitude to referral:

.....

.....

.....

How will the service meet the needs of the child/ young person/family?

.....

.....

.....

Expected outcomes for client

.....

.....

.....

| |
|--|
| <p>DoCS Role</p> <p>How will the referral be monitored?</p> <p>.....</p> <p>Is DoCS likely to remain involved?</p> <p>.....</p> <p>What level of involvement by DoCS is expected?</p> <p>.....</p> <p><i>This referral must be accompanied by an approved case plan.</i></p> |
|--|

(Name)

(Title/Position)

(Location)

CONFIDENTIAL
NSW DEPARTMENT OF EDUCATION AND TRAINING
RESPONSE TO A REQUEST FOR SERVICE FROM DOCS
('BEST ENDEAVOURS')

(DoCS is expected to use Form D to request a service. DET staff should respond to a request for a service from DoCS using this form.)

Delegated Officer of Department of Community Services:

Position:

DoCS reference number

Date of request for service

Has a 'best endeavours' response been requested by DoCS?.....

Name of child or young person

Date of birth Sex

Type of service requested

Can this request be accepted? Yes [] No []

If Yes:

- Description of the service which can be provided by DET:
Staff member nominated as the contact person: Name Telephone Fax
DET staff to be involved in DoCS monitoring of this referral: Telephone Fax

If No indicate the reason by ticking the relevant box(es)

- Requested service is outside the expertise or responsibility of DET
Requested service unduly prejudices the discharge of DET functions
If the child or young person is currently enrolled [] Requested service is not available
Requested service is currently not available but can be provided at a later date:
Date Contact person Telephone Fax

Principal/Executive Officer/TAFE, AMES Counsellor

School/Campus/Centre or other location

Signature Date

Legislative context

The legal context for protecting and supporting children and young people is set out in a number of acts of Parliament. Relevant law includes the *Children and Young Persons (Care and Protection) Act 1998*; the criminal law as set out in the *Crimes Act 1900*, as amended, *Privacy and Personal Information Protection Act 1998*, and other statutes. The law relating to child-related employment and alleged abuse by employees is set out in the *Commission for Children and Young People Act 1998*, the *Ombudsman Amendment (Child Protection and Community Services) Act 1998* and the *Child Protection (Prohibited Employment) Act 1998*.

Objects and principles of the *Children and Young Persons (Care and Protection) Act 1998*

The objects of the Act are to provide:

- (a) that children and young persons receive such care and protection as is necessary for their safety, welfare and well-being, taking into account the rights, powers and duties of their parents or other persons responsible for them, and
- (b) that all institutions, services and facilities responsible for the care and protection of children and young persons provide an environment for them that is free of violence and exploitation and provide services that foster their health, developmental needs, spirituality, self-respect and dignity, and
- (c) that appropriate assistance is rendered to parents and other persons responsible for children and young persons in the performance of their child-rearing responsibilities in order to promote a safe and nurturing environment.

The principles to be applied in the administration of the Act are as follows:

- (a) In all actions and decisions made under this Act (whether by legal or administrative process) concerning a particular child or young person, the safety, welfare and well-being of the child or young person must be the paramount consideration.
- (b) Wherever a child or young person is able to form his or her own views on a matter concerning his or her welfare, he or she must be given an opportunity to express those views freely and those views are to be given due weight in accordance with the developmental capacity of the child or young person and the circumstances.
- (c) In all actions and decisions made under this Act (whether by legal or administrative process) that significantly affect a child or young person, account must be taken of the culture, disability, language, religion and sexuality of the child or young person and, if relevant, those with parental responsibility for the child or young person.

- (d) In deciding what action it is necessary to take (whether by legal or administrative process) in order to protect a child or young person from harm, the course to be followed must be the least intrusive intervention in the life of the child or young person and his or her family that is consistent with the paramount concern to protect the child or young person from harm and promote the child's or young person's development.
- (e) If a child or young person is temporarily or permanently deprived of his or her family environment, or cannot be allowed to remain in that environment in his or her own best interests, the child or young person is entitled to special protection and assistance from the State, and his or her name, identity, language, cultural and religious ties should, as far as possible, be preserved.
- (f) If a child or young person is placed in out-of-home care, the child or young person is entitled to maintain close relationships with people significant to the child or young person, including parents, siblings, extended family, peers, family, friends and community, unless it is contrary to his or her best interests.

Mandatory reporting

Section 27

- (1) This section applies to:
 - (a) 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
 - (b) 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, or law enforcement, wholly or partly to children.
- (2) If:
 - (a) a person to whom this section applies has reasonable grounds to suspect that a child is at risk of harm, and
 - (b) those grounds arise during the course of or from the person's work, the person must, as soon as practicable, report to the Director-General of DoCS the name, or a description, of the child and the grounds for suspecting that the child is at risk of harm.

Children and young people in need of care and care orders

A child or young person is in need of care if the risk of harm cannot be reduced or eliminated by an agreement between the child or young person, his or her family and DoCS for the provision of services or for alternative care arrangements.

If DoCS believes that a child or young person is in need of care, it may ask the Children's Court to make a care order. A care order may require that the child or young person or the family accepts certain services, that certain services be provided to the family member/s and/or that a child or young person be placed in alternative care.

The Children's Court may only make a care order if it is satisfied that a child or young person is in need of care for the following reasons:

- (a) there is no parent available to care for the child or young person, as a result of death or incapacity, or for any other reason
- (b) the parents acknowledge that they have serious difficulties in caring for the child or young person, and the child or young person is in need of care and protection
- (c) the child or young person has been, or is likely to be, physically or sexually abused or ill-treated
- (d) the child's or the young person's basic physical, psychological or educational needs are not being met, or are likely not to be met, by his or her parents
- (e) the child or young person is suffering or is likely to suffer serious emotional impairment or serious psychological harm as a consequence of the domestic environment in which he or she is living
- (f) in the case of a child who is under 14 years, the child has exhibited sexually abusive behaviours and an order of the Children's Court is necessary to ensure his or her access to, or attendance at, an appropriate therapeutic service
- (g) the child or young person is subject to a care and protection order of another State or Territory that is not being complied with.

Glossary

The following statements are provided to clarify the meanings of terms as they are used in these procedures or the *Interagency Guidelines for Child Protection Intervention 2000*.

Apprentice, including a probationary apprentice, means a person who is employed either to:

- (a) undertake work-based training in a vocation which is a declared trade pursuant to the *Industrial and Commercial Training Act, 1989* or,
- (b) undertake work-based training as a trainee apprentice who is a party to a trainee apprenticeship established in a vocation which is a declared trade pursuant to the *Industrial and Commercial Training Act, 1989*.

Behaviours that cause psychological harm include acts by a parent, caregiver or other person that damage the cognitive and emotional development of a child or young person.

Carer is a person who, while not a parent of the child, has day to day care of the child. A carer may provide the care with or without fee or reward. Carers may be relatives, friends or acquaintances of a parent, residential care workers, child care workers, youth workers, nursing staff and foster carers.

Case manager refers to a worker from the Department of Community Services who is appointed as the case manager following a risk of harm report. The role of the case manager is to co-ordinate the interagency intervention until risk of harm concerns have been resolved.

Case planning refers to the co-ordinated planning related to the safety, welfare and well-being of a child, young person or his or her family. Case plans will be developed following a report where DoCS believes that there are risk of harm concerns and that the child or young person may be in need of care and protection.

Child abuse is the term commonly used to describe different types of maltreatment inflicted on a child or young person. It includes assault (including sexual assault), ill treatment, neglect and exposing the child or young person to behaviour that might cause psychological harm.

Child abuse can be a criminal offence under the *Crimes Act 1900*.

Child sexual abuse or ill-treatment is any sexual act or sexual threat imposed on a child or young person. Adults or adolescents or older children, who sexually abuse children or young people, exploit their dependency and immaturity. Coercion that may be physical or psychological is intrinsic to child sexual abuse and differentiates child sexual abuse from consensual peer sexual activity.

Class of children or young people refers to more than one child or young person who may be at risk of harm because of their association with a person or situation identified as posing a risk of harm through abuse or neglect.

Counsellor refers to a school, TAFE or AMES counsellor who is employed by the Department of Education and Training.

DET staff refers to all employees of the Department of Education and Training, including TAFE and AMES.

Domestic violence is violence, abuse and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship. It is partnership violence that includes violence perpetrated when couples are separated or divorced. The acts of domestic violence are mainly but not only perpetrated by men against women within heterosexual relationships but can also occur within same sex relationships.

Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm. Domestic violence can have a profound effect on children and young people. Children and young people may experience harm, by being in the presence of or by being exposed to violence in the parental relationship, by becoming the victims of violence or a combination of the two.

Female Genital Mutilation (FGM) According to the World Health Organisation definition, FGM comprises all procedures that involve partial or total removal of the female external genitalia and/or injury to female genital organs for cultural or other non-therapeutic reasons.

Joint Investigation Team (JIT) Police and Department of Community Services officers are co-located and conduct joint investigations when a report of child abuse involves a criminal act.

Joint Investigation Response (JIR) Specially trained police (CPIT) and case workers (Department of Community Services) conduct joint investigations in rural and remote areas when a child abuse report involves a criminal act. However the caseworkers and police officers work in teams that are not located in the same office.

Neglect is the failure to provide the basic physical and emotional necessities of life. Neglect may be an ongoing situation and can be caused by a repeated failure to meet the child's or young person's basic physical and psychological needs.

Physical abuse or ill treatment is assault, non-accidental injury and/or physical harm to a child or young person by a parent, caregiver, another person responsible for the child or young person, or older child. It includes harm or injuries which are caused by excessive discipline, beating or shaking, bruising, lacerations or welts, burns, fractures or dislocation, female genital mutilation and attempted suffocation or strangulation.

Psychological harm refers to harm resulting from abusive behaviours that damage the cognitive or emotional development of a child or young person. Psychological harm includes emotional deprivation and trauma and the serious impairment of a child's or a young person's social, emotional, cognitive or intellectual development and/or disturbance of a child's or a young person's behaviour.

Psychological needs refers to the social, emotional, cognitive or intellectual needs of a child or young person.

Out-of-home care means residential care and control of a child or young person at a place other than their usual home and by a person who is not the child's or the young person's parent or relative. It can include staying with friends and acquaintances, foster care, residential care and other forms of substitute care.

Reasonable grounds are grounds which would cause a reasonable person to form a judgement of risk of harm, having regard to the circumstances of the individual case including the nature and seriousness of the allegations made, the age and physical condition of the child, any corroborative evidence which exists, and other relevant information.

Serious psychological harm is the result of the abusive or neglectful behaviours of a parent, caregiver or other person.

A child or young person can suffer serious psychological harm from acts of psychological abuse or the accumulation of psychologically abusive behaviours, chronic neglect, or exposure to situations such as ongoing or severe physical abuse, domestic violence or sexual abuse.

Sexual abuse or ill-treatment of a child or young person refers to any sexual act or sexual threat imposed on a child or young person. Adults or adolescents or older children, who sexually abuse children or young people, exploit their dependency and immaturity. Coercion that may be physical or psychological is intrinsic to child sexual abuse and differentiates child sexual abuse from consensual peer sexual activity.

Staff refers to any person who is a permanent, temporary, casual or part-time employee of the Department of Education and Training, including TAFE and AMES.

Trainee means a person who is employed to undertake work-based training in a vocation which is a declared calling pursuant to the Industrial and Commercial Training Act, 1989.

Indicators of abuse and neglect

Risk of harm within the *Children and Young Persons (Care & Protection) Act 1998* relates to the impact of abuse and neglect on a child or young person. The following indicators have been developed from research and clinical experience over recent decades. One indicator in isolation may not imply abuse or neglect. Each indicator needs to be considered in the context of other indicators and the child's or young person's circumstances. The lists are not in hierarchical order.

Setting the context

The following factors in the life circumstances of the child or young person are relevant when considering indicators of abuse and neglect:

- history of previous harm to the child or young person
- social or geographic isolation of the child, young person or family, including lack of access to extended family or supports
- abuse or neglect of a sibling
- family history of violence including injury to children and young people
- domestic or dating violence.

Physical or mental health issues for the parent or caregiver affecting their ability to care for the child or young person:

- the parent or carer's abuse of alcohol or other drugs affecting their ability to care for the child or young person
- a deficiency in functional parenting skills required to provide for the safety, welfare and well-being of children and young people

- the parent or caregiver is experiencing significant problems in managing the child's behaviour
- the parent or caregiver has unrealistic expectations of age appropriate behaviour in the child or young person
- the parent is experiencing significant problems in relating to the young person.
- sleeping problems e.g. nightmares, bed wetting
- marked changes in behaviour or mood, escalation in risk-taking behaviours, tantrums, aggressiveness, withdrawal
- child or young person complains of stomach aches and headaches with no physical findings
- unrealistic expectations of a young person including failure to allow the young person to participate in decisions that affect them or expecting adult behaviours.

General indicators of abuse or neglect in children and young people:

- where the child or young person gives some indication that the injury or event did not occur as stated
- where the child or young person tells you she/he has been abused
- when the child or young person tells you she /he knows someone who has been abused, may be referring to herself/himself
- someone else tells you such as a relative, friend, acquaintance or sibling of the child or young person that the child or young person may have been abused
- poor concentration

General indicators of abuse or neglect in young people:

- self harming behaviour such as cutting or burning self
- high level of risk taking behaviours such as climbing up cliff faces while intoxicated
- substance abuse
- involvement in criminal activities such as stealing and fighting
- social isolation
- difficulty in maintaining long term peer relationships
- persistently negative themes in art work and creative writing
- homelessness.

Indicators of abuse and neglect (continued)

Indicators of neglect

Indicators in children and young people:

- poor standards of hygiene leading to social isolation
- scavenging or stealing food
- extended stays at school, public places, other homes
- being focused on basic survival
- extreme longing for adult affection
- flat and superficial way of relating, lacking of a sense of genuine interaction
- anxiety about being dropped or abandoned
- self comforting behaviour, e.g. rocking, sucking
- non-organic failure to thrive
- delay in developmental milestones
- loss of "skin bloom"
- poor hair texture
- untreated physical problems.

Indicators in young people:

- staying at the homes of friends and acquaintances for prolonged periods, rather than at home
- resources are not provided which would allow the young person to care adequately for himself or herself, e.g. access to washing or food.

Indicators in parents or carers:

- failure to provide adequate food, shelter, clothing, medical attention, hygienic home conditions or leaving the child or young person inappropriately without supervision
- inability to respond emotionally to a child or young person
- child or young person left alone for long periods
- depriving of or withholding physical contact or stimulation for prolonged periods
- failure to provide psychological nurturing
- one child or young person treated differently, for example scapegoated
- absence of social support from relatives, other adults or social networks.

Indicators of physical abuse or ill treatment

Indicators in children and young people:

- facial head and neck bruising
- lacerations and welts from excessive discipline or physical restraint
- explanation offered by the child or young person is not consistent with the injury
- other bruising and marks which may show the shape of the object that caused it (e.g. a hand-print, buckle)

- bite marks and scratches where the bruise may show a print of teeth and experts can determine whether or not it is an adult bite
- multiple injuries or bruises
- ingestion of poisonous substances, alcohol, drugs, or major trauma
- dislocations, sprains, twisting
- fractures of bones, especially in children under 3 years
- burns and scalds
- head injuries where the child or young person may have indicators of drowsiness, vomiting, fits or retinal haemorrhages suggesting the possibility of the child having been shaken.

General indicators of female genital mutilation (FGM) that could include:

- having a special operation associated with celebrations
- reluctance to be involved in sport or other physical activities when previously interested
- difficulties with toileting or menstruation
- anxiety about forthcoming school holidays or a trip to a country which practises FGM
- older siblings worried about their sisters visiting their country of origin
- long periods of sickness.

Indicators of abuse and neglect (continued)

Indicators in young people:

- aggressive or violent behaviour towards others, particularly younger children
- explosive temper that is out of proportion to precipitating event
- being constantly on guard around adults and covering at sudden movements.

Indicators in parents or caregiver:

- direct admissions by parents or carers that they fear they may injure the child or young person
- family history of violence, including previous harm to children and young people
- history of their own maltreatment as a child or young person
- repeated presentations of the child or young person to health or other services with injuries, ingestions or with minor complaints
- marked delay between injury and presentation for medical assistance
- history of injury which is inconsistent with the physical findings
- history of injury which is vague, bizarre or variable.

Indicators of psychological harm

Indicators in children and young people:

- feelings of worthlessness about life and themselves
- inability to value others
- lack of trust in people and expectations

- lack of interpersonal skills necessary for adequate functioning
- extreme attention seeking or risk taking behaviour
- other behavioural disorders (e.g. disruptiveness, aggressiveness, bullying).

Indicators in young people:

- avoiding all adults
- being obsessively obsequious to adults
- difficulty in maintaining long term significant relationships
- being highly self critical.

Children and young people sustain psychological harm from all types of abuse.

Indicators in parents or carers:

- constant criticism, belittling, teasing of a child or young person, or ignoring or withholding praise and affection
- excessive or unreasonable demands
- persistent hostility and severe verbal abuse, rejection and scapegoating
- belief that a particular child or young person is bad or evil
- using inappropriate physical or social isolation as punishment
- situations where an adult's behaviour harms a child's or young person's safety, welfare and well-being
- exposure to domestic violence.

Indicators of sexual abuse or ill treatment

Indicators in children and young people:

- describe sexual acts (e.g. Daddy hurts my wee wee)
- direct or indirect disclosures
- age inappropriate behaviour and/or persistent sexual behaviour
- self-destructive behaviour, drug dependence, suicide attempts, self-mutilation
- persistent running away from home
- eating disorders
- going to bed fully clothed
- regression in developmental achievements in younger children
- child or young person being in contact with a known or suspected perpetrator of sexual assault
- unexplained accumulation of money and gifts
- bleeding from the vagina or external genitalia or anus
- injuries such as tears or bruising to the genitalia, anus or perineal region
- sexually transmitted diseases
- adolescent pregnancy
- trauma to the breast, buttocks, lower abdomen or thighs.

Indicators of abuse and neglect (continued)

Indicators in young people:

- particularly negative reactions to adults of only one sex
- sexually provocative
- desexualisation, e.g. wearing baggy clothes in order to disguise gender. Eating disorders may be a possible indicator in this category
- art work or creative writing with obsessively sexual themes
- preoccupation with causing harm to men they suspect are homosexual
- engaging in violent sexual acts which they talk about
- knowledge about practices and locations which are usually associated with prostitution.

General indicators of child or young person's stress should be considered such as:

- poor concentration at school
- sleeping/bedtime problems e.g. nightmares bed-wetting
- marked changes in behaviour or mood, tantrums, aggressiveness, withdrawal
- child complains of stomach aches and headaches with no physical findings.

Indicators in parents, carers, siblings, relatives, acquaintances or strangers:

- exposing a child or young person to prostitution or child pornography or using a child or young person for pornographic purposes
- intentional exposure of child or young person to sexual behaviour in others

- ever committed/been suspected of child sexual abuse
- inappropriate curtailing, or jealousy regarding age-appropriate development of independence from the family
- coercing child or young person to engage in sexual behaviour with other children and young people
- verbal threats of sexual abuse
- denial of adolescent's pregnancy by family
- perpetration of spouse abuse or physical child abuse.

Offenders use a range of tactics including force, threats and tricks to engage children or young people in sexual contact and to try to silence the child or young person. They may also try to gain the trust and friendship of parents in order to obtain access to children and young people.

Adapted from:

John Hunter Hospital, Child Protection Protocol Revision 10: June 29th, 1994; Solihull Area Child Protection Committee, Multi-Agency Training in Child Protection Training Handbook (undated), Humberside Area Review Committees, Child Abuse Guidelines and Procedures, UK (undated); Interagency Guidelines for Child Protection, NSW Child Protection Council, 1991, New Directions in Child Protection and Family Support: Interim Guidelines, Government of Western Australia, March 1996, Queensland Centre for Prevention of Child Abuse, Facts Sheet 4&5 – What is Child Abuse? Queensland Department of Family Services and Aboriginal and Islander Affairs, 1991 NSW Child Protection Council Fact Sheets 1999.