

## REPORTING CONCERNS ABOUT CHILDREN & YOUNG PEOPLE'S SAFETY & WELLBEING

### 1. POLICY PURPOSE AND RATIONALE

Anglicare Victoria is committed to promoting the safety and wellbeing of the children and young people whom the Agency serves. As a registered Community Service Organisation under the *Children, Youth and Families Act 2005 (CYFA)*, Anglicare Victoria forms part of an integrated Child Protection and Family Service system that provides supports to vulnerable children, young people and their families. The CYFA describes a philosophy of shared responsibility for the safety and wellbeing of children, young people and their families between government and the broader community, including Anglicare Victoria and other community service organisations. This position places certain legal obligations on Anglicare Victoria in addition to the Agency's ethical obligations to respond to concerns about the safety and wellbeing of children.

This policy relates to Anglicare Victoria's obligations to refer significant concerns about a child or young person's wellbeing to *Child FIRST*<sup>1</sup> (Child and Family Information Referral and Support Team) or report allegations of significant harm (abuse or neglect) to the *Child Protection Service* (these were formerly known as a child protection notification). The policy applies to all Anglicare Victoria staff, carers and volunteers who have direct contact with clients.<sup>2</sup>

Anglicare Victoria's philosophy and position is that, whilst volunteers, carers and staff are, generally, not compelled by law to report suspected child abuse or neglect (i.e. "mandatory reporting"), it is expected that they would always do so. This is based on a fundamental need to protect the child or young person from harm, and within the context of the *Best Interests Framework*.

### 2. DEFINITIONS

(PLEASE NOTE: Additional information about mandatory reporting, the process of "forming a belief" that a child or young person is need of protection, and "reasonable grounds" is provided in the appendix to this policy.)

#### **SIGNIFICANT CONCERN FOR WELLBEING**

Significant concerns about a child or young person's well-being and development are indicated by how often issues are occurring (e.g. chronic neglect), how serious the issues are and most importantly how the issues are affecting the child's development.

#### **SIGNIFICANT HARM**

"Significant harm is a compilation of events, both acute and long standing, which interact with the child's ongoing development, and interrupt, alter or impair physical and psychological development."

(Bentovim, 1991 cited in DHS, *Safe From Harm*, 2001)

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<sup>1</sup> Some areas may not have a Child FIRST established yet, so referrals should be made to the local Integrated Family Services instead.

<sup>2</sup> This policy does not apply to allegations of physical and sexual abuse or "quality of care" concerns in relation to home-based carers, lead tenants and staff in residential care. In these cases refer to the "Quality of Care Concerns" policy

## **CUMULATIVE HARM**

“Cumulative harm is experienced by a child as a result of a series or pattern of harmful events and experiences that may be historical, or ongoing, with the strong possibility of the risk factors being multiple, inter-related and co-existing over critical developmental periods.”

(DHS, Cumulative Harm: A Conceptual Overview, 2007)

## **IN NEED OF PROTECTION**

“The legal requirements in defining a child in need of protection in alleged cases of abuse or neglect are:

- the child must have suffered or be likely to suffer harm
- the harm must be significant
- the child's parents must not have protected the child, or are unlikely to protect the child, from harm of that type.”

(DHS Child Protection Practice Manual, 2007)

## **3. PROCEDURES**

Whilst Anglicare Victoria staff, volunteers and carers are generally not “mandatory reporters” (unless they are employed by the Agency in one of the prescribed professional roles e.g. doctor, nurse or teacher), it is expected that all Anglicare Victoria staff, volunteers and carers who have direct contact with clients will adhere to the following procedures.

“From an ethical point of view, it is important to communicate to professionals that a child may also need protection from other types of harm and that all professionals have a duty of care to the children with whom they work, beyond the mandatory reporting requirements. The serious and complex decisions that professionals make about reporting to Child Protection should be made out of concern for the well being of the child and family, rather than because they are compelled by law.”

(DHS Child Protection Practice Manual, 2007)

These procedures apply to all Anglicare Victoria volunteers, carers and staff regardless of whether they are mandatory reporters or not.

### **3.1 CONSULTATIONS**

Any volunteer, carer or staff member, who in the course of their contact with a child or young person, becomes aware of any grounds for reporting abuse or neglect, or has significant concerns for their wellbeing, must discuss their concerns with their line supervisor or most senior person available at the earliest opportunity.

Casework staff in Anglicare Victoria Family Services also need to bear in mind the processes established and outlined in the Child Protection – Child FIRST Agreement on Local Procedures and Requirements in place in their catchment.

In these circumstances, it is permissible to disclose confidential information to the relevant authorities or agencies (Child Protection, Police, Child FIRST) and this does not constitute a breach of client confidentiality.

When it would not pose a risk to the health, welfare and safety of the child or young person, volunteer, carer or staff member, any other individual or the community, and would not hinder effective investigation, an appropriate Anglicare Victoria staff member, in consultation with the relevant authorities or agencies (Child Protection, Police, Child FIRST) and a Anglicare Victoria supervisor, would inform the child or young person and family that a referral to Child FIRST or a report to Child Protection is being made.

### **3.2 REFERRING A WELLBEING CONCERN**

Where families exhibit any of the following factors that may impact upon a child's safety, stability or development, a referral to Child FIRST may be the best way of connecting children, young people and their families to the services they need:

- significant parenting problems that may be affecting the child's development
- family conflict, including family breakdown
- families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement
- young, isolated and/or unsupported families
- significant social or economic disadvantage that may adversely impact on a child's care or development

### **3.3 REPORTING HARM**

A report to Child Protection must be made in any of the following circumstances:

- Physical abuse of, or non-accidental or unexplained injury to, a child (mandatory reporters are compelled to report).
- A disclosure of sexual abuse by a child or witness, or a combination of factors suggesting the likelihood of sexual abuse - the child exhibiting concerning behaviours, for example after the child's mother takes on a new partner or where a known or suspected perpetrator has had unsupervised contact with the child (mandatory reporters are compelled to report). Note: Also refer to the section on "Disclosure of Sexual Assault" in Anglicare Victoria's policy "Responding to Challenging Behaviours".
- Emotional abuse and ill treatment of a child impacting on the child's stability and healthy development.
- Persistent neglect, poor care or lack of appropriate supervision, where there is a likelihood of significant harm to the child, or the child's stability and development.
- Persistent family violence or parental substance misuse, psychiatric illness or intellectual disability - where there is a likelihood of significant harm to the child or the child's stability and development.
- Where a child's actions or behaviour may place them at risk of significant harm and the parents are unwilling or unable to protect the child.
- Where a child appears to have been abandoned, or where the child's parents are dead or incapacitated, and no other person is caring properly for the child.

(Adapted from: DHS, Reporting concerns about children or young people: a guide for professionals, 2006)

NOTE: Refer to section 3.5 "Making a Referral or Report" for instructions for making and following up a report to Child Protection.

### **3.4 FACTORS FOR CONSIDERATION**

In many cases it will be difficult to determine whether the level and the nature of any risk is such that the child is in need of protection. However, it is Child Protection's role to investigate or prove the need for protection. The following questions may help Anglicare Victoria volunteers, carers and staff to resolve the best course of action in such cases. You must make a confidential record of the responses to assist with making a referral to Child FIRST or a report to Child Protection.

*What specifically has happened to the child that has caused your concerns and what is the impact on their safety, stability, health, wellbeing and development?*

*How vulnerable is the child? (i.e. How likely and how easily could the child be harmed? Consider factors such as age and stage of development, disability, isolation, etc.)*

*Is there a history or pattern of significant concerns with this child or other children in the family?*

*Are the parents aware of the concerns, capable and willing to take action to ensure the child's safety and stability, and promote their health, wellbeing, and development? What do you know about the parents' capacity to meet their children's needs?*

*What do you know about the parents' access to formal and informal supports?*

*Are the parents able and willing to use support services to promote the child's safety, stability, wellbeing and development?*

*(Adapted from: DHS Safe from Harm, 2001)*

*Family, placement and support services (including youth services) staff should also refer to guidance provided in the Best Interests Case Practice Model: Summary Guide (DHS, 2008)*

A referral to Child FIRST should be made if, after consideration of the available information you are, on balance, more inclined to form a view that the concerns currently have a low to moderate impact on the child, where the immediate safety of the child is not compromised

Where a Child FIRST team or a registered Family Services organisation forms a view that a child or young person is in need of protection they *must* report the matter to Child Protection.

A report to Child Protection must be made if, after consideration of the available information you are, on balance, more inclined toward a view that the concerns currently have a serious impact on the child's immediate safety, stability or development, or the concerns are persistent and entrenched and likely to have a serious impact on the child's development.

*(Adapted from: DHS, Reporting concerns about children or young people: a guide for professionals, 2007)*

### **3.5 MAKING A REFERRAL OR A REPORT**

Once a decision has been made to make a referral to Child FIRST or a report to Child Protection, contact the local Child FIRST or Child Protection office. Each Anglicare Victoria Area Manager is expected to maintain up to date contact details for Child FIRST and Child Protection in their local area, and to ensure volunteers, carers and staff have access to this information.

If a report needs to be made after hours or on the weekend, Child Protection has an after hours service (phone 131 278). This service is a crisis service, and if the matter is assessed as not needing immediate action, it will be referred to the relevant regional service.

A report to Child Protection may be made verbally, but should be followed up in writing and notes recording the particulars of making the report (i.e. time, date, who you spoke to and what was said) must be retained on file.

Feedback on the outcome of a report to Child Protection must be requested at the time of making the report. Follow up the request with Child Protection if the feedback has not been obtained within one week.

If the report is accepted, in consultation with supervisors staff must discuss the next steps with Child Protection, particularly if continuing involvement with the family.

Clarification of roles and responsibilities, including the points of discussion must be recorded.

If the report is not accepted and concerns remain unresolved, other strategies aimed at addressing those concerns must be explored in consultation with your supervisor and preferably a manager from Family Services or Placement and Support, if available. Options could include:

- referral to Child FIRST, or
- engage in further discussion with Child Protection to seek an understanding of the reasons for the decision not to accept the report and to provide any further information that may influence the outcome.

If the report to Child Protection was made by a staff member or volunteer from a program that has existing protocols and service partnerships with Child Protection (e.g. Child FIRST/Family Services), those protocols must be used to discuss the decision with Child Protection with a view to understanding the decision and whether additional information can be provided that will impact on the outcome and to jointly consider strategies for ongoing work with the child/young person and family to address the concerns raised in the report.

If after these procedures have been followed and ongoing consultation with a Program Manager there remains unresolved concerns for the safety and wellbeing of a child or young person, then the matter must be referred to the Area Manager, who will consider what other action can be taken in conjunction with Child Protection.

### **3.6 RECORDING**

At all points in these procedures, records must be made of internal consultations and communication with Child Protection, including attempts to contact Child Protection. These notes must be recorded on the client file (if one exists) or in a special confidential file for the purpose of keeping an accurate and fulsome record of the processes undertaken by Anglicare Victoria.

### **3.7 CHILD PROTECTION PROTOCOLS – SERVICE PARTNERSHIPS**

Anglicare Victoria Area Managers are also expected to ensure that protocols developed within service partnerships formed at the local level (e.g. Child FIRST, Circle Program):

- a) do not contradict the intent of this policy, and;
- b) ensure that volunteers, carers and staff have access to information and procedures set out in the local partnership protocols.

## **4. RELATED DOCUMENTS**

*'Responding to Challenging Behaviours'*, Anglicare Victoria policy, 2007

Children, Youth & Families Act 2005.

*'Reporting concerns about children or young people: a guide for professionals'*, DHS 2007

*'Protecting Victoria's Children – Child Protection Practice Manual'*, DHS 2007

*'An information sharing guide for registered community services in Victoria'*, DHS 2007

*'Safe from Harm'*, DHS 2001

*'Cumulative Harm: A Conceptual Overview'*, DHS 2007

*'Best Interests Case Practice Model: Summary Guide'* DHS 2008

**This policy becomes effective as at:** 11 August 2008

**This policy was last amended:** July 2008

**This policy is due to be reviewed:** July 2010

**Any queries about this policy or**

**related procedures should be directed to:** Deputy CEO – Community Services

### ADDITIONAL INFORMATION

#### MANDATORY REPORTING

The term *Mandatory Reporting* describes the statutory requirement of certain persons to report to the Child Protection Service they formed a belief on reasonable grounds that a child or young person is in need of protection from physical injury (s. 162(c), CYFA) and sexual abuse (s. 162(d), CYFA).

#### MANDATED PROFESSIONALS – MANDATORY REPORTERS

"Doctors, nurses, teachers and principals, and police are mandatory reporters under section 182, CYFA. These are the only groups currently mandated. Although the act makes provision for a number of other professional groups to be mandated, as did the previous legislation, it is not current government policy to broaden the professional groups required to report." (DHS Child Protection Practice Manual, 2007)

"Community service workers are not legally mandated to report, although they have a professional duty to do so."

(DHS, An information sharing guide for registered community services in Victoria, 2007)

#### FORMING A BELIEF

"The concept of 'forming a belief' is a thinking process, where a person is more inclined to **accept** rather than **reject** that there is significant harm for the child or young person.

"You might ask yourself: 'Am I **more likely to believe** there is significant harm for the child, or **less likely to believe** there is significant harm for the child?' If you are **more likely to believe**, then you have 'formed a belief'.

"It is the Child Protection workers' job to investigate and prove significant harm, so other professionals need only to have 'reasonable grounds for belief'."

(DHS, Safe From Harm, 2001)

#### REASONABLE GROUNDS

"A 'belief on reasonable grounds' is formed if a reasonable person in the same position would have formed the belief on the same grounds. (s. 184(4), CYFA)

For example, there may be reasonable grounds when:

- a child states that they have been physically or sexually abused
- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child states that the child has been physically or sexually abused
- professional observations of the child's behaviour or development leads the mandated professional to form a belief that the child has been abused or is likely to be abused
- signs of physical or sexual abuse leads to a belief that the child has been abused."

(DHS Child Protection Practice Manual, 2007)