CatholicCare
DIOCESE OF BROKEN BAY

Agency Child Protection and Risk of Significant Harm

Practice Guidelines

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Introduction

CatholicCare Diocese of Broken Bay (CatholicCare) is committed to the protection of children, young people and vulnerable adults from all forms of abuse and takes all reasonable steps to ensure the safety, welfare and wellbeing of clients as paramount. We will create and maintain an environment that promotes the safety, welfare and well-being of children, young people and vulnerable adults. CatholicCare is committed to providing child safe services that empower children and young people to feel safe to express how they feel, (including disclosing abuse and neglect) where they will be listened to, and their concerns taken seriously and followed up appropriately. CatholicCare affirms the role of reporting to the helpline as an important strategy for promoting the protection of children and young people and expects that staff, volunteers and contractors will make reports to the Department of Communities & Justice (DCJ) when they reasonably suspect a child or young person is at Risk of Significant Harm. This approach is aligned with the Diocesan Commitment to Safeguarding.

CatholicCare believes that child protection and safeguarding is the shared responsibility of all staff in the discharge of their duties.

CatholicCare recognises our legislative requirements for mandatory reporting under the Children and Young Persons (Care and Protection) 1998 Act and for reporting reportable conduct under the Children's Guardian Act 2019.

This practice guideline will be reviewed regularly and modified as required to reflect changes in organisational policy, consistent with best practice in child welfare and safeguarding practices, and to ensure compliance with all relevant legislation.

This guideline should be read in conjunction with our *Child Safe Policy* which outlines the Child Safe Principles and the *Reportable Conduct and Incidents Practice Guidelines* which outline these processes.

Purpose

This Practice Guideline outlines our expectation for staff to safeguard children and young people by:

- Ensuring staff understand our legislated and general duty of care in relation to reporting risk of significant harm (RoSH) and homelessness to DCJ and this is recognised across the whole of the Agency.
- Providing staff with clear instructions to follow where risk of significant harm and homelessness reports are required.
- Ensuring staff understand our legislated and general duty of care in relation to exchanging information for the safety, welfare, and wellbeing of children and this is recognised across the whole of the Agency.
- Providing staff with clear instructions to follow in relation to initiating and responding to exchanges of information with other agencies.
- Ensuring there are standardised procedures in respect of the safety, wellbeing and protection of children and young people throughout the agency.

Scope

This practice guideline applies to all staff, contractors, foster carers and volunteers of CatholicCare.

CatholicCare **requires all staff** to report any suspicion of 'Risk of Significant Harm'. If the staff member is a 'Mandatory Reporter' they must report directly to DCJ – *Child Protection Helpline*.

All other staff, volunteers and carers should report concerns regarding children in our care to their Manager/Case Manager and/or the Office for Safeguarding who will conduct an assessment.

Mandatory Reporters are people who deliver the following services or are in management position in these services:

Health care	Registered medical practitioners, specialists, enrolled and registered nurses, registered midwives, occupational therapists, speech pathologists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices.
Welfare	Registered psychologists, social workers, caseworkers and youth workers.
Education	Teachers, counsellors and principals
Children's services	Childcare workers, family day carers and home-based carers
Residential services	Refuge workers and community housing providers
Law enforcement	Police.
Disability services	Disability support workers and personal care workers
Religious	A person in religious ministry or providing religion-based activities to children (for example, minister of religion, priest, deacon, pastor, rabbi, Salvation Army officer, church elder, or religious brother or sister)
Registered psychologists	Registered psychologists providing a professional service as a psychologist to adults.

Reference: OCG Reporting Obligations and Processes

Responsibilities

CatholicCare acknowledges its responsibility to establish and maintain appropriate procedures to support Mandatory Reporters in fulfilling their reporting obligations to DCJ.

However, it is the responsibility of the staff member who became aware of the Child Protection concern to ensure the matter is reported.

Staff may consult with their supervisor/manager or the Office for Safeguarding who can support them to make the report. If there is an immediate risk to a child or young person, call **000**.

Staff are also required to inform their supervisor/manager of any report they make.

Executive Director

- The Executive Director will ensure the child protection systems and operations within CatholicCare are in accordance with the relevant legislation.

Senior Leadership Team

- Ensure development of professional standards, policies and procedures to inform and direct staff relationships with children, young people and their families within CatholicCare programs.
- Monitor agency compliance with policies and procedures.
- Collaborate with other agencies and work cooperatively with other sectors in the Diocese of Broken Bay.

- Treat any situation regarding child abuse, allegations of reportable conduct or any concern for a child at Risk of Significant Harm with the utmost discretion, sensitivity and regard for the privacy and confidentiality of all persons involved, while recognising the right of children and young people to be free from abuse is paramount.
- Take information raised by children and young people seriously and follow up appropriately.
- Recognise the value of open communication with families, and compliance with legislative requirements for the exchange of information in relation to the safety, welfare, and wellbeing of children.
- Lead CatholicCare to foster a culture which is proactive in ensuring the protection of children and vulnerable people.

Managers/Coordinators

- Ensure program compliance with policies and procedures.
- Ensure staff are aware of their obligations to report suspected Risk of Significant Harm from abuse and neglect and support staff in this process.
- Ensure staff are clear on what is acceptable behaviour when engaging with children.
- Ensure all staff are aware of indicators of Risk of Significant Harm.
- Ensure consent for information exchange in relation to children's safety, welfare or wellbeing is obtained from relevant family members; where appropriate.
- Ensure exchanges of information in relation to children's safety, welfare or wellbeing comply with relevant legislation and guidelines.
- Provide training and support for staff to recognise and report suspected Risk of Significant Harm.
- Maintain awareness of current standards, regulations and policies and procedure to inform practice.
- Treat any situation regarding child abuse, allegations of reportable conduct or any concern for a child at Risk of Significant Harm with the utmost discretion, sensitivity and regard for the privacy and confidentiality of all persons involved, while recognising the right of child and young people to be free from abuse is paramount.
- Ensure employees protect children from abuse and minimise opportunities for abuse to occur.

Staff, Contractors, and Volunteers

- Comply with policies and procedures including requirements to **report suspected Risk of Significant Harm**.
- Be aware of indicators of child abuse and neglect.
- Attend training and actively seek support as required to facilitate the recognition and reporting of suspected Risk of Significant Harm.
- Work with other agencies to plan and provide services for the care and protection of children and young people and strengthen and support families.
- Liaise with Department of Communities and Justice and other control agencies[1] ;
- Exchange relevant information to progress investigation, assessments, and case management as permitted by law, seeking the consent of relevant family members; where appropriate.
- Inform children and young people in an age and ability-appropriate way of their right to be protected from abuse and neglect and what support is available to them.
- Provide care and support services as prescribed by program boundaries.

[1] Control agencies may include the police on criminal matters etc.

- Promote the safety, wellbeing and protection of children and young people.
- Provide a safe space for children and young people to raise concerns and follow processes appropriate to your role and responsibilities within the agency.
- Treat any situation regarding child abuse, allegations of reportable conduct or any concern for a child at Risk of Significant Harm with the utmost discretion, sensitivity and regard for the privacy and confidentiality of all persons involved, while recognising the right of children and young people to be free from abuse is paramount.

1. What to report

Staff may become aware of a child protection concern through:

- Observing harm or abuse of a child,
- Receiving a complaint or incident report,
- Receiving a disclosure of abuse from a child or young person
- Having a suspicion there may be harm or abuse of a child or young person.

Any such concerns must be reported.

2. When to make a report

2.1. Life threatening situations

If you are aware of a life-threatening situation involving a child, dial triple zero **000**.

Once the situation is resolved you may also need to make a report to the *Child Protection Helpline*. Then complete an *incident report* and contact your supervisor.

2.2 Identifying significant harm

Be guided by the *Children and Young Persons (Care and Protection) Act 1998 (the Act)* and the *Mandatory Reporter Guide (MRG)*.

Ask:

- Are there current concerns?
- Are there reasonable grounds?
- What is the harm circumstance?
- Do concerns meet the threshold for reporting?

In the Act a child is aged 0-15, and a young person is 16-17.

2.2.1 Current concerns

Current concerns mean that the circumstances have a current impact on the child.

- An event does not need to be recent for it to raise current concerns for a child or young person.

Example: A child talks about a situation 2 years ago where he was assaulted by a parent. He has never told any one, and is distressed as he recalls the experience. He sees the parent regularly for contact visits.

- Some situations can be resolved so that there are no longer current concerns.

  Example: A family has no food available but can be assisted through a material aid agency. This is a one off situation, not an ongoing pattern, so there are not current concerns as the child now has food.

- Information about one child or young person may also have implications for current concerns for a group of children.

  Example: A child in the Permanency Support Program discloses sexual abuse by a parent who has the care of other children. Even though the child in care may no longer be at Risk of Significant Harm there may be current concerns in relation to the other children.

2.2.2 Reasonable grounds

To have reasonable grounds you need to be able to identify the child (either by name or accurate location, such as a house address) and to be able to explain why you think the child is at Risk of Significant Harm. You do not need to see a situation first hand to have reasonable grounds. You do need to have an objective basis for your concerns, which may come from:

- First hand observations of the child, young person or family
- What the child, young person, parent or another person has disclosed to you, or someone else
- What can reasonably be inferred based on professional training and/or experience.

2.2.3 Risk of Significant Harm circumstance

The Act says that one or more of the circumstances in the table below must be present (along with reasonable grounds and current concerns) for a child to be at Risk of Significant Harm.

The Act states that the circumstances may relate to a single act or omission or to a series of acts or omissions.

2.2.4 Do the concerns reach the threshold for Risk of Significant Harm (RoSH)?

Staff should refer to the MRG to guide decision making about the threshold for Significant Harm. The MRG must be used prior to making a report, or in any situation where staff members are uncertain about whether a report should be made. The Office for Safeguarding is available for consultation if staff or managers need advice. There is also a *DCJ A Mandatory Reporter's Guide to Selecting a Decision Tree* to assist.

Commence by identifying the maltreatment type that best represents your concern for the child/young person. Where you have **more than one concern start with the most serious concern**.

Table 1: Risk of significant harm circumstances and MRG Decision Trees

Adding specific details in the Mandatory Reporting Guidance Decision Tree will let you know if you need to make a mandatory report.

Circumstances indicating potential RoSH Circumstances	Concern requiring MRG Decision Tree
Basic physical or psychological needs not met	Neglect: Supervision Physical Shelter Food Carer Concern: Mental Health Carer Concern: Substance Use Relinquishing Care
Necessary Medical Care not arranged or unwilling to arrange	Medical Care (Non-professional) Mental Health Care
Unable or unwilling to arrange for child required to attend school	Not enrolled at school Habitual Absence
Has been, or at risk of being Physically Abused	Physical Abuse Carer Concern: Domestic Violence
Has been, or at risk of being Sexually Abused	Sexual Abuse of child or young person Problematic sexual behaviour
Has been, or at risk of being ill treated	Physical harm Psychological Harm
At risk of Serious Physical or Psychological Harm resulting from Domestic Violence	Psychological Harm Carer Concern Domestic Violence
At risk of serious psychological harm due to Parent or Caregiver behaviour toward child or young person.	Psychological Harm
Prenatal	Not engaging successfully with support services to eliminate or minimise concerns.
Relinquishing Care	Stated that he/she will not provide shelter, food or supervision for the child or young person.

If the decision is 'Immediate report to DCJ' there is no need to complete more decision trees before contacting the Helpline, however the Helpline must be notified all concerns not only those for which a decision tree has been completed.

Nothing in the MRG restricts a mandatory reporter from contacting the Child Protection Helpline. The MRG is a guide, not a prescription, as such there may be unique circumstances that are not covered by the decision trees. For example, identifying concerns about cumulative harm. Cumulative harm refers to 'the effects of multiple adverse circumstances and events in a child's life'[2] and may be overlooked if a current incident is examined without consideration of history or the wider family context.

[2] Specialist Practice Guide, Cumulative Harm, Every Child, Every Chance, State Government Victoria, p.2.

Children and Young people in CatholicCare's PSP program have additional reporting requirements to the Child Protection Helpline, due to their being in the care of the Minister.

2.2.4.1. Concerns that reach the threshold

Where the MRG indicates that concerns reach the threshold a report must be made. See section on *How to make a report*.

2.2.4.2. Concerns do not reach the threshold

Staff may decide to contact the *Child Protection Helpline* even where the threshold has not been reached. If a staff member's professional judgement is that a report to the Child Protection Helpline is warranted because of the family's unique circumstances, or if unsure about how the MRG applies to a particular situation then the Child Protection Helpline must be contacted.

Be aware that a decision about the threshold relates only to the information currently held about the child and family. This decision may need to be reviewed using the MRG as more information becomes available. Other ways to support the family must be considered.

2.3. Sexualised Behaviours

Staff may notice a child displaying sexualised behaviour or they may receive a complaint from another child or parent in relation to sexualised behaviours. Any sexualised behaviour that is outside what is considered "normal" for the developmental age of a child (e.g. it may be excessive, secretive, offensive or poses a risk to self or others) needs to be identified and managed. Harmful sexualised behaviour covers a broad spectrum of behaviour (from developmentally inappropriate to criminal) a range of intervention is needed.

The *Children's Services Guiding Children's Behaviour Policy* sets out the "Exhibiting Sexualised Behaviours Flag system" to assist with determining the level of concern. Behaviours which raise an elevated or high level of concern should be assessed through the *NSW Mandatory Reporter Guide Decision Tree*.

Children who exhibit harmful sexualised behaviours require appropriate therapeutic intervention from specialists outside the service setting.

A report will be made to *DCJ Child Protection Helpline* if the service believes that a child or young person is at risk of significant harm.

2.4 Prenatal reports

Prenatal reports are intended to allow assistance and support to an expectant mother to enable services to be mobilised for the potential benefit of the mother and unborn child or to prepare appropriate statutory or protective intervention following the birth of a child.

Intervention relates to reducing factors that may create risks for the child after birth, such as suicide risk, serious and persistent substance abuse, unmanaged mental illness, domestic violence involving serious harm, cognitive disability, a medical condition that makes it extremely difficult to provide care for an infant, homelessness, or inadequate preparation for an imminent birth. In assessing the need for a prenatal report, consideration should be given where there is a history of abuse or neglect of siblings of the unborn child, circumstances where siblings are not in the care for the parents of the unborn child, or the death of a sibling in circumstances that have been reviewed by the NSW Ombudsman.

Prenatal reporting is mandatory where there are reasonable grounds to believe a child may be at Risk of Significant Harm after birth and offers of supportive intervention have not been effective in reducing risk.

2.5 Reporting homelessness

Children (aged between 0 and 15 years) may be reported as homeless, where basic care is available for the child, but they are homeless.

> **Example:** A 12-year-old boy refuses to return home, has not disclosed any abuse or ill-treatment, and is moving between several mate's places to sleep.

Young people (aged between 16 and 17 years) can only be reported as homeless if they give consent. This is because a 16-year-old can legally decide where they want to live.

A residential accommodation service must advise DCJ if they have reasonable grounds to believe a child is living away from home without parental permission. Please note this is NOT a RoSH report.

3. How to make a report

3.1 Contacting DCJ's child protection helpline

Reports are directed to the DCJ Child Protection Helpline.

The Child Protection Helpline number **is 132 111.**

Information provided to a DCJ staff member outside the Child Protection Helpline is not sufficient to ensure information is centrally recorded and accessible.

Ensure that Mandatory Reporter Guide (MRG) time frames are followed.

- Where the guidance is to report immediately, this means reporting should be given priority over all other tasks; and must be undertaken before the staff member who completed the MRG goes off duty.
- In all other instance's reports should be made as soon as practicable, and always within 24 hours.

If the report is of a confidential and sensitive nature, or where there may be an investigation required by an external authority or by CatholicCare the report must be saved in the confidential folder on IsidoreShare by the relevant operational manager. The operational manager must report this to the Safeguarding Office.

3.2 Identifying the source of the report

Mandatory reporters are required to give their name and contact details. You cannot make an anonymous report if you are a mandatory reporter.

3.3 Recording details of a report

Whether a report is made by phone or e-report the details of the information provided to DCJ (using the Risk of Significant Harm Report form or the online e-report form) is to be kept on the client's file unless otherwise directed by the Program Manager. If of a sensitive and confidential nature the information will be saved by the program manager.

1. **Phone reports** – a CatholicCare *Risk of Significant Harm Report* must also be completed. Completing the form prior to phoning in a report will ensure the information is at hand during the conversation. The form must be completed within 24 hours of a report being made unless otherwise directed by the program.

2. **E-report** - an electronic copy of the e-report form is a suitable record, the CatholicCare report is not required.

3. Send either a copy of the CatholicCare Risk of Significant Harm Report or the e-report form and a copy of the MRG decision to your supervisor and place a copy on the client file unless otherwise directed by the Program Manager.

4. It is the responsibility of the supervisor to screen the report to ensure the details are correct and notify the Program Manager.

5. If the supervisor or Manager identifies an allegation against a staff person of CatholicCare the report must be sent to the Safeguarding Office.

6. The supervisor or manager should ensure the details are added to the ROSH report register on SharePoint.

7. A notification of the report may be made to the Office for Safeguarding where advice is being sought, or there are complexities or factors which warrant the notification.

When speaking to the Child Protection Helpline the following details should be noted by the staff member

- Child Protection Helpline Reference Number
- Feedback from the Child Protection Helpline Caseworker regarding any action that will be taken, or any relevant recommendations.
- Any such relevant information must be accurately and comprehensively recorded on the *Risk of Significant Harm Report form*.

3.4 Following up a report

You should receive feedback from the Child Protection Helpline in writing, most likely over email. Feedback can help you better understand the Risk of Significant Harm circumstances and clarify DCJ's response. Where feedback indicates that the threshold has not been reached or staff are concerned with the feedback then they should review with their supervisor and consider options for providing additional assistance to the family to clarify and address concerns and minimise future risk. These options may include:

- Discussion with the family about their circumstances, and how best to assist them; (if appropriate and safe to do so).
- Talking with the family with respect about concerns about their children; and seeking to engage family members in a collaborative way to promote the child/children's best interests. This may include providing information to the family about the child protection system.
- Discussing possible referral options with the family.
- Contacting the *Family Connect and Support Service* to seek information about possible services, and to discuss how best to engage the family.
- Contacting other agencies, either with the family's consent, or, depending on the extent of concerns about the children, using Chapter 16A of the Act, to clarify the role and views of other agencies working with the family, and seek interagency collaboration in relation to planning and service delivery. See section on *Exchanging information.*

Where there has been direct DCJ involvement with the family it may be appropriate to request a meeting with a DCJ case manager to discuss the situation further.

Where the matter involves a possible allegation against a staff member, the manager should keep the Office for Safeguarding informed of the outcome.

Ensure detailed notes of any additional information is retained that supports the identified concerns and recheck this using the MRG to review the threshold for reporting. Consider whether there are other agencies or services within CatholicCare that may be able to support the family and their needs without a statutory intervention.

3.5 Children's Services: Contacting ACECQA

For Children's Services Programs when a RoSH concern has been identified, following the report to the Child Protection Helpline, the staff member must complete a Children's Services *Incident, Injury, Trauma and Illness Record* and send it with the RoSH Report to their supervisor. Follow directions from the Practice Manager to report to ACECQA within 24 hours.

4. Reporting responsibilities

4.1 Mandatory reporting

A detailed explanation of who has mandatory reporting obligations is set out in the *Scope* of this practice guideline. Mandatory reporting responsibilities extend to supervisors of these roles. It is not necessary for separate reports to be made by both a manager and a supervisee.

In the Children and Young Persons (Care and Protection) Act 1998 a child is aged 0-15, and a young person is 16-17. Mandatory reporting applies only to children. Professional judgement should be used in deciding whether to report a young person or unborn child.

Staff should be aware that they have an individual responsibility as a mandatory reporter and should make a report if they believe in good faith that a child is at Risk of Significant Harm, regardless of the opinions of others. Unless there are exceptional circumstances, child protection concerns should be thoroughly discussed between the employee and his/her supervisor.

Mandatory reporting responsibilities relate only to situations where the grounds arise during the course of or from the person's work. The child does not need to be a client of the mandatory reporter. For example, they could be a neighbour or friend of a client. Mandatory responsibilities for reporting Risk of Significant Harm do not extend to situations that a staff member may come across outside the workplace. However, staff continue to have an ethical responsibility to promote the safety, welfare and well-being of children regardless of the context.

A range of protections apply where a person has made a report in good faith. These are outlined in s.29 of the Children and Young Persons (Care and Protection) Act 1998. They include protection from defamation action and any breach of ethical conduct.

Foster carers and volunteers are not mandatory reporters. If they provide information about Risk of Significant Harm to a mandatory reporter, the mandatory reporter is obliged to make a report. Foster carers and volunteers may choose to make reports as concerned members of the community. If they do so in good faith, they receive the same protections as are available to mandatory reporters.

Paid employees of CatholicCare that do not fall into the *Scope* as a Mandatory Reporter are required to report any suspicions of abuse and neglect to their Manager, or the Office for Safeguarding for assessment.

CatholicCare is committed to ensuring all clients of our service are protected from abuse and neglect whether or not the employee is a Mandatory Reporter.

4.2 Telling clients that a report is needed

Depending on the staff member's role and client relationship it may sometimes be appropriate to inform family members of the need to make a RoSH report. Transparency with family members can put the focus on the concerns, not on the reporter. This can be facilitated by informing families early in their contact with CatholicCare about the mandatory reporting role of staff. Staff should seek guidance from their supervisor if they are uncertain whether or how to advise family members of the need to make a report or about their role with the family after a report is made.

Example 1 - A Family Support Case worker will have detailed knowledge of the family and a close relationship that empowers the family to make changes in their life with their child as the primary focus. Working together towards goals may be appropriately improved by facilitating a conversation about the identified concerns. In this instance, it may be appropriate to advise the parent a RoSH report is being made.

Example 2 - An educator working in Out of School Hours Care may have very little contact with the family and have limited knowledge of what happens at home, however a child may feel comfortable opening up about concerns at home. In this instance, it may not be helpful to advise the family a report is being made.

While DCJ should not disclose the identity of a reporter, no one can prevent families from attempting to guess the identity of a reporter.

In certain circumstances family members, should NOT be advised that a report has been made. These include:

- Where advising the family member could undermine a criminal or reportable conduct investigative process e.g. where a child has disclosed sexual assault, and family members would have the opportunity to pressure the child to retract if they are advised of the disclosure prior to a formal interview.
- Where there are reasonable grounds to be concerned for the safety of the child or another person, including a staff member should a person be advised of a report.
- Where there are reasonable grounds to be concerned that a family or young person may abscond if advised that a report has been made.

4.3 Providing services after a report has been made

Wherever possible staff should seek to continue to work with children and families after a report has been made. If there is uncertainty about whether such work is advisable staff should (after consultation with their supervisor) check with the Child Protection Helpline or local Community Service Centre. Families may initially respond negatively because a report has been made but may be willing to renew work with the agency after the initial crisis has passed.

4.4 RoSH reports involving allegations relating to staff

An allegation against a staff member must be addressed under CatholicCare's *Reportable Conduct and Incidents Practice Guidelines*, regardless of whether there are reasonable grounds. (this is different legislation and is an allegations-based system).

If a child or young person has raised an allegation in relation to a staff member there is an obligation to report this to a supervisor/manager and the Office for Safeguarding.

4.5 Protection of reporter's details

As discussed in the section on *Mandatory reporting* legislation protects any person who makes a report in good faith to DCJ.

It also protects reports in the following circumstances:

- The making of the report does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct,
- No liability for defamation can be incurred because of the report, and
- The report is not admissible in any proceedings as evidence against the person who made the report.

4.6 Communication with DCJ in relation to case management – PSP Services

In certain circumstances the Child Protection Helpline can be notified in relation to a child/young person who is in the care of the Minister where concerns do not relate to a Significant Risk of Harm circumstances/MRG decision tree.

Staff should follow the child or young person 's safety plan in determining when the Child Protection Helpline should be contacted about these events. If the timeframe for notifying DCJ is not given in the safety plan, staff should use the following timeframes and advise their supervisor as soon as possible. (Please note this is a non-RoSH use of the helpline and does not fall within responsibilities as a Mandatory Reporter, rather is part of the requirements of a Permanency Support Program provider). As this is not RoSH then there is no requirement to complete the MRG or RoSH form. Usual incident reporting procedures apply.

Non-RoSH circumstances	Timeframe to notify the Child Protection Helpline
Died	Immediately when a child has died
Missing	Where a child is suspected to have been abducted or there are serious concerns for their immediate safety OR a child's whereabouts remains unknown for a period of over five (5) days and contact has not been established, or media attention is likely.

A PSP provider makes a report to the Helpline in any other circumstance, when the *Mandatory Reporter Guide (MRG)* outcome recommends 'Immediate Report to the Child Protection Helpline.' DCJ have classified certain incidents as 'critical incidents', and PSP must immediately report a critical incident to the relevant DCJ Principal Officer regardless of whether they have made a child protection report or a police report. For further information see *DCJ PSP Critical Events Policy.*

4.7 Privacy and Confidentiality

Staff must maintain the privacy and confidentiality of any person involved in a Child Protection matter including the child, family, and anyone from CatholicCare involved in the matter.

5. Exchanging information in relation to the safety, welfare or well-being of children and young people

5.1 Purpose of exchanging information

Chapter 16A of the Children and Young Persons (Care & Protection) Act 1998 is the mechanism by which staff can lawfully exchange information with other prescribed bodies, without the consent of parents or carers. It can only be used where it is believed that such information exchange will contribute to the safety, welfare or wellbeing of a child, and only between prescribed bodies.

The legislation states that *"a child or young person's need for services in relation to care and protection take precedence over confidentiality or an individual's privacy".*

Since openness and transparency encourage positive engagement staff should seek to involve family members as much as possible in any exchange of information between agencies. Where this is not possible, and information exchange is needed to promote a child or young person's safety, welfare or wellbeing, Staff should use Chapter 16A to facilitate such exchanges. Examples of such circumstances may include:

- Where an individual refuses to consent to information being provided,
- Where an individual is not available to give consent,
- Where an individual provides verbal consent, but there are constraints, including limited literacy, impacting on their capacity or willingness to give written consent, or
- Where requesting consent may place a child or young person, or another person at unacceptable risk.

Information may be exchanged by requesting information from another agency, providing information in response to a request, or initiating provision of information, where it is reasonable to believe that provision of the information would assist the recipient to:

- Make any decision, assessment, or plan, or to initiate or conduct any investigation, or to provide any service, relating to the safety welfare or well-being of a child or young person,

  OR

- To manage any risk to the child or young person that might arise in relation to CatholicCare's role as an employer or designated agency.

The law does not require a Helpline report to have been made for Chapter 16A to be used, and staff are required only to share information that CatholicCare already holds. Where staff believe they need to use Chapter 16A to exchange information they should consult with their manager prior to taking any action.

Chapter 16A ONLY covers the exchange of information between agencies that are prescribed by the Act section 245B and section248 (6) and the Children and Young Person's (Care and Protection) Regulation 2022 Schedule 5.

CatholicCare is a prescribed body. Staff must be confident before exchanging information under Chapter 16A that they are doing so **with a prescribed body**. If unsure, they should consult with their manager. Staff may seek advice from the Office for Safeguarding prior to making or responding to a request for information.

Information can only be shared regarding an unborn child and their family where the child has been the subject of a prenatal report to DCJ under section 25 or a referral to an assessment officer under section 27A.

CatholicCare may receive or initiate a request for information under Chapter 16A for the purposes of the Residential Care Workers Register. These requests are managed by the Safeguarding Office, and the process is described in *Residential Care Workers Register Internal Process*.

5.2. Making or receiving an information request

In general, requests for information from CatholicCare should be made by other prescribed bodies in writing (by mail or email) to ensure clarity about the information required and the source of the request. Requests should clearly identify:

- The name and location of the prescribed body,
- The name and contact details of the employee making the request,
- Specifically, what information is required, which must relate to the purposes outlined above.

Requests may be accepted verbally where there is an urgent need for information, so long as the identity of the requesting party is confirmed. In such cases, staff should inform their manager of the information exchange and case note the request and the response given.

Where the need to rely on Chapter 16A is identified, consultation with the relevant manager and or the Safeguarding Office is required to determine:

- Whether the exchange could reasonably be undertaken by gaining the relevant consent, in which case use of Chapter 16A is not required,
- Whether the other party is a prescribed body,
- Whether the exchange is consistent with the provisions of Chapter 16A, and
- If so, whether information is best provided verbally and in writing, or in writing only.

Where information is provided verbally, the staff member who provides the information is expected to send a statement of the information they have provided to the prescribed body within 24 hours. This ensures that there is a shared record of the information provided should this be the subject of any dispute.

Staff need to be mindful that information provided to a prescribed body may be shared by that body with other prescribed bodies and may also be subpoenaed and used in care proceedings. It is important that the information shared constitutes facts, rather than opinions, and that it is presented clearly without ambiguity. Staff should consider whether to share actual documents, or whether to provide a summary of the relevant information.

Information about CatholicCare's obligations under Chapter 16A should be provided in general terms during initial engagement where children, young persons or families are to receive ongoing services from the agency.

Where information is provided under Chapter 16A consideration should be given to whether, when and how to advise the child, young person or family of this, unless this would place a child, young person or staff member at unacceptable risk. Staff should seek guidance from their manager regarding this.

Where information is provided lawfully and in good faith people providing information under Chapter 16A cannot be found to have breached professional ethics or to have departed from standards of professional conduct.

See the following templates:

- *Letter Agreeing to a Chapter 16A Request*
- *Letter for Providing Information under Chapter 16A*

- *Letter Requesting Information under Chapter 16A*

5.3. Refusing to Exchange Information

Requests for information can only be refused in circumstances covered by section245D(4). These circumstances relate to specific legal situations or where providing information would endanger a person's life or physical safety. A written reply must be provided to the prescribed body that has requested the information. Where a program manager believes that a request for information should be refused, they must consult with the Safeguarding Office before a written refusal is prepared.

See the following template:

- *Response to Chapter 16A Request – Letter declining template*

6. Promoting better outcomes for children and young people where concerns will not receive a statutory response

6.1 Reviewing the reporting process

An MRG 'Report' outcome does not automatically mean that DCJ will respond to a report of risk of significant harm. The Helpline process uses a more sensitive filter and excludes some concerns even though they reached the threshold on the MRG. Some matters may not receive a response because of local DCJ workload priorities.

The Helpline or the local Community Services Centre may advise that the concern raised will not receive a statutory response. If the Helpline advises that the matter will be referred to the local DCJ office, then the status of their involvement needs to be articulated (for example so that the family can be updated or plan the best response to their needs) then contact the Community Services Centre and ask for information under Chapter 16A.

If staff believe the concerns are sufficient to necessitate a statutory response, they should check with their supervisor, and review the concerns, the MRG decision and the definition of significant harm in the glossary of this document. Check that all relevant information was provided to the Helpline. Consider whether obtaining additional information could make a difference to the reporting process and use the exchange of information procedures if relevant. A new report should only be made to the Helpline if additional information that the Helpline has not previously taken into account is identified. Repeated reports with the same information will not increase the likelihood of a Helpline response.

If a program manager is of the view that only statutory action would be effective in addressing concerns, and in particular if there has been ongoing involvement with a family, consider requesting a meeting with a local DCJ manager to discuss concerns. If there is interagency involvement with the family, consider how best to involve other agencies in this process and how best to involve the family.

6.2 Identifying possible responses to support the child and family

There are many ways to assist a child and their family. Statutory intervention may not be the most effective way to bring about positive changes for a child. Although DCJ may have the capacity to require families to accept certain services, outcomes for children may be better if family members feel they have made this decision for themselves. Where a family has been advised that a risk of significant harm report has been made, but subsequently there is no statutory response this may be framed as an opportunity for the family to take action rather than waiting for statutory intervention.

Strategies for identifying possible responses may include:

- Conversation with family members about their understanding of the family circumstances, their perspective about concerns identified by staff, and discussion of possible options,
- Internal case review, using internal (or where relevant external) supervision and/or team meeting discussion and reflective practice to identify additional options,
- Interagency discussion, either through a formal case meeting or through direct contact with interagency partners,
- Discussion with the relevant *Family Connect & Support Service*.

Discussions should be documented, and the outcomes of actions taken noted, including decisions to cease service provision because no other options can be identified or agreed on with the family.

6.3 Recognising and responding to changed circumstances

A decision of the MRG is based on the information that was available at the time the MRG was used. If the family's circumstances have changed, the previous MRG will no longer be valid, and staff will need to check the MRG again. Circumstances where it would be relevant to use the MRG again could include:

- Escalation in domestic violence,
- Additional information about physical or psychological harm experienced by children,
- Deterioration of physical or mental health of family members,
- Increased substance use,
- Repeated concerns about family homelessness or other housing issues,
- Recognition that services accessed by the family are not having a positive impact, or
- Family has ceased engagement with one or more services.

Related documents

Policies

This practice guideline is to be read in conjunction with the following:

- *Child Safe Policy*
- *Children's Services Child Safe Environment Policy*
- *Children's Services Family Feedback Complaints and Grievances Policy*
- *Complaints and Feedback Policy*
- *Privacy and Confidentiality Policy*

- *Reportable Conduct and Incidents Practice Guidelines*
- *Your Privacy - Client Privacy and Confidentiality Brochure*

Forms and resources

- *Risk of Significant Harm Report Form*
- *Children's Services - Incident, Injury, Trauma and Illness Record*
- *Response to Chapter 16A Request – Letter agreeing template*
- *Response to Chapter 16A Request – Letter declining template*
- *Letter for Providing Information under Chapter 16A template*
- *Letter Requesting Information under Chapter 16A template*
- *Checklist for Requesting Information under Chapter 16A*
- *Residential Care Worker Register – Internal Process*

Links and references

- *Mandatory Reporter Guide*
- *Child Safe Standards (NSW)*
- *Children and Young Persons (Care and Protection) Act 1998*
- *Family Connect and Support Services*
- *Interagency Guidelines for Child Protection Intervention*
- *OCG: Reporting Obligations and Processes*
- *PSP Critical Events Policy*
- *United Nations Convention on the Rights of the Child*

Glossary

ACECQA

Australian Children's Education & Care Quality Authority is an independent National Authority that guides National Quality Framework for Early Childhood Education and Care services.

Act

Children and Young Persons (Care and Protection) 1998 Act

Child

Under the Children and Young Persons (Care and Protection) Act 1998 a child is aged 15 years and under.

DCJ

Department of Communities & Justice (previously FaCS). This is the NSW Department with legislative responsibility for child protection matters.

Decision tree

Component of the Mandatory Reporter Guide used to guide decisions about the threshold of concern about a child or young person.

Harm

Physical and/or psychological damage or injury experienced by a child or young person as a consequence of one or more of physical, psychological or sexual abuse, ill-treatment or neglect. The current and future impact of the harm needs to be considered in making the decision about substantiation of harm.

Information Exchange

The act of requesting information from or providing information to a body prescribed by the Act either with the consent of the relevant parties or under Chapter 16A of the Act.

Mandatory Reporter

CatholicCare staff who work in direct-care roles and their supervisors are Mandatory Reporters. Mandatory Reporters are required by law to report suspected child abuse and neglect to government authorities, for NSW this is DCJ. Mandatory reporting applies to children aged 0-15.

Mandatory Reporter Guide (MRG)

A tool used to guide decision making about Risk of Significant Harm by mandatory reporters. The Guide is organised into a series of decision trees.

Parent or carer

'Parent' is defined under Section 3 of the Act as a person having the parental responsibility for the child or young person. This may therefore apply to persons other than the biological parent - such as persons exercising parental responsibility within the kinship group of the child or young person.

Permanency Support Program

Permanency Support Program (formerly known as Out of Home Care or OOHC) is foster care or residential placement of a child or young person at a place other than their usual home by a person other than their parent. See s.135 of the Act for a detailed definition.

Prescribed body

Prescribed bodies are defined in s.248 (6) and related regulations. CatholicCare is a prescribed body.

Relevant agency

A relevant agency as defined in s.156(1) of the Act is a designated agency, or any other organisation that provides Permanency Support Program in respect of children or young persons and that is registered for the time being by the Children's Guardian.

Report, Risk of Significant Harm

A report made to DCJ, usually via the Helpline, to convey a concern about a child or young person who may be at Risk of Significant Harm due to the circumstances outlined in Sections 23, 24, 25 and 27 of the Act. The homelessness provisions of Sections 120, 121 and 122 of the Act also provide for specific reporting provisions.

Request for Information

Exchange of information involving the DCJ and a prescribed body under s.248 of the Act.

RoSH

Risk of Significant Harm

Significant Harm

A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare and wellbeing of the child are present to a significant extent. This means the concern is sufficiently serious to warrant a response by a statutory authority (such as NSW Police Force or the DCJ) irrespective of a family's consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person's safety, welfare or wellbeing, or in the case of an unborn child, after the child's birth. The significance can result from a single act or omission or an accumulation of these.

Young Person

Under the Children and Young Persons (Care and Protection) 1998 Act a young person is aged 16 and 17 years.

Sign off and review

This document remains valid until it is either superseded by a new version or officially revoked.

CatholicCare values your input and welcomes feedback on this document. Your suggestions help us improve and better support your work. Please send any feedback to policy.updates@catholiccaredbb.org.au.

Version	Authorised by	Approved date	Review cycle	Review due
1.0	CatholicCare Senior Managers Team	9 February 2010	2 years	February 2012
2.0	Executive Team	27 January 2012	2 years	February 2014
3.0	Executive Team	3 February 2014	2 years	February 2016
4.0	Executive Team	10 May 2018	2 years	May 2020
5.0	Executive Director	5 August 2020	2 years	August 2022
6.0	Executive Manager Quality Safeguarding Risk and Compliance	18 May 2021	2 years	May 2023
7.0	Executive Manager Quality Safeguarding Risk and Compliance	12 March 2024	3 years	March 2027

Revision history

Version	Description	Author	Amendment date
1.0	Policy and Procedure	Coordinator Investigation and Training	1 February 2010
1.1	Policy and Procedure	Coordinator Investigation and Training	1 May 2011
2.0	Policy and Procedure	Coordinator Investigation and Training	1 February 2012
3.0	Policy and Procedure	Coordinator Investigation and Training	1 February 2014
3.1	Policy	Coordinator Investigation and Training	1 May 2015
4.0	Policy and Procedure	Safeguarding Practice Manager	2 April 2018
5.0	Policy	Safeguarding Practice Manager	21 July 2020
6.0	Practice Guideline	Executive Manager Quality Safeguarding Risk & Compliance	18 May 2021
6.1	Practice Guideline	Policy Specialist	21 February 2022
6.2	Practice Guideline	Policy and Document Support Officer	28 August 2023
7.0	Practice Guideline	Policy Specialist	12 March 2024