

# 5

## Recognising child abuse and neglect - indicators

There are many indicators of child abuse and neglect. The indicators on pages 15 – 18 are from the Interagency Guidelines on Child Protection Intervention 2000 and are a guide to help Health workers recognise child abuse and neglect. It is not a comprehensive list of all harms, behaviours or presentations that give rise to concerns or suspicions of child abuse or neglect. One indicator in isolation may not necessarily indicate abuse or neglect and each indicator needs to be considered in the context of the child or young person's personal circumstances.

It is important that these indicators are not seen as a list of the grounds for making a report to the Department of Community Services.

The list includes contextual indicators that relate to all types of abuse and neglect. These are useful when you have to consider the likelihood that an injury, behaviour or disclosure of a child or young person is related to or caused by abuse or neglect.

The indicators are grouped by type – physical, sexual and emotional abuse and neglect. They are described in terms of a child or young person's presentation and the behaviours of those who abuse and neglect children and young people.

Some questions that may help you decide whether you have grounds to believe a child or young person is at risk of harm from child abuse and neglect include:

- Neglect:
- Are the child or young person's basic physical needs not being met or at risk of not being met ?
  - Are the child or young person's basic psychological needs not being met or at risk of not being met?

Medical care: Does the child or young person require necessary medical care?

Have the parents failed to arrange for necessary medical care or are they unable or unwilling to do so?

Are the child or young person's basic physical needs at risk of not being met?

Physical abuse: Is the child or young person being physically abused or ill treated?

Are they at risk of being physically abused or ill treated?

Sexual abuse: Has the child or young person been sexually assaulted or ill treated?

Are they at risk of being sexually assaulted or ill treated?

Domestic violence: Does the child or young person live in a household where there is domestic violence?

As a result, are they at risk of suffering serious physical or psychological harm?

Emotional abuse: Have the child or young person's parents or caregivers behaved in such a way towards them that the child or young person has suffered serious psychological harm?

Is the child or young person at risk of suffering serious psychological harm?

## Indicators Of Abuse And Neglect

**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 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 carer affecting their ability to care for the child or young person

- the parent or carers' 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 carer is experiencing significant problems in managing the child's behaviour
- the parent or carer 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

### 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 by the parent, carer or other adult
- 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
- sleeping problems eg. nightmares, bed wetting
- marked changes in behaviour or mood, an 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 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 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, others' homes
- being focused on basic survival
- extreme longing for adult affection
- flat and superficial way of relating, lacking a sense of genuine interaction
- anxiety about being dropped or abandoned
- self comforting behaviour, eg. 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, eg 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
- leaving a child or young person alone for long periods
- depriving of or withholding physical contact or stimulation for prolonged periods
- failure to provide psychological nurturing
- treating one child or young person 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 (eg. 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)

- 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 trip to country which practises FGM
- older siblings worried about their sisters visiting their country of origin
- long periods of sickness

### **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 cowering at sudden movements

### **Indicators in parents or carers**

- 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 by the parent of the child or young person to health or other services with injuries, ingestions or with minor complaints
- marked delay between injury and the parents' presenting the child for medical assistance
- parental accounts of injury which are inconsistent with the physical findings
- parental accounts of injury which are vague, bizarre or variable

### **Indicators of behaviour causing 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 (eg. 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 the types of abuse.

### **Indicators in parents or caregivers**

- 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 (eg. '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 breasts, buttocks, lower abdomen or thighs

### **Indicators in young people**

- particularly negative reaction to adults of only one sex
- sexually provocative
- desexualisation, eg 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 stress in a child or young person**

- poor concentration at school
- sleeping/bedtime problems eg. 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, caregivers, 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.

Reproduced from the Interagency Guidelines for Child Protection Intervention 2000

# Becoming aware of risk of harm of abuse



## 6.1 If a child tells you about abuse

If a child or young person tells you about abuse, record the time and date you spoke with them and, as far as possible, their exact words. Children and young people should not be asked to give details about the abuse. This is the role of the Department of Community Services or the Police. The role of Health workers is to assess if a report should be made to the Department of Community Services, not to investigate information. The investigation of risk of harm of abuse is the role of the Department of Community Services or the Police.

As the child or young person talks to you:

- react calmly to the information they provide
- listen actively and be non-judgemental
- don't ask leading questions eg did he touch your vagina?
- reassure them that they have done the right thing to tell and that it is not their fault
- let the child or young person know that they are not alone and you know that this has happened to many children and young people
- don't make promises that you can't keep, particularly around not telling anyone else about this information
- if it is appropriate and will not place the child or young person at risk, tell them about your obligation to report
- if appropriate, reassure and support the caregivers present.

## 6.2 If you become aware of abuse when working with an adult

Health workers may become concerned that a child is at risk of harm in many ways other than the direct disclosure by a child or young person. These situations may include:

- an adult client disclosing abuse of a child or young person
- the parent or caregiver of a child or young person disclosing abuse of their child
- a Health worker working with an adult client who is a caregiver forming the view that the adult is not capable of caring for their children at that time due, for example, to physical or mental health problems or disorders, intoxication or distress
- a Health worker working with a pregnant woman forming the view that the woman may not be able to care for her child when born, and a report made on the basis of supportive intervention may reduce the likelihood of her baby being placed in out-of-home care.

Health workers are not required to actually see a child or young person before making a report to the Department of Community Services.

## 6.3 Evidence of first complaint

If you are the first person the child or young person tells about abuse that constitutes a crime, you may be called to court to give evidence. This is called evidence of first complaint. It is therefore important that the information you receive from the child or young person is recorded accurately in their Health record.

## 6.4 Safety issues

### 6.4.1 Disclosure of child sexual assault

Disclosure of child sexual abuse is a crisis situation. The Health worker to whom the disclosure is made must not confront the alleged perpetrator as this may lead to further risk to the child. Approaching the alleged perpetrator is the role of the Department of Community Services or the Police.

If a child discloses and the alleged perpetrator is at the premises of the Health service or due to pick up the child, relay the immediacy of need for intervention to the Department of Community Services and, if possible, keep the child separate from the alleged perpetrator. If the Department of Community Services officer is not expected to arrive for some time and it would be difficult to keep the child separate from the alleged perpetrator, you should ask the Department of Community Services officer for advice about how to handle the situation. If there are concerns about the immediate safety of the child or a worker, contact the Police or Security staff.

#### **6.4.2 Disclosure or suspicion of physical or emotional abuse or neglect (PANOC)**

In many cases of PANOC, the suspicion is generated at the time the Health worker is in contact with the child or young person. Once these suspicions are present, you may need to ask the family members accompanying the child further questions to clarify the consistency of the history given. Once you form the view that the child or young person is at risk of harm, you must make a report immediately to the Department of Community Services.

#### **6.4.3 Informing children, young people and families of a report**

It is good practice to highlight the constraints of confidentiality at the first contact with all children and their families as part of any explanation of the service that may be provided. It is also useful to engage children and families in making decisions, as appropriate and safe, should the need to report risk of harm to children arise, as children and families who participate in decisions about their lives are more likely to support the decisions made. This will enable the child or family to be involved in the process of making a report and will assist in making the process of reporting transparent. It is often helpful to assume that clients may wish to participate more actively in resolving difficulties that place their children at risk. However if the worker assesses that informing the child, young person or their family may potentially place them or the worker at risk, they should not be informed.

Other family members who are not present when the concerns arise should not usually be approached about the need to make a report, particularly in the case of suspected domestic violence or sexual assault.

The dynamics of sexual assault and domestic violence in particular mean that it is important not to inform the alleged offender that a report will be made, as they may pressure the child or young person to retract their disclosure. The non-offending caregiver should also not be informed except where they have provided the information and the Health worker assesses it to be safe. Health workers who are unsure should consult their Supervisor/Manager before informing a child, young person or parent/caregiver of the decision to report.

#### **6.4.4 Worker safety**

If a Health worker is threatened with or fears personal violence as a result of, for example, making a report to the Department of Community Services then the threat should be reported to the Police. The Police may apply for, and pursue on the Health worker's behalf, an apprehended violence order (AVO). Individuals may also obtain an AVO by making an application to a Chamber Magistrate at a Local Court. You could also consult the designated Occupational Health and Safety officer in your Area Health Service.

It is good practice for Health workers to inform their supervisor or manager when they are working with children or young people at risk. Child protection issues are complex and may raise both professional and personal issues for Health workers. Informing your supervisor or manager of child protection cases as they arise, helps them to be aware that you may need additional support or supervision. You may also contact your Area Health service for information about contacting the Area Staff Counsellor or Employee Assistance Program (EAP).

## 6.5 Special Needs Groups

### 6.5.1 Using interpreters

Principles of social justice require that non-English speaking people have access to the same high quality health services enjoyed by the rest of the population. NSW Health policy (Circular 94/10) supports the use and availability of professional interpreters.

Unqualified or non-accredited interpreters often make poor communicators in critical health situations. Using family members or friends as interpreters may place the child or young person's safety at risk and should not be NSW Health practice. Communication problems involving clients with limited English can also carry legal risk for health service staff.

Interpreters must convey all the information received from the client to the Health worker before, during, and after the end of the interpreting session.

If support services are discussed with a non-English speaking client, they should be consulted about their preference for involvement of ethnic specific agencies or the use of mainstream services.

### 6.5.2 Indigenous communities

It is a principle of the Children and Young Persons (Care and Protection) Act 1998 that Aboriginal and Torres Strait Islander people are to participate in the care and protection of their children and young people with as much self-determination as possible. This principle recognises the profound and ongoing effect on Aboriginal communities of the stolen generation of Aboriginal children and takes into account that child removal is a particularly sensitive matter for Aboriginal people.

If the presenting child or family is from an Aboriginal or Torres Strait Islander background, Health workers should make sure that the family is asked if they would like either an Aboriginal Liaison Officer, Education Officer or Health Coordinator to be contacted.

You need to be sensitive when working with Aboriginal and Torres Strait Islander families, particularly if there may be concerns about risk of harm that need to be reported to the Department of Community Services. It is good practice to be transparent about your concerns where this is appropriate and safe.

### 6.5.3 Clients with disabilities

If a child or parent has a disability, you must consider how to appropriately facilitate communication eg by using signing interpreters. Clients with disabilities should be offered the opportunity to request a support person or advocate or consult a disability or other advocacy service.

# 7

## Health workers responsibilities to report

In addition to being aware of the rights of children and young people and their parents, Health workers need to clearly understand their own legal obligations and responsibilities towards children, young people and their caregivers.

### 7.1 Legal obligations in relation to children under the age of 16

Under section 27 of the Children and Young Persons (Care and Protection) Act, a person who:

- in the course of his or her professional work or other paid employment delivers health care to children, and
- has reasonable grounds to suspect that a child is at risk of harm

must, as soon as practicable, report to the Department of Community Services the name, or a description, of the child and the grounds for suspecting that they are at risk of harm.

Similarly, under section 27 of the Act, a person who:

- holds a management position in an organisation the duties of which include direct responsibility for, or supervision of, the provision of health care wholly or partly to children, and
- has reasonable grounds to suspect that a child is at risk of harm

must, as soon as practicable, report to the Department of Community Services the name, or a description, of the child and the grounds for suspecting that they are at risk of harm.

Health workers who fail to comply with this legal obligation may be guilty of an offence. The maximum penalty for a person found guilty of this offence is 200 penalty units (currently \$22,000).

In addition to this legal requirements under Ministerial directive all Health workers who have reasonable grounds to suspect that a child is at risk of harm, irrespective of whether the Health worker is delivering a service to the child, must make a report to the Department of Community Services. Health workers who fail to comply with a Ministerial directive may be subject to disciplinary action.

Health workers who provide services to adults have an obligation to consider the parenting capacity of the adult clients in meeting their obligations to assess and report risk of harm.

### 7.2 Legal obligations in relation to young people aged 16 and 17 years

Under section 24 of the Act, a Health worker may report concerns about risk of harm relating to a young person aged 16 or 17 years.

If you are concerned that a young person is at risk of harm from abuse or neglect, you should make a report. The young person should be involved in the decision to report and the process of reporting, unless there are exceptional reasons for excluding them. If the young person does not agree to the report being made, this information must be conveyed to the Department of Community Services as they must consider the young person's wishes in any investigations and assessments.

### **7.3 Legal obligations in relation to children and young people who are homeless**

Under section 120 of the Act, a person may report homelessness of a child to the Department of Community Services.

Under section 121 of the Act, any person may report the homelessness of a young person, with the consent of the young person.

### **7.4 Legal obligations in relation to a class of children or young people**

If there are reasonable grounds to suspect risk of harm related to the abuse of a class of children or young people, a report may be made in accordance with section 24 of the Act. Examples of a 'class' of children or young people include more than one child or young person in a community group, more than one child in a child care centre or more than one child or young person in a school.

### **7.5 Legal obligations in relation to pre-natal reports**

Under section 25 of the Act, a Health worker who has reasonable grounds to suspect, before the birth of a child, that a child may be at risk of harm after his or her birth may make a report to the Department of Community Services. The intention of this report process is supportive intervention rather than interference in the rights of the pregnant woman.

Pre-natal reporting may be helpful for pregnant women in domestic violence situations, with a mental health problem, or who use hazardous drugs during pregnancy because reporting can be a catalyst for assistance. However, pre-natal reporting should only be used where there are clear indications that the infant may be at risk of harm after they are born.

### **7.6 Protection for Health workers who report**

Under section 29 of the Act, protection is afforded to a Health worker making a report. In accordance with sections 29 and 258 of the Act, if a report is made in good faith, or information is furnished in relation to the safety, welfare and well-being of a

child or young person or class of children or young people, the reporting or provision of information:

- does not constitute a breach of professional etiquette or ethics or a departure from acceptable standards of professional conduct
- does not constitute grounds for liability for defamation
- does not constitute grounds for civil proceedings for malicious prosecution or conspiracy
- cannot be admitted in evidence against a person in any court proceedings.

A person cannot be compelled in any proceedings to produce a report or a copy of or extract from a report, or to disclose or give evidence of any of its contents. The identity of a person who made a report cannot be disclosed except where the person gives consent, or with the leave of the court or other body where proceedings relating to the report are conducted.

In addition, if a report of suspected risk of harm is made to the DoCS Helpline in good faith, grievance proceedings cannot be initiated or allowed to progress against the person making the report in relation to that person's report. Area Health Service Chief Executive Officers are responsible for ensuring that existing grievance proceedings recognise this.

### **7.7 Situations where a Health worker forms an opinion not to report**

If you identify possible indicators that there is a potential for a child or young person to be at risk of harm, but assess in consultation with your supervisor or manager that a report is not required at that time because there are not sufficient grounds to form a reasonable suspicion, you must consider what additional support services should be put in place to further support the child, young person or family. This may include facilitating referrals to a Youth Health Service, Family Support Service or Early Childhood Service.

Health worker must always clearly document these decisions. For more information about documenting this process, please see chapter 10.4.

## **7.8 What should a Health worker do if they are uncertain about making a report?**

Child protection concerns are complex and there will be situations where you may be unclear if a report is required. In these situations, you should discuss the child protection concerns with your supervisor or manager, where available and appropriate. Alternatively, each Area Health Service has PANOC and Sexual Assault Services who are available for consultation about physical or emotional abuse and neglect or sexual assault services.

## **7.9 Consultation with the Department of Community Services**

The Department of Community Services Helpline 13 36 27 is also available for Health workers to consult about reporting risk of harm.

## **7.10 What if there is disagreement about whether to make a report?**

Anyone, regardless of professional status, has the legal right to report risk of harm to the Department of Community Services whether or not this view is held by all the Health workers involved with the case. If there is a disagreement about risk of harm, the individual worker who has reasonable grounds to suspect that a child is at risk of harm should still make a report to the Department of Community Services. This report will be covered by the provisions of the Act.

If children are not reported, their safety needs cannot be properly assessed and they may be left vulnerable to further abuse or neglect. The Department of Community Services is the statutory body in NSW with the power to investigate the protective needs of children.

## **7.11 Offences under the Children and Young Persons (Care and Protection) Act**

Certain activities are offences under the Act. There is no legal obligation on Health workers to report these offences to the Department of Community Services unless a child or young person is considered to be at risk of harm. The following offences all have maximum penalties of 200 penalty units, currently \$22,000.

### **Abuse and neglect**

Under sections 227 and 228 of the Act, it is an offence to abuse or to neglect a child or young person.

### **Unauthorised removal of children from Hospitals or other premises**

Under section 229 of the Act, it is an offence to remove or cause to remove a child or young person from a person into whose care that child or young person has been placed under the Act. It is also an offence for a person who is in charge of any hospital or other premises where a woman gives birth to permit a child not in the charge of the child's mother to be taken from the premises without the consent of the Department of Community Services.

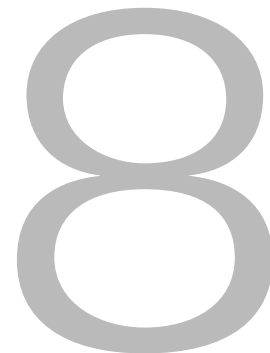
### **Tattooing**

Under section 230 of the Act, it is an offence to tattoo any part of the body of a child or young person without the prior written consent of their parent.

### **Unsupervised children in motor vehicles**

Under section 231 of the Act, it is an offence to leave any child or young person unsupervised in a motor vehicle in circumstances where the child or young person becomes or is likely to become distressed, or where the child or young person's health becomes or is likely to become permanently or temporarily impaired.

# Making a report



## 8.1 How to make a report to the Department of Community Services (DoCS) Helpline

A Health worker who has reasonable grounds to suspect that a child or young person is at risk of harm should make a report by phoning the DoCS Helpline on 13 36 27.

You should identify yourself by name, position and Area Health Service to the DoCS Helpline officer.

You should then either:

- Fill out the form for reporting to the Department of Community Services and place this on the client's Health record, or
- Document the report, as outlined in chapter 10.3, in the client's Health record on a separate page under the heading 'Report to the Department of Community Services'. This will make it easy to identify the information and remove it, if necessary, from the file.

It is critical that documentation of the report includes the call reference number allocated by the DoCS Helpline. Any additional local procedures for recording reports to the Department of Community Services should be followed.

The DoCS Helpline operates 24 hours a day, 7 days per week. When the Helpline receives a report, they are required by law to make an assessment and decide whether the child or young person is actually at risk of harm.

## 8.2 Information that the Department of Community Services may require

The DoCS Helpline officer may ask a range of questions to help them make a decision about the level of harm at which the child or young person is at risk. This information may include:

- the name or description of the child or young person, or class of children or young people
- the current whereabouts of the child or young person
- whether risk of harm is related to a staff member of an organisation
- when the child was last seen
- the name and address, if known, of the person suspected of abusing the child or young person and, if possible, their occupation
- whether a language or sign interpreter may be needed, or support required for a person with a disability, or an Aboriginal agency should be involved
- all available information relating to the safety, welfare and well-being of the child or young person
- the reasons for concern about risk of harm
- the child or young person's views about the report, if known
- events, conversations and observations that lead to concern – these should be recorded and available for reference
- information about the child or young person's history, current circumstances and their views
- information about the parent, family or caregivers
- information about relationships
- information about the agency's role and relationship with the child, young person and their family.

### 8.3 Police involvement

The Department of Community Services has no power under the Act to lay charges where a criminal offence may have been committed. Therefore all reports which involve a criminal offence under the Crimes Act 1900 must be referred by the Department of Community Services to the Police. This includes, for example, if:

- the child has died
- the child has received a life threatening or serious injury
- the child has been physically or sexually assaulted
- there is torture involved
- removal of the perpetrator is necessary to protect the child
- a person has neglected to a serious degree to provide adequate food, nursing, medical treatment, clothing, material aid or lodging for a child.

If a child is critically ill or injured and may die, the Health worker should immediately notify the Department of Community Services. The Department of Community Services should also be informed if there are immediate safety concerns about a child or young person. The Department of Community Services is required to notify the Police of all cases of child sexual assault.

### 8.4 Parents removing or discharging children or young people against medical advice

If parents remove their child from a hospital against medical advice, the hospital staff may report the matter to the Department of Community Services under section 27 if they have reasonable grounds to suspect the child is at risk of harm to the child. The Department of Community Services will then assess the information reported by the hospital staff and may visit the family at home, make an assessment and may return the child to hospital. The Department of Community Services will liaise with the Police if necessary.

Health workers have no legal authority to detain a child. The Department of Community Services does however, have the statutory authority to assume care and protection of a child or young person in hospital or any other premises under an order issued pursuant to section 44 of the Children and Young Persons (Care and Protection) Act 1998. This order is made in writing and is served on the person who appears to be in charge of the hospital premises or unit, such as the Nursing Unit Manager. Orders signed by the Director-General of the Department of Community Services may include an emergency care and protection order, an examination and assessment order or any other care order. A copy of the order made must be placed in the client's Health record. For more information on these orders, please see Chapter 14.

Please refer to chapter 15 for more information on medical treatment and examinations.

### 8.5 Feedback to Health workers making a report

The Department of Community Services is responsible for providing feedback to a person making a report. Any person making a report will be advised in writing of what action has been taken. You can contact the DoCS Helpline on 13 36 27 for information about what action has occurred after 24 hours or after an initial assessment has been made. If the case has been referred to a Department of Community Services Community Services Centre, you can phone the local office for information about what follow-up has occurred.

### 8.6 Brief guide to making a report

There is an abridged version of this section in Appendix 1 which you can use as a ready reckoner to making a report to the Department of Community Services.

### 8.7 Interagency guide to making a report to DoCS

The Department of Community Services has developed a 'Guide to Making a Report' to help workers from other agencies decide whether to report a child or young person at risk of harm. There is a copy of this guide in Appendix 4.