

The Structured Decision Making[®] System

Mandatory Reporting Guide

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South Australia

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- Department for Health—Yarrow Place
- Department for Health—Drug and Alcohol Services: South Australia
- Department for Health—Child Protection Services: Women’s and Children’s Hospital
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- Department for Health—Helen Mayo House: Glenside Health Services
- Department for Health—North Adelaide Local Health Network: Lyell McEwin Hospital

- Department for Health—Child and Adolescent Mental Health Service
- Department for Communities and Social Inclusion—Housing SA
- Department for Communities and Social Inclusion—Disability SA
- Association of Independent Schools of South Australia
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- South Australia Police
- Uniting Care Wesley—Country
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TABLE OF CONTENTS

GLOSSARY.....	1
PURPOSE OF THIS GUIDE	5
REPORT OF RISK TO CYP CHECKLIST	6
CULTURAL NOTES.....	8
PROCEDURES.....	9
TIPS FOR SELECTING A DECISION TREE	11
DECISION TREES.....	12
Physical Abuse/Harm.....	12
Definitions.....	13
CYP Likely to Be Removed From the State to be Harmed.....	18
Definitions.....	19
Neglect: Supervision	21
Definitions.....	22
Neglect: Physical Shelter/Environment.....	25
Definitions.....	26
Neglect: Food	31
Definitions.....	32
Neglect: Hygiene/Clothing.....	35
Definitions.....	36
Neglect: Health Assessment and Care (Including Mental Health and Disabilities).....	38
Definitions.....	39
Neglect: Persistent Absenteeism.....	42
Definitions.....	43
Sexual Abuse of CYP Aged 0–17	45
Definitions.....	46
CYP Problematic Sexual Behaviour—Self-Directed/Towards Others.....	49
Definitions.....	50

Psychological/Emotional Harm.....	56
Definitions.....	57
Parent/Carer Concerns: Substance Abuse/Mental Health.....	59
Definitions.....	60
Parent/Carer Concerns: Domestic/Family Violence	62
Definitions.....	63
Unborn Child Abuse.....	66
Definitions.....	67

APPENDIX

Reporting a Suspicion That a CYP Is, or May Be, at Risk

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GLOSSARY

Adolescent at risk (AAR)

Child/young person (CYP) who is at risk of harm due to mental health or substance use, **and** the parent/carer is aware of the concern and, through omission or commission, is unwilling or unable to obtain appropriate intervention.

Care Team

For CYPs under Guardianship of the Minister, the Care Team consists of all the key people involved in the life of the CYP (Department for Child Protection caseworker, parent/carer, educator, mentor/volunteer, NGO, placement support, therapist, family of origin and other natural helpers).

CARL

Means the Child Abuse Report Line, ph 131478, or online electronic notification through E-CARL at <https://www.childprotection.sa.gov.au/>

Child/young person (CYP)

A person under 18 years of age.

Cruising

The action of an infant or toddler transitioning from crawling to walking using furniture as an aid to walk.

Domestic/family violence

Domestic/family violence is any behaviour in a domestic relationship, including an intimate partner relationship or a family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear for their own or someone else's safety.

Domestic/family violence includes a broad range of marital and kinship relationships in which violence may occur.

Children's exposure to [domestic/family violence] is a serious form of child abuse. It can result in profoundly damaging impacts on children's psychological, emotional and physical safety and wellbeing, as well as compromising their educational and social development by interrupting their schooling attendance and their opportunities to socialise with peers.¹

Domestic/family violence can include physical, sexual, emotional and psychological abuse. See Table 1 for indicators of psychological harm to a CYP.

Physical violence can include slaps, shoves, hits, punches, pushes, being thrown down stairs or across the room, kicking, twisting of arms, choking, being burnt or stabbed and so forth.

¹ Government of South Australia. (2016, July). *Interagency code of practice: Investigation of suspected child abuse or neglect (ICP)*. Page 13.

Sexual assault or sexual violence can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, being made to have sex with friends of the perpetrator, or any unwanted sexual contact. *Refer to **sexual abuse** for further information.*

Psychological and emotional abuse can include a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or being threatened with injury or death.

Educational neglect

Persistent absenteeism from school could be an early indicator of abuse or neglect. If a CYP is school age and persistently absent from school without satisfactory explanation, mandated reporters must consider a notification.

Failure to thrive

A medical diagnosis for a child who demonstrates inadequate weight gain or growth.

- Organic—There is a biological cause.
- Non-Organic—The cause is environmental.

Household

All individuals who live within a residence. A CYP may be a member of more than one household if his/her biological parents do not reside together.

Infant

A child under 12 months of age.

Mandated reporter

A person who comes within one of the categories set out in Section 30 (3) of the *Child and Young Person (Safety) Act 2017*, and so has an obligation to report a suspicion of a type described in Section 31 of the Act.

Non-mobile

Describes a young child (infant or toddler), or a CYP with developmental delays or disability, who is not independently mobile (unable to crawl, cruise or walk).

Parent/carer

A CYP's parent/carer can be any of the following:

- Biological parent (whether living in the home or not);
- Legal guardian;
- Stepparent;
- Other adult in the household who provides care and supervision for the CYP (other than paid care providers); or

- Intimate partners of a parent, even if they do not live in the home.

The following are not included:

- A CYP who is not a biological parent;
- An adult not living in CYP's household; and
- Paid care provider, such as babysitter or nanny.

Reasonable suspicion

A suspicion is a state of mind. It is different from knowledge or belief. It requires more than a guess but does not need to be sufficient to form a belief as to the existence of an event or circumstance. There does not need to be proof that a CYP is, or may be, at risk. However, there needs to be a factual basis for the suspicion.

The suspicion must be 'reasonable'. Whether a suspicion is reasonable will depend on various factors, including the surrounding circumstances and the plausibility of the information available to the mandatory reporter.

A mandatory reporter should consider the following.

- Was the information obtained in the course of his or her employment (noting that employment is broadly defined in the Act)?
- On the information available, does the reporter have a suspicion that something might happen or might have happened?
- If the reporter has a suspicion that something might happen or might have happened, is it reasonable to rely upon the information which causes him or her to have the suspicion?

The mandated reporter must form the reasonable suspicion alone. The suspicion does not need to be accepted and discussed with staff members, managers, or parents/carers. Whilst the mandatory reporter might like to talk through the circumstances with another person, ultimately it is the mandatory reporter who needs to be satisfied that they hold a suspicion.

Sexual abuse

Sexual abuse is the intentional touching, either directly or indirectly (i.e. through the clothing), of the genitalia, anus, groin, breast, inner thigh or buttocks of any CYP with an intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person; this includes exposing a CYP to forms of sexual acts or pornography

Unborn child

A foetus in-utero.

Table 1

Examples of Psychological Harm Indicators

The following behaviours may reflect psychological harm in a CYP as a result of parent/carer behaviour.

Domain	Examples
Cognitive/Developmental	<ul style="list-style-type: none">• Delays in reaching developmental milestones (e.g. speech)• Loss of previously acquired developmental milestones• Decline in school performance
Emotional/Behavioural	<ul style="list-style-type: none">• Withdrawn (not interacting with others)• Not playful, or play dominated by concerning themes (e.g. violence)• Extreme separation anxiety• Regression in toileting behaviours (e.g. soiling self, bed wetting)• Hypervigilance• Aggressive/violent behaviour• Emotional dysregulations• Dissociation/freeze response• Poor attention• Risk-taking behaviour• Self-harming/suicidal
Social Interactions	<ul style="list-style-type: none">• Indiscriminate affection• Lacks trust• Lacks empathy• Inability to form age-appropriate relationships with adults/peers• Chaotic interactions with others

NOTE: **This table is a guide only.** Consider consultation with a professional with expertise in CYP mental health if you are uncertain.

PURPOSE OF THIS GUIDE

Section 31 of the *Children and Young People (Safety) Act 2017* ('the Act') states that various types of persons—teachers, social workers, prescribed health practitioners, police officers and other persons mentioned in Section 30 of the Act—must report that a child is, or may be, at risk if they have reasonable grounds to suspect this, and if they formed this suspicion during the course of their employment.

These persons have an obligation to report their suspicion. In this guide, they are referred to as mandatory reporters. **The report should be made to CARL. The identity of any person making a report to the Department for Child Protection ('the Department') via CARL is protected by the Act.**

This Mandatory Reporting Guide (MRG) is intended to assist mandatory reporters when they are concerned that a CYP is, or may be, at risk and must decide whether or not to report their concerns to the Department via CARL.

This guide is intended to complement rather than replace critical thinking, and it does not prohibit mandatory reporters from any course of action they believe is appropriate. Mandatory reporters must always make their own decision about whether they have a reasonable suspicion.

The decision about whether to report is not an easy one, and the consequences of the decision are considerable. The MRG aims to do the following.

1. Assist mandatory reporters in becoming familiar with the reporting threshold and the provision of detailed, high-quality reports.
2. Help eliminate time spent on reporting and responding to matters that do not meet the threshold for mandatory reporting.

Making a report does not exhaust any duty of care or responsibility that a mandated reporter may have for a CYP.

The guide incorporates design principles that will help a mandated reporter focus on the most critical pieces of information for the decision at hand. The guide reflects the contributions of multiple government departments and non-government agencies.

Finally, this guide is a dynamic document. Continuing evaluation and feedback will be used to refine this manual over time.

REPORT OF RISK TO CYP CHECKLIST

If you as a mandatory reporter have decided to report your suspicion of risk, you should provide as much of the following information as possible.²

REPORT CHECKLIST

(Information you should have with you, if available, when you make a report)

Was the information obtained in the course of your employment?

Identification Details:

- Full name
 - Including aka: 'also known as' by other surnames
 - Date of birth/age/year level of person
 - Current address and contact number
 - School or care setting
 - Aboriginal or Torres Strait Islander identity/kinship group
 - Non-English speaking/disability
 - Alleged perpetrator's name, age, address, relationship to CYP, current whereabouts
 - Current whereabouts of CYP
 - Next contact with alleged perpetrator
- CYP
siblings
parents/carers

Mandatory Reporter Details:

- Your full name and job title or role in the employment setting
- Name, address and contact number of your employer/organisation
- Your relationship to CYP of concern
- Type of contact you have with the family/how frequent
- Capacity in which you are working with CYP/family

Details of Concerns:

- If CYP disclosed: What did CYP say/What was the emotional presentation?
- Who saw/heard what and when
- Size and location of injuries/description of any bruising
- Has CYP been seen by a GP/if so, name and contact number
- Description of parent/carer behaviours of concern and frequency/severity
- Description of any of CYP's behaviours of concern and frequency/severity

² Adapted from Department for Education and Child Development. (2012–14). Responding to abuse and neglect—Education and care training 2012–2014.

Other Family Details:

- Are parents separated/any Family Court orders
- Does custodial/noncustodial parent have a partner/partner's name
- Knowledge about the functioning of the family:
 - Family violence/animal cruelty/violence to people outside of the family
 - Drug/alcohol abuse/mental health problems
 - Extended family or other support networks
 - Child care arrangements
 - Nature of involvement with any agencies/services
 - Any relevant health factors

History of Education/Care Actions:

- Response from parents/carers when concerns have been raised with them
- 'Take-up' from parents/carers of referrals facilitated for them
- Special supports for CYP (SSO support/breakfast program/transport/uniform laundering/modified learning program/counselling/mentoring/overnight care)
- Referrals and involvement of regional support services with CYP
- Involvement of other government or non-government services
- Files/documents available for transfer to child protection staff
- Your discussion with principal/director or delegate about this notification
- Your record of this notification on the official form in your site leader's office

If you become aware that the CYP lives with, or is about to live with a person who has committed one of the following offences, include this in your report.

- Murder
- Manslaughter
- Criminal neglect
- Causing serious harm
- Acts endangering life or creating risk of serious harm
- An attempt to commit one of the preceding offences where the victim was a CYP and the offender was their parent/carer

Give consideration to the possibility that other CYPs in the family or the community may also be at risk and raise this in the report

CULTURAL NOTES

Working With Culturally and Linguistically Diverse Communities

Culture and experience do influence parenting and caregiving practices; however, it is critical that reporters maintain a focus on these practices' *impact on the CYP*. Where a person's behaviour leads a reporter to suspect on reasonable grounds that a CYP is, or may be, at risk, this must be reported.

A mandatory reporter should consider that some child-rearing practices may be unfamiliar, but this does not necessarily mean that they cause risk to the CYP.

Behaviours suspected of creating risk should not be minimised or dismissed on cultural grounds.

Mandatory reporters who have information about the possible bearing of culture, language and the need for an interpreter on the matter must provide this information as part of their report. This information can assist in subsequent case assessment.

PROCEDURES

How to Use This Guide

The guide is structured with references to the *Children and Young Persons (Safety) Act 2017*, glossary, decision trees and definitions.

The guide is arranged by topic areas to help reporters determine which decision tree may be most relevant. A decision tree is then presented, followed by definitions and explanations of each question or step in the decision tree to help reporters navigate the tree.

Reporters are not required to use all the decision trees, just the one that most closely reflects the area of concern for each individual case.

Selecting a Decision Tree

Select the decision tree that most closely matches the concern(s) you have. Refer to 'Tips for Selecting a Decision Tree'.

Completing a Decision Tree

After selecting the applicable decision tree, read the questions and accompanying definitions and select a 'yes' or 'no' answer for each. Each path through a decision tree leads to a decision point, as described below.

- Unless otherwise specified (i.e. mention of a pattern or multiple incidents), a single incident that meets the definition is sufficient.
- Unless otherwise specified, 'yes' should be selected only if the condition or circumstance described in the definition is *current* or *recent*.
 - » For injuries to a CYP and actions by a parent/carer that narrowly avoided injury to a CYP, also include any *past* events that do not appear to have been reported previously to CARL.
 - » For sexual acts, also include any *past* events that do not appear to have been reported previously to CARL.

Decision Points

After completing the MRG, print the final decision report and/or save it for your own records. Specific instructions will vary according to whether your concerns about the CYP are reportable.

Reporting Options:

Report to CARL

CARL: 13 14 78

E-CARL <https://www.childprotection.sa.gov.au/>

Make a report to the Department as soon as possible.

When a CYP requires immediate medical or police intervention, call emergency services on 000. For other reports to police call 131444.

Document and Continue Relationship

When the decision point of 'document and continue relationship' is reached, you are not required to report. You should document your concerns in your records, as you may gain further information later that changes your assessment of the situation. You may consider it appropriate to continue your relationship with the family, including referring the family for services, documenting that you did so and reviewing the situation later if warranted.

Document

Based on your agency's policies, document relevant information about your concerns, and print and file the decision report issued after completion of the MRG.

Continue Relationship

- If your professional role includes an ongoing relationship with the CYP and/or parent/carer, it is expected that such a relationship will continue regardless of the reporting decision. It is important to maintain a connection to the family so that if conditions worsen, you will be available to report to the Department if need be. This relationship may include monitoring, creating or maintaining a safe space where the CYP or parent/carer may further disclose concerns that already exist but which he/she has been reluctant to disclose, or disclose new incidents. The relationship also may include supporting the CYP or parent/carer, who may be experiencing other difficulties that are not reportable as abuse or neglect.
- If your professional role **does not** include an ongoing relationship with the CYP and/or parent/carer, *you are not required to maintain contact.*

Some circumstances are not reportable because they do not meet the threshold in Section 31 of the Act, and yet the CYP may experience emotional or physical stress. You may be able to assist the CYP in learning coping strategies or accessing suitable services, or fostering trust so that CYP will alert you if conditions change.

Regardless of a report to the Department, consider whether your concerns should be shared with other agencies connected with the CYP, such as school, health, mental health, justice or housing. Certain agencies can share information regarding the safety, welfare and wellbeing of CYPs without their consent; however, where possible, client consent should be sought when information about a client is being disclosed to another agency. *Refer to the **Information Sharing Guidelines** for detailed guidance.*

TIPS FOR SELECTING A DECISION TREE

If the available facts make clear which decision tree to use, you may go directly to that tree. Generally, if more than one decision tree could fit, take the following steps.

- First, start with a decision tree that directly relates to the concerns that you have about the CYP. If a decision tree does not fit concerns that directly affect the CYP, find a tree that best relates to the circumstances of the parent/carer.
- Second, start with the decision tree which reflects the most serious concern. For example, if a parent caused a serious injury to a CYP by striking the CYP, and a lack of food in the home may also be indicated, select Physical Abuse/Harm.
- Third, start with a decision tree connected to your strongest information. For example, if a CYP made a clear disclosure of sexual abuse, and you have innuendo that there may be extreme physical discipline, select Sexual Abuse of CYP Aged 0–17.

If more than one decision tree fits and the result of the first one is to report to CARL, you do not need to complete additional decision trees. Inform CARL of all of your concerns when making a report. If the first decision tree you used did NOT result in a report to CARL and one or more additional trees are applicable, complete the additional trees. If none of the trees suggest making a report, a report is not indicated. You may consult with CARL if you wish.

Further Guidance

Relinquishing of Care

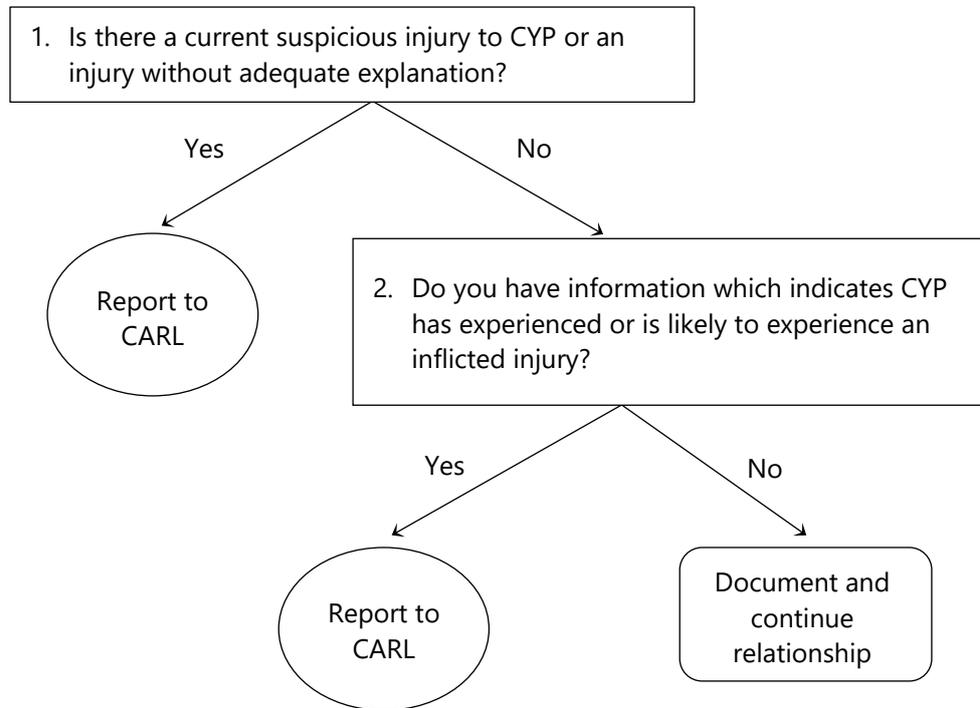
If parent/carer is stating he/she can no longer provide day-to-day care AND no other respite or support is available, make an immediate report to CARL.

Adolescent at Risk

If you are concerned about an adolescent at risk, select the most appropriate tree for the young person's specific concerning behaviours.

DECISION TREES

PHYSICAL ABUSE/HARM



PHYSICAL ABUSE/HARM DEFINITIONS

Practice Guidance

Caution needs to be exercised where there are concerns about a CYP's injuries. If there is concern that the CYP's situation does not clearly fit the tree and he/she has an injury, a report should be made.

1. **Is there a current suspicious injury to CYP or an injury without adequate explanation?**

ANSWER YES IF:

- Non-mobile CYP has an unexplained injury. (Any unexplained injury to a non-mobile CYP is suspicious.)
- Injured CYP is not yet walking or cruising around furniture and therefore cannot cause injuries to him/herself.
- Injured CYP is older but cannot move without assistance due to disability.
- Parent/carer does not provide an explanation for the injury, gives conflicting explanations or provides an implausible explanation.

Indicators of suspicious injuries in CYPs include the following.

- » Injuries that would not ordinarily be sustained during the course of childhood activity (e.g. injuries on multiple surfaces, bruises to the ears, etc.).
- » Injuries CYP states were caused by another person (except in the context of minor altercations between peer-age CYPs outside of family home).
- » No explanation for injury is given.
- » The explanation is implausible or inadequate; for example:
 - There is a disparity with CYP's development (e.g. 4-week-old rolling off bed and sustaining head injury, 2-year-old reported to have woken up with a broken leg).
 - CYP has multiple injuries to multiple body parts, which are attributed to a single incident of trauma.

- » Bruising:
 - Bruising that has a pattern and/or involves soft tissue or a protected area of the body (e.g. ear, neck, chest wall, groin, buttocks, abdomen, thighs, upper arms).
 - Cluster of bruises.
 - Symmetrical/bilateral bruising (e.g. bruising to both ears, both buttocks).

- » Scalds/heat injuries:
 - Scalds from tap water, particularly to genital/buttocks areas.
 - Multiple contact burns.
 - Scalds with an immersion pattern—stocking or glove distribution (i.e. appearance of having a limb such as a foot or hand submerged in hot water).

- » Oral injuries:
 - Bleeding from the mouth with no history of trauma (particularly in infants).
 - Frenulum injury (small band of connective tissue between the lip and gum, or between the tongue and base of the mouth).
 - Oral burns.

- » Fractures:
 - Spiral fractures to the humerus (upper arm) and femur (thigh bone) in non-mobile CYPs.
 - Rib fractures (particularly when close to the spine).
 - Fractures to the vertebrae, scapulae or pelvis (these fractures require high force and are therefore rare for CYPs to cause to themselves).
 - Metaphyseal fractures (i.e. injuries to end of long bones) in young children.

- » Abdominal injury:
 - Liver/spleen/pancreas/kidney lacerations or haematomas.
 - Small bone haematomas/transections (these injuries require high impact or acceleration forces and are therefore rare for CYPs to cause to themselves).

- » Head injury:
 - CYP has a head injury (intracranial bleeding and/or brain damage), and there is no trauma history or the history is of only a minor, low-force incident (e.g. CYP fell from own height and lost consciousness).
 - Multiple impact sites.
 - Infants with head injuries can have nonspecific symptoms, such as poor feeding, immobility, being less responsive to interactions, increased sleep, seizures, vomiting.
 - These symptoms should be considered highly concerning where other concerns or information exist that suggest physical harm (e.g. bruises).

- » Drug ingestion:
 - Toxicology reports or witness indicates CYP has ingested/inhaled/was exposed to illicit substances.

- » Fabricated or induced illness:
 - Parent/carer reports exaggerated or fabricated symptoms in the CYP to create a false belief of illness (e.g. parent/carer puts blood in CYP's nappy).

- » Genital mutilation.

- » Medical history shows pattern of injuries not previously considered individually suspicious, but which, in combination, may lead to suspicion about the cause of the injuries.

ANSWER NO IF:

- You know the CYP is uninjured despite a concerning incident;
- You know of a concerning incident but do not know whether CYP was injured;

OR

- You are just learning of a prior injury.

2. Do you have information which indicates CYP has experienced or is likely to experience an inflicted injury?

Inflicted injury to the CYP refers to an injury that is reasonable to expect a parent/carer to prevent or protect a CYP from.

ANSWER YES IF:

- CYP has made a disclosure of physical harm of a kind that is something reasonable to expect a parent/carer to protect a CYP from.
- You are aware of past experience of harm or a pattern of caregiver behaviour which makes you suspect there is a likelihood that CYP will experience an inflicted injury.
- Parent/carer used a form of discipline that can result in harm. Based on what CYP disclosed, or what you or another person saw happen, parent/carer's action was likely to cause an injury. Examples include the following.
 - » Parent/carer used a *disproportionate degree of force* relative to CYP's age/physical size/physical vulnerability (with or without use of an object). For example, the force used was sufficient to cause CYP to fall.
 - » Parent/carer exposed CYP to extreme heat/cold for sufficient duration to result in serious harm.
 - » CYP was injured, but the injury has healed, including where CYP has scarring bearing the shape of objects.
 - » You know of a concerning incident, but you do not know whether CYP was injured.
 - » CYP escaped injury through evasive or self-protective actions, third-party intervention or chance.
- Parent/carer or other adult household member acted in a dangerous way towards, or in the presence of, a CYP which has resulted, or is likely to result, in an injury. This includes family violence. While parent/carer or other adult household member did not intend to harm CYP, his/her dangerous behaviour towards or in the presence of CYP showed reckless disregard for CYP's safety, and it was only due to CYP's protective/evasive behaviour, third-party intervention or chance that CYP was not injured. Examples include the following.

- » Domestic/family violence incidents involving at least one parent/carer in which CYP attempts to intervene, is being held by one parent/carer or is close enough to be accidentally injured. Consider the range of potential harm created by parent/carer/other adult household member's actions. For example, use of dangerous objects means that a CYP anywhere in the home could have been injured; throwing objects means that a CYP anywhere in the room could have been injured; and a single slap means that a CYP within arm's reach could have been injured. Keeping unsecured dangerous objects increases danger.
 - » Parent/carer driving under the influence of alcohol or other drugs caused or nearly caused an accident with CYP in the car.
 - » Parent/carer administering drugs carelessly to CYP, whether prescribed or not, including deliberate, excessive administration of drugs to manage behaviour.
- Parent/carer threatened to kill or cause injury to CYP. Parent/carer has stated an intent to kill or cause injury to CYP, and you have a reasonable belief that without intervention, CYP will be harmed. Reasonable belief may be based on any of the following.
 - » A history of confirmed or reported abuse by parent/carer or other adult household member.
 - » You personally know, or have been informed, that parent/carer or other adult household member has a history of violent behaviour, substance abuse or mental illness.
 - » CYP exhibits fear of parent/carer and/or reports prior instances of being injured by parent/carer.

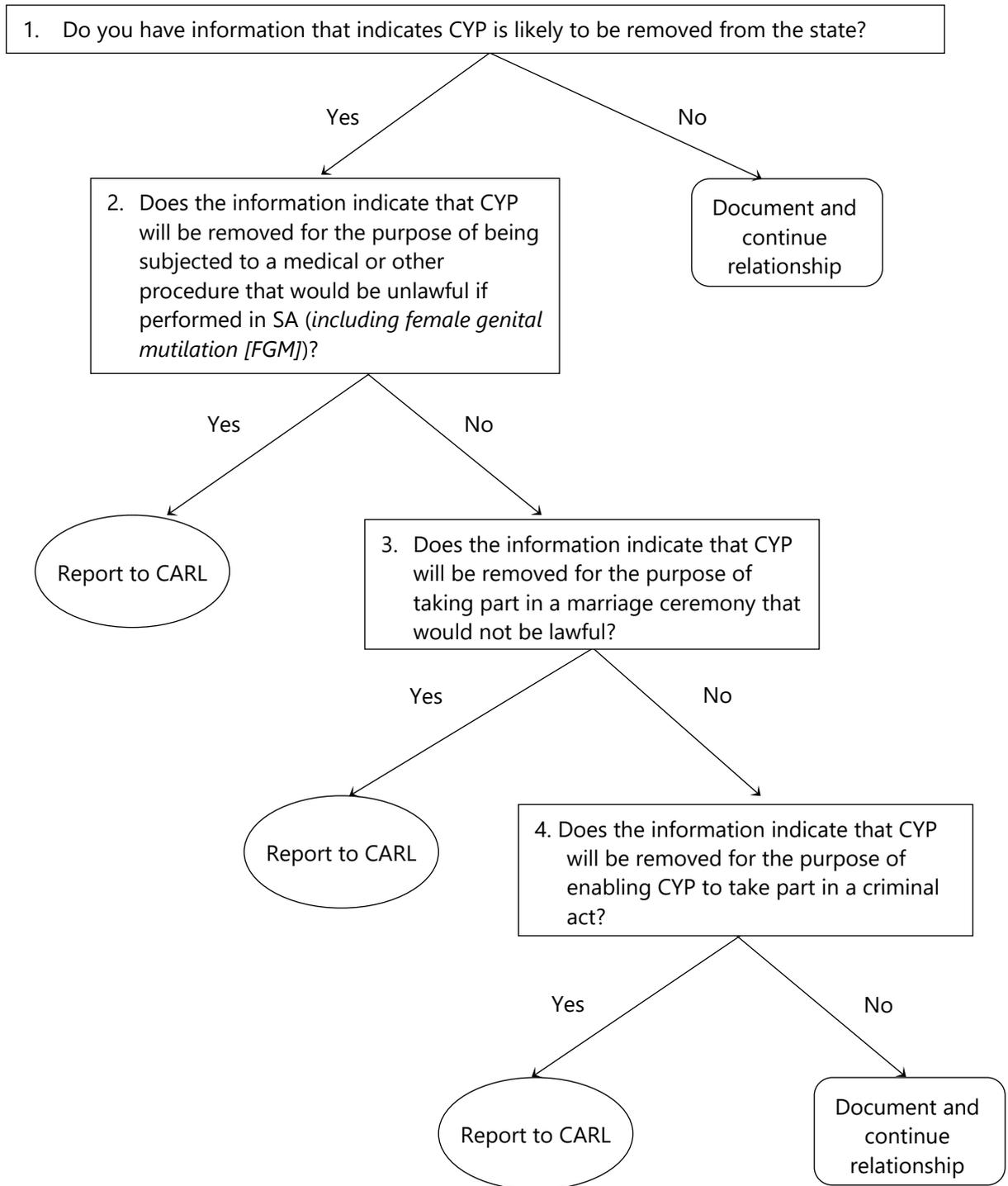
AND

 - » The threat is to cause an injury and/or use a form of discipline that often results in harm.

ANSWER NO IF:

- No information exists that the parent/carer uses discipline methods that are likely to cause harm;
- AND
- No information exists that parent/carer acts dangerously in presence of CYP;
- AND
- Parent/carer is not known to have made threats to kill or seriously injure CYP.

CYP LIKELY TO BE REMOVED FROM THE STATE TO BE HARMED



**CYP LIKELY TO BE REMOVED FROM THE STATE TO BE HARMED
DEFINITIONS**

1. Do you have information that indicates CYP is likely to be removed from the state?

ANSWER YES IF:

You have information that indicates someone in CYP's family or community is planning to make or has made interstate or international travel arrangements for CYP.

ANSWER NO IF:

- Family has provided a plausible explanation for their travel arrangements;

AND
- CYP does not raise any concern about the travel arrangements;

AND
- You do not suspect or have information that indicates someone in CYP's family or community is planning to make or has made interstate or international travel arrangements for CYP.

2. Does the information indicate that CYP will be removed for the purpose of being subjected to a medical or other procedure that would be unlawful if performed in SA (including female genital mutilation [FGM])?

ANSWER YES IF:

- CYP discloses concerns that he/she may be subject to a medical or other procedure, and the procedure is unnecessary or unlawful in SA.
- CYP discloses concerns that they may be subject to genital mutilation.
- CYP has other family members or siblings who have been subjected to a medical or other procedure that would be considered unlawful in SA.

ANSWER NO IF:

None of the above apply.

3. Does the information indicate that CYP will be removed for the purpose of taking part in a marriage ceremony that would not be lawful?

ANSWER YES IF:

- CYP discloses concerns that he/she may be subject to a marriage ceremony that would not be lawful.

AND

- CYP is from a cultural group in which this ceremony is sometimes performed, and you have information that this is likely to be performed on this CYP.

ANSWER NO IF:

None of the above apply.

4. Does the information indicate that CYP will be removed for the purpose of enabling CYP to take part in a criminal act?

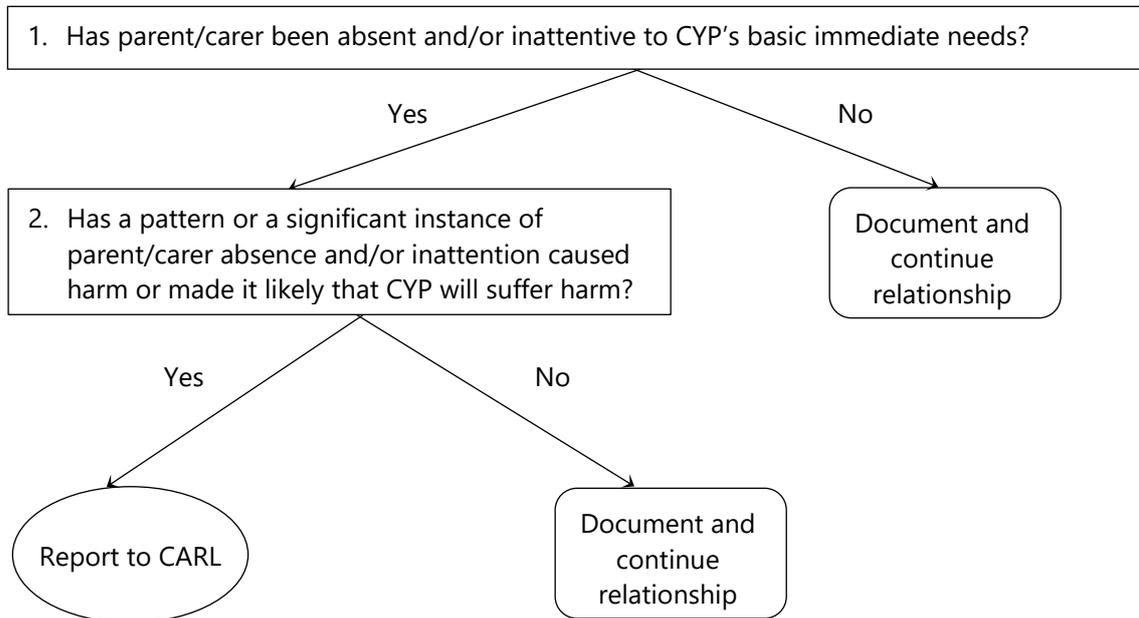
ANSWER YES IF:

- CYP discloses concerns that he/she may be required to participate in criminal activity (for example, drug trafficking, robbery, assault, engaging a CYP in underage sexual activity).
- You have information that indicates the CYP has previously been required to engage in criminal activity.

ANSWER NO IF:

Neither of the above applies.

NEGLECT: SUPERVISION



CULTURAL NOTE: For Aboriginal and Torres Strait Islander peoples and all others who are culturally and linguistically diverse, ensure that:

- There is relevant and appropriate consultation with the family and/or cultural group to understand the cultural practices relating to child rearing.

This decision tree does not cover relinquishment of care by parent/carer.

NEGLECT: SUPERVISION DEFINITIONS

Section 17 of the Act defines 'harm' as including harm caused by neglect. 'Neglect' is not defined in the Act.

1. Has parent/carer been absent and/or inattentive to CYP's basic immediate needs?

ANSWER YES IF:

- Based on CYP's age/developmental level, CYP was alone for length of time/conditions exceeding guidelines.

OR

- Parent/carer was present but did not pay direct attention to CYP, meaning parent/carer did not look at, interact with or have contact with CYP for a period of time that is unreasonable for CYP's age/development and the conditions. There are no SA legislative guidelines as to age/hours acceptable for CYP to be left unsupervised.

Table 2 shows recommended community guidelines for leaving CYP inadequately supervised.

Key factors for consideration include the following.

- » The times indicated serve as a guide only.
- » The times are dependent on environmental context and individual CYP characteristics. The greater the environmental risk, the shorter the time a CYP should be unattended.
- » Consider the intellectual or physical capacity of an individual CYP when making an assessment.
- » Consider the circumstances and that sometimes accidents may happen despite attentiveness of parent/carers.

Table 2		
Recommended Community Guidelines for Leaving CYP Inadequately Supervised		
Age/Developmental Age of Oldest CYP	Time Inadequately Supervised	Protective Factors
Infant/Toddler	May be unattended for under five minutes with parent/carer in another room EXCEPT in circumstances that would pose an immediate risk (e.g. bath, hot car)	<ul style="list-style-type: none"> • Another responsible adult is present • CYP is asleep or in a safe setting (e.g. play pen, child seat, protected area, cot) whilst parent/carer sleeps or attends to other responsibilities, including self-care
Preschool	Five to 15 minutes and parent/carer within hearing of CYP EXCEPT in circumstances that would pose an immediate risk (e.g. bath, hot car)	CYP is asleep, quietly playing or in safe circumstances and has been given instructions that CYP is capable of following for remaining in place
Ages 5 to 7	15 to 60 minutes and parent/carer within hearing of CYP EXCEPT in circumstances that would pose an immediate risk	
Ages 8 to 9	One to four hours	<ul style="list-style-type: none"> • CYP is in safe circumstances and has been given instructions he/she has previously demonstrated the capability to follow • Back-up adult is accessible to CYP, on call and able to give assistance • CYP knows how to leave the house and/or contact help in case of emergency (e.g. fire outbreak, illness or injury)
Ages 10 to 13	Four to 12 hours	<ul style="list-style-type: none"> • Back-up adult is accessible to CYP, on call and able to give assistance • CYP is responsible for supervision of only one or two other CYPs • CYP knows how to leave the house and/or contact help in case of emergency (e.g. fire outbreak, illness or injury)
Ages 14 to 16	12 to 24 hours	<ul style="list-style-type: none"> • Back-up adult is available to CYP • CYP has demonstrated the ability to self-supervise • CYP is responsible for supervision of only one or two other CYPs
Ages 16 to 17	More than 24 hours	<ul style="list-style-type: none"> • CYP has demonstrated an ability to stay safe and meet his/her basic needs for extended periods of time

ANSWER NO IF:

- CYP is currently with a parent/carer who is providing sufficient attentiveness for the CYP's safety;

OR

- CYP is alone or parent/carer is inattentive; however, based on CYP's age/development, the CYP can be safe in the current circumstances, as reflected in the above table.

2. Has a pattern or a significant instance of parent/carer absence and/or inattention caused harm or made it likely that CYP will suffer harm?

ANSWER YES IF:

- There is a pattern of parent/carer being persistently inattentive or leaving CYP alone or a single, significant egregious event (e.g. leaving a child in a car for multiple hours).

AND

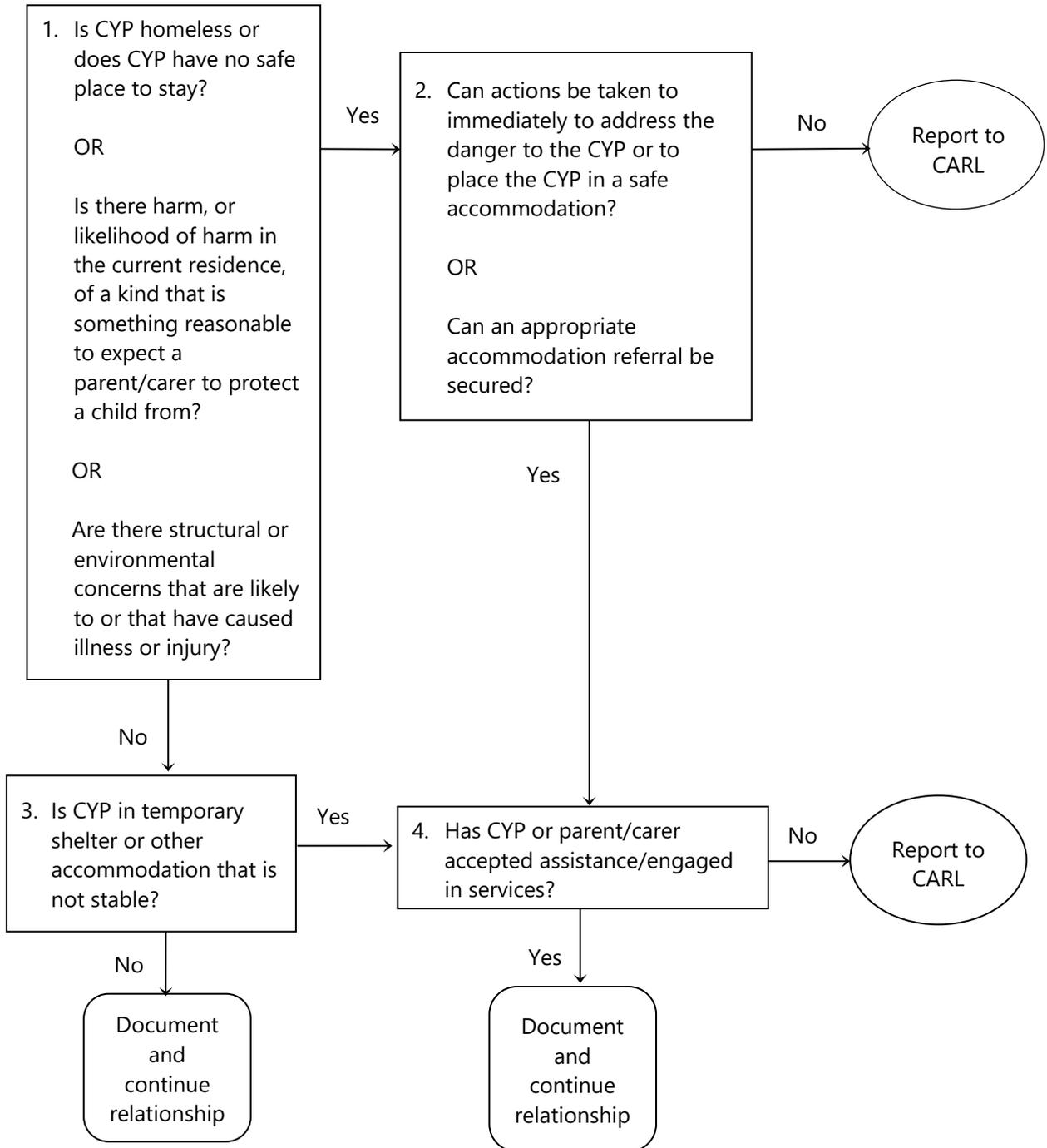
- CYP shows or is likely to show significant adverse effects, such as those listed in Table 3.

Table 3	
Significant Adverse Effects	
CYP's Age/Developmental Age	Examples
All Ages	Recurrent episodes of serious, unintentional injury in circumstances where supervision has been an issue
Infant/Toddler	<ul style="list-style-type: none"> • Symptoms of non-organic failure to thrive • Delay reaching developmental milestone with no medical reason for delay identified • Unattached to parent/carer or any other known adult
Preschool	<ul style="list-style-type: none"> • Language delays with no explanation • Delay reaching developmental milestone with no medical reason for delay identified • Not learning age-appropriate self-care, such as brushing teeth; cannot assist in dressing self • Unattached to parent/carer or any other known adult
Ages 5–9	<ul style="list-style-type: none"> • Not developing social skills • Frequently out of control • Extremely clingy with other adults
Ages 10–18	Involvement in dangerous, risky and/or illegal behaviours, such as delinquency, sexual promiscuity, alcohol/drugs or substance abuse

ANSWER NO IF:

CYP is alone or unattended on an infrequent basis OR does not show adverse impact.

NEGLECT: PHYSICAL SHELTER/ENVIRONMENT



NEGLECT: PHYSICAL SHELTER/ENVIRONMENT DEFINITIONS

Section 17 of the Act defines 'harm' as including harm caused by neglect. 'Neglect' is not defined in the Act.

1. Is CYP homeless or does CYP have no safe place to stay?

OR

Is there harm, or likelihood of harm in the current residence, of a kind that is something reasonable to expect a parent/carer to protect a CYP from?

OR

Are there structural or environmental concerns that are likely to or that have caused illness or injury?

ANSWER YES IF:

- CYP is homeless and does not have a permanent residence indicated by either of the following.
 - » The only accommodation the CYP has is temporary and not sustainable, including 'couch surfing', being kicked out of parent/carer's home or running away from parent/carer's home;

OR

- » The only accommodation the CYP has is one that places him/her in circumstances that are likely to damage his/her physical/psychological health or threaten their safety. Consider:
 - Vulnerability of CYP (age, developmental status, medical needs);
 - Capability of parent/carer to access resources and protect CYP; and
 - Environmental safety (physical hazards, exposure to violent and/or sexual crime, climate extremes).

OR

- CYP has no safe place to stay.

- » CYP/family is living or will have to live on the street and cannot protect CYP from danger. A CYP who *has access* to a safe place to stay but refuses to stay there is considered to have no safe place to stay.
- » CYP is staying in temporary shelter or housing that exposes him/her to danger.

OR

- There is likelihood of harm if, based on CYP's age/development, the physical conditions are likely to result in an injury of a kind that is something reasonable to expect a parent/carer to protect a CYP from. For example:
 - » Extremely dangerous objects (e.g. chemicals, power equipment, unlocked guns, knives, electrical wiring, needles, medication) are in reach of CYP, who is likely to touch/use them;
 - » House where a CYP resides is structurally unsafe;
 - » Animal/human faeces litter the premises;
 - » CYP needs medical devices or refrigerated medicine and has no access to electricity; or
 - » Your organisation has access to the severe domestic squalor score and you get a score of 'high'.

NOTE: Families may stay in residences such as caravan parks, shelters, hotels or other atypical environments. Answer 'yes' only if these residences create a likelihood of harm according to the definition above.

OR

- Structural or environmental concerns are likely to or have caused illness or injury.

CYP lives in a house/apartment which is likely to cause illness or injury to CYP because of any of the following.

- » *Hygiene is compromised.* For example, human or animal faeces/urine is not routinely disposed of, insects/rodents infest the home, the home has no access to bathing facilities, the home has no access to laundry facilities.

- » *Fire hazard exists.* Amount of debris in household is so substantial that it creates danger of fuelling fire (both by amount of fuel available and proximity to sources of ignition); CYP's sleeping space does not provide an exit in case of fire.
- » *Objects/clutter create a likelihood of harm to a CYP of a kind that is something reasonable to expect a parent/carer to protect a CYP from.* For example, CYP has easy access to dangerous objects such as medications, poisons, spoiled food, unlocked guns, drugs/alcohol or matches/lighters.
- » *Sleeping arrangements create a likelihood of harm to a CYP of a kind that is something reasonable to expect a parent/carer to protect a CYP from.* For example, an infant sleeps with many blankets or small objects, on cushions where infant could wedge between them, or with an adult who may roll onto the infant and be unaware due to substance use or other reasons for deep sleep.
- » *Home environment has been a factor in illness or injury.* For example:
 - A medical professional treats CYP for an illness or injury that was caused by conditions in the home, such as exposure to faecal material, rotting food, insect infestation or dangerous objects (e.g. poisons, medications, electricity).
 - A medical professional treats an adult for any of the above and knows that a CYP in the household is being exposed to the same conditions.
 - A service provider contacted by a health provider because a physician identified an illness or injury due to environmental conditions, and whose response of 'yes' is based on the physician's prior assessment.

Base answer on direct observations of the residence or credible statements by CYP or another person who has seen the residence; or in some instances, base answers on observations of the RESULTS of exposure to the above. Consider CYP's vulnerability (age, developmental status, medical issues). For example, older CYPs can make decisions to avoid isolated dangers; infants are not expected to crawl or walk; mobile toddlers are exploratory and not aware of danger; CYPs with asthma are more vulnerable to air quality issues.

ANSWER NO IF:

- CYP is not homeless and has a safe place to stay.

- CYP or family is sharing a residence with others by mutual agreement, and this arrangement is stable for the short term.
- Family's current residence does not create a likelihood of harm.

2. Can actions be taken to immediately to address the danger to the CYP or to place the CYP in a safe accommodation?

OR

Can an appropriate accommodation referral be secured?

ANSWER YES IF:

- Actions can be taken to immediately address danger to the CYP;

OR

- You are able to secure immediate resources for shelter that will keep the CYP/family safe for at least the next several days whilst longer-term solutions can be found.

ANSWER NO IF:

- Safety threats cannot be mitigated;

AND

- You are not able to secure immediate resources for shelter.

3. Is CYP in temporary shelter or other accommodation that is not stable?

ANSWER YES IF:

- CYP/family is staying in emergency accommodations such as hotels or shelters that are not stable in the short term. This includes the Domestic Violence and Aboriginal Family Violence Gateway services, Youth Gateway services, Trace-A-Place and other temporary accommodations.
- CYP/family is staying with a friend or family member on a very limited short-term/emergency basis until housing services can be engaged to assist.

ANSWER NO IF:

None of the above apply.

4. Has CYP or parent/carer accepted assistance/engaged in services?

ANSWER YES IF:

- You are the service provider attempting to assist CYP or parent/carer to secure safe housing, and family has engaged in services;

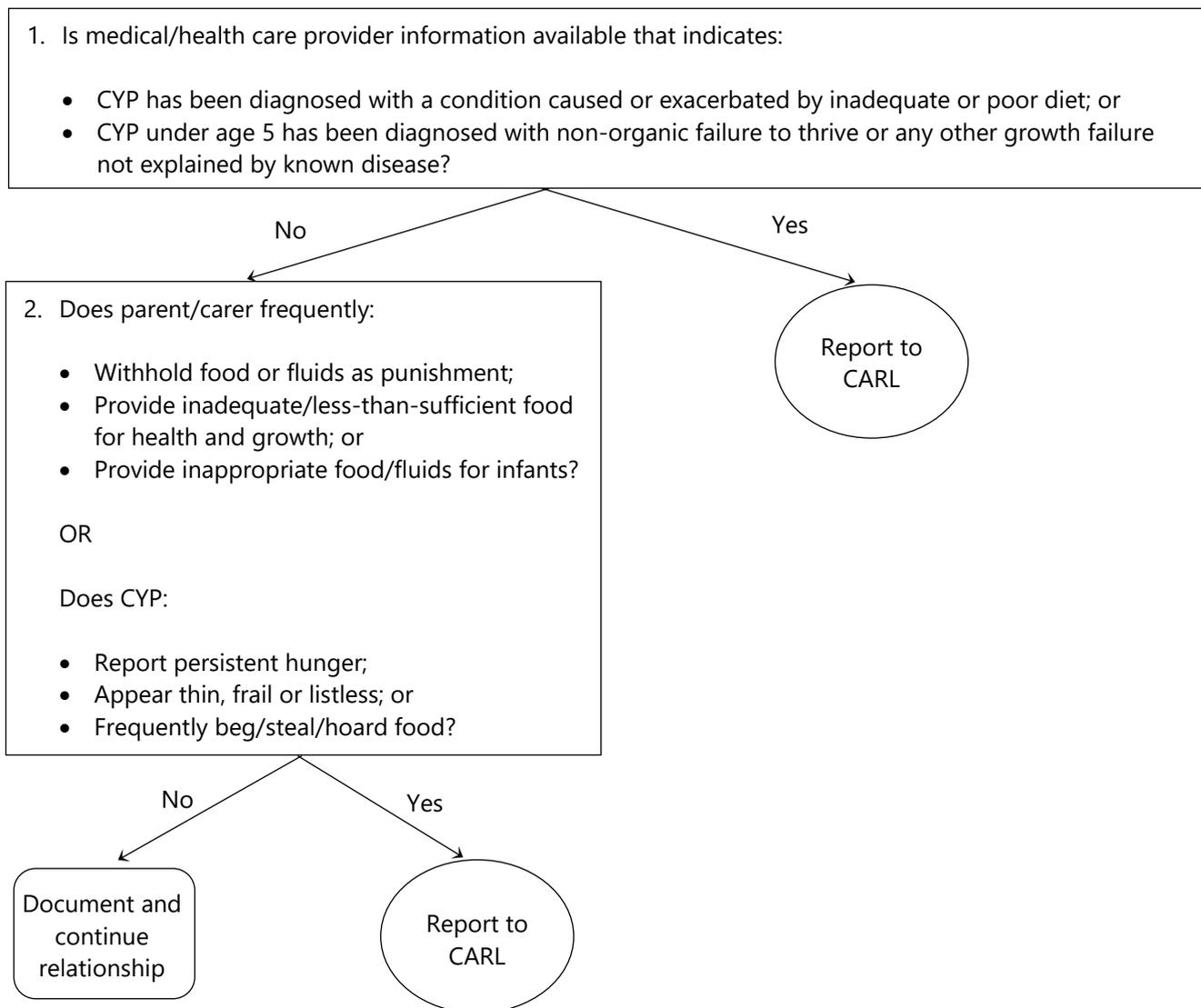
OR

- You are not a housing resource and have attempted to refer CYP or parent/carer to a housing resource, and CYP/family accepted referral, or you have information that they have followed through with referral.

ANSWER NO IF:

CYP or family has declined service involvement or has not followed through with service referral.

NEGLECT: FOOD



NEGLECT: FOOD DEFINITIONS

Section 17 of the Act defines 'harm' as including harm caused by neglect. 'Neglect' is not defined in the Act.

1. Is medical/health care provider information available that indicates:

- **CYP has been diagnosed with a condition caused or exacerbated by inadequate or poor diet; or**
- **CYP under age 5 has been diagnosed with non-organic failure to thrive or any other growth failure not explained by known disease?**

ANSWER YES IF:

- CYP has been diagnosed by a medical professional with a condition caused or exacerbated by inadequate or poor diet. This includes, but is not limited to:
 - » Conditions related to inadequate nutrition, such as rickets, scurvy or anaemia;
 - » Conditions that may have resulted from eating too much food, such as morbid obesity;
 - » Conditions that may have resulted from severe dehydration;
 - » Hyponatremia (abnormally low concentration of sodium in the blood);
or
 - » Repeated episodes of ketoacidosis or prolonged escalation of blood sugar due to improper meal planning in a CYP with type I diabetes.

OR

- CYP under age 5 is failing to keep pace with expected growth. Based on standard growth charts, CYP who has not reached his/her fifth birthday is currently at a percentile for weight that is below his/her birth percentile AND no organic causes are known. This includes diagnosed non-organic failure to thrive or any other growth failure that is not explained by known disease.

ANSWER NO IF:

No nutrition-related condition has been diagnosed.

2. Does parent/carer frequently:

- **Withhold food or fluids as punishment;**
- **Provide inadequate/less than sufficient food for health and growth; or**
- **Provide inappropriate food/fluids for infants?**

OR

Does CYP:

- **Report persistent hunger;**
- **Appear thin, frail or listless; or**
- **Frequently beg/steal/hoard food?**

ANSWER YES IF:

- Parent/carer frequently withholds full meals or limits meals to nutritionally inadequate amounts/types of food, such as only bread and water, or limits fluid intake. 'Frequently' suggests this form of discipline has been used more than once or twice or is a standard form of discipline in the household.
- The food/fluids the parent/carer provides for CYP are not enough to maintain health or growth.
- Parent/carer is providing food or fluids that are dangerous, harmful or inappropriate for the developmental age of the CYP.

OR

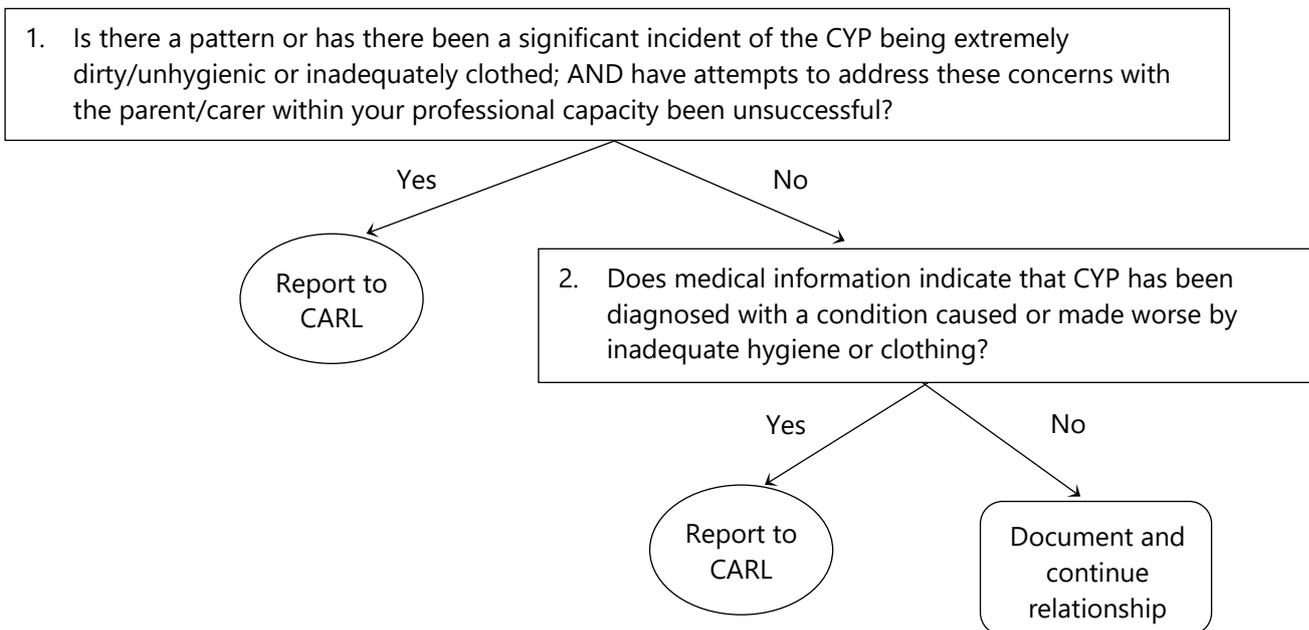
- CYP frequently mentions hunger, appears hungry or describes routinely inadequate food intake. For nonverbal CYPs, hunger can be expressed through crying. Be aware that severe dehydration and malnutrition can inhibit crying.
- CYP appears to be unusually thin; less energetic than is typical; or shows other symptoms of malnutrition, including but not limited to thinning hair, bloating abdomen or bleeding gums, and you are not aware of any known medical condition that could be causing this.
- CYP engages in unusual food-seeking behaviours that may include frequently begging others for food, stealing food from classmates or stores and/or creating caches of food that he/she may eat later or may forget.

NOTE: If your concern is related to a CYP who is extremely overweight, answer no, but recommend a medical evaluation. Medical staff will determine whether a report is indicated.

ANSWER NO IF:

- CYP is receiving sufficient food for health and growth.
- CYP reports feeling hungry between adequate meals or mentions being hungry, but shows no signs or effects of inadequate diet.
- CYP appears thin but has always been so and there are no other signs of malnutrition, OR CYP has symptoms related to a known medical condition.
- Snacks, sweets or desserts were withheld as a form of discipline, or there was a one-off decision to withhold a meal from a CYP over the age of 5 who is otherwise healthy.
- CYP is asking for or stealing food when the purpose appears to be unrelated to alleviating unremitting hunger, and/or CYP is keeping secret snacks or treats.
- CYP is in the care of the Department of Child Protection and the issue has been discussed with the Care Team. If not, contact the Care Team.

NEGLECT: HYGIENE/CLOTHING



NEGLECT: HYGIENE/CLOTHING DEFINITIONS

Section 17 of the Act defines 'harm' as including harm caused by neglect. 'Neglect' is not defined in the Act.

- 1. Is there a pattern or has there been a significant incident of the CYP being extremely dirty/unhygienic or inadequately clothed; AND have attempts to address these concerns with the parent/carer within your professional capacity been unsuccessful?**

ANSWER YES IF:

- Over an extended period of time, CYP is extremely dirty or unhygienic or has worn inappropriate clothing on numerous occasions; OR, if CYP has been sighted on only one occasion, observations suggest that the condition has been present on regular occasions and/or is ongoing.

AND

- Within your professional capacity, attempts to address these concerns with parent/carer have been unsuccessful.

Examples of extremely dirty or unhygienic conditions follow.

- CYP is dirty to a point where his/her skin has been stained—e.g. obvious discolouration has occurred due to the skin not being washed.
- Physical presentation of CYP affects how the CYP engages in social/educational settings.
- An infant has ingrained dirt in skin creases, such as inside the elbow, knees or folds of excess skin.
- CYP smells strongly of urine, faeces or menses.
- CYP has nappy rash that may be causing bleeding and/or red raw skin; and parent/carer is not changing the CYP adequately, so that the CYP is left in a soiled nappy for long periods of time.
- CYP has untreated medical conditions attributable to uncleanliness (e.g. impetigo or scabies).
- CYP has significantly matted hair (exclude age-appropriate fashion styles such as dreadlocks), clumps of hair falling out or hair that appears to be extremely unclean or smells bad regularly over time.

ANSWER NO IF:

Concerning conditions do not exist or are occasional.

2. Does medical information indicate that CYP has been diagnosed with a condition caused or made worse by inadequate hygiene or clothing?

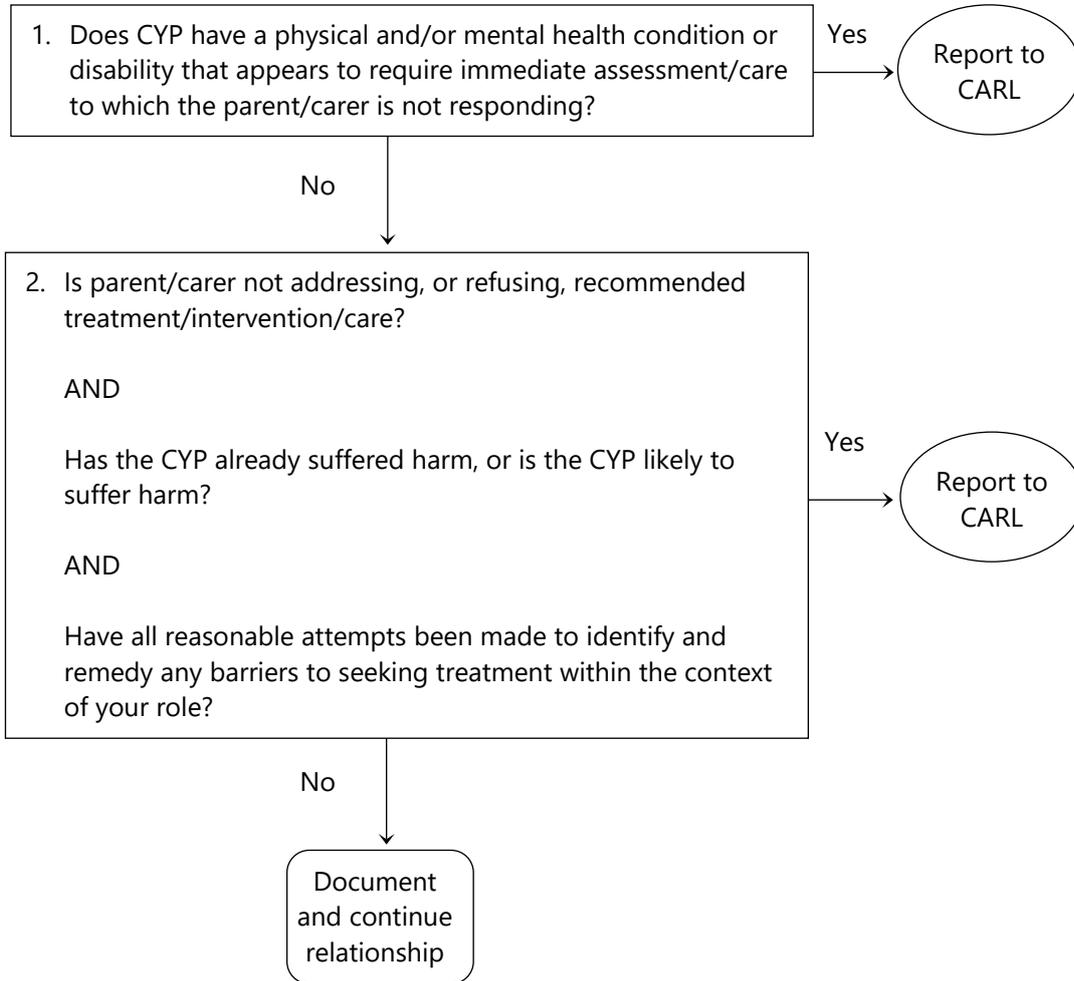
ANSWER YES IF:

- CYP appears physically unwell and medication/medical consultation is deemed necessary to improve CYP's condition. For example, in connection with persistently poor hygiene, CYP appears to be suffering from infection or has skin so fragile that it is breaking down.
- CYP has been diagnosed with a condition directly resulting from, or made worse by, poor hygiene. For example, a minor injury is now infected due to being unclean, or lack of oral hygiene has led to dental issues (e.g. teeth missing/decayed/in pain).

ANSWER NO IF:

The degree of hygiene or clothing has no known medical impact. Conditions do not require medical treatment; e.g. nappy rash that can be treated with over-the-counter remedies, one-off head-lice infestations treated routinely or CYP being cold due to minimal clothing in cool weather.

**NEGLECT: HEALTH ASSESSMENT AND CARE
(INCLUDING MENTAL HEALTH AND DISABILITIES)**



**NEGLECT: HEALTH ASSESSMENT AND CARE
(INCLUDING MENTAL HEALTH AND DISABILITIES)
DEFINITIONS**

Section 17 of the Act defines 'harm' as including harm caused by neglect. 'Neglect' is not defined in the Act.

1. Does CYP have a physical and/or mental health condition or disability that appears to require immediate assessment/care to which the parent/carer is not responding?

ANSWER YES IF:

CYP has an illness, disability, injury, or mental health condition that is likely to result in death, disfigurement, loss of bodily function or prolonged pain and suffering, AND the parent/carer is providing no care, insufficient care or inappropriate care; or, the parent/carer delayed medical care; or, the parent/carer is unavailable. Guidance is provided below.

- No care. Parent/carer may or may not be providing home care, but CYP's condition or disability requires immediate health care intervention. Consider whether most parents/carers would seek intervention for the same condition or disability and/or whether most physicians would recommend immediate intervention. An indicator that home care is inadequate would be a worsening of CYP's condition. For example, CYP is found to be self-harming or has made suicidal attempts and/or has suicidal ideation, and parent/carer minimises concerns and refuses to attend; or CYP is actively experiencing/presenting with psychosis/severe eating disorder and parent/carer is not responding.
- Insufficient care. Parent/carer has sought medical evaluation and care and a physician or other qualified medical professional has prescribed a recommended treatment, but the parent/carer is not following the plan to the extent that the CYP's recovery is compromised.
- Inappropriate care. Parent/carer may have sought medical evaluation and care but is adding or substituting alternative treatments that are having or are likely to have a and imminent adverse effect on CYP's health. Inappropriate health care-seeking behaviours may involve unnecessary, invasive medical procedures.
- Delayed care. Parent/carer ultimately sought medical evaluation and care, but delayed seeking medical intervention so long that the CYP's condition is worse than it would have been had timely care been sought, AND most adults would have recognised the need for medical attention.

- Unavailable. Parent/carer is unavailable and, as result, medical treatment is not occurring. Despite best efforts, parent/carer cannot be located/contacted to explain concerns and seek treatment.

ANSWER NO IF:

CYP has a physical/mental health condition/disability that requires care, but the need is not immediate.

2. Is parent/carer not addressing, or refusing, recommended treatment/intervention/care?

AND

Has the CYP already suffered harm, or is the CYP likely to suffer harm?

AND

Have all reasonable attempts been made to identify and remedy any barriers to seeking treatment within the context of your role?

ANSWER YES IF:

- The CYP's mental health/physical health/disability condition is interfering with his/her daily functioning, relationships or development;

AND

- As a result of not following recommended treatment, CYP is showing signs of ill effects. For example:
 - » As a result of lack of prescription medication, CYP is not recovering from illness.
 - » As a result of lack of prescription medication, CYP's symptoms of mental health conditions are causing serious disruption to CYP's emotional health, social interactions or school performance.
 - » As a result of lack of physical therapy, CYP is not recovering from injury.

OR

- Ill effects have not yet been noticed; however, a medical professional has been consulted and has reported that if the variation to the recommended treatment continues, the CYP is likely to develop ill effects.

AND

- Barriers to assessment and treatment have been addressed, and parent/carer is still not complying with recommended treatment and intervention. Examples of some potential barriers follow.
 - » Transportation;
 - » Language;
 - » Cost;
 - » Cultural/religious concerns;
 - » Comprehension/understanding;
 - » Concerns about side effects of treatment;
 - » Contrary advice/opinion from family/other professionals.

ANSWER NO IF:

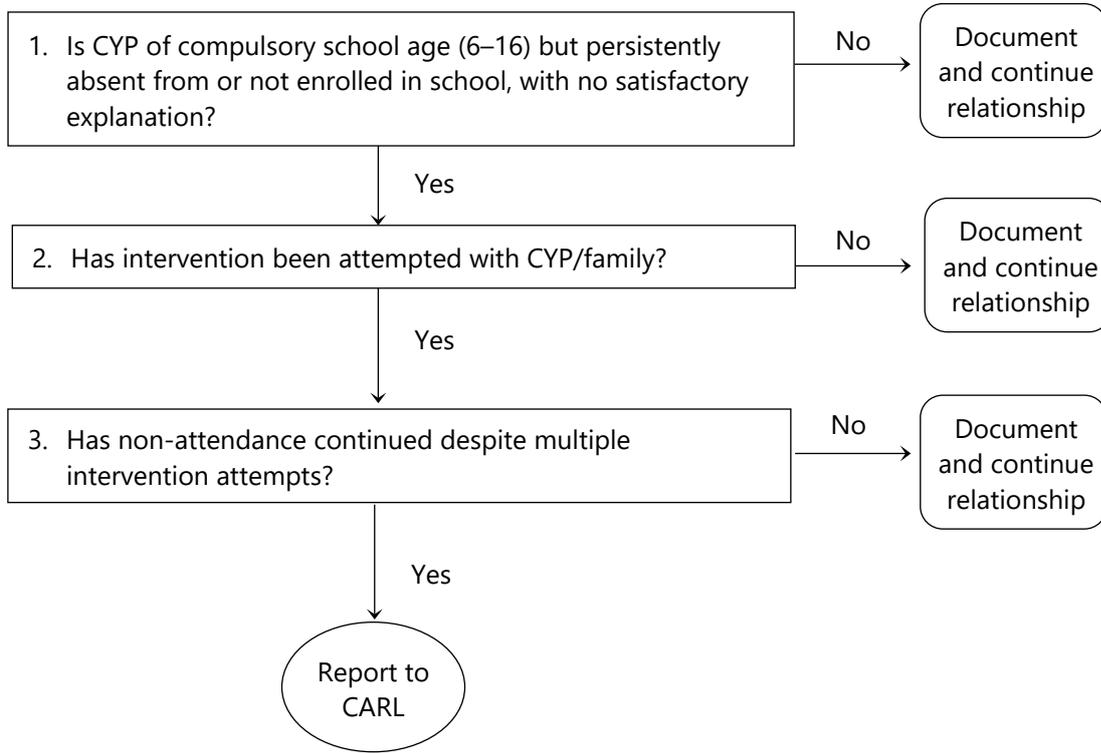
Though parent/carer is deviating from recommended treatment to some extent, CYP is not showing signs of ill effects AND, in consultation with a medical professional, you have determined it is unlikely that the variation to the plan will have adverse consequences. For example:

- Parent/carer failed to provide one or a few doses of prescription medication, which will have no effect or only minor effect;
- Parent/carer is adding traditional interventions that may help and are unlikely to compromise CYP's healing; or
- Parent/carer does not consistently help CYP with physical therapy exercises that should be done at home; however, CYP is progressing reasonably well, according to a medical professional.

AND

- CYP's condition or disability is such that with or without treatment, the outcomes will be similar; the proposed treatment is experimental or is not supported by the majority of health professionals; or while CYP may fare marginally better with treatment, the burden of treatment is substantial and many parents/carers would opt out of treatment in similar circumstances.

NEGLECT: PERSISTENT ABSENTEEISM



NEGLECT: PERSISTENT ABSENTEEISM DEFINITIONS

1. Is CYP of compulsory school age (6–16) but persistently absent from or not enrolled in school, with no satisfactory explanation?

While the South Australia Education Act 1972 stipulates that school age is 6–16, if persistent absenteeism concerns are present for a CYP aged 4 or 5 years old, consider whether other factors related to neglect are present and use the respective decision tree that best matches the concern.

ANSWER YES IF:

- CYP is of compulsory school age (6–16) and is not enrolled in a government school, registered non-government school or registered non-government school (including distance education or Flexible Learning Option (FLO) education program), or registered for home schooling, or you have doubts about CYP's enrolment in any of the aforementioned; or
- CYP is of compulsory school age and is persistently absent. Persistently absent means that there is a pattern of absenteeism that is enduring or ongoing in nature; an enduring pattern does not require extended consecutive absence.

ANSWER NO IF:

- Contact has been made with parent/carer and the issue of enrolment discussed and information and assistance to facilitate enrolment has been provided, and the family is engaging.

OR

- Parent/carer has provided a satisfactory explanation for persistent absenteeism. Satisfactory explanations may include:
 - » Planned holiday;
 - » Illness;
 - » Family obligation; includes attendance at family events such as weddings and funerals; or
 - » Cultural events; includes participation in such events as Sorry Business.

2. Has intervention been attempted with CYP/family?

ANSWER YES IF:

There has been an attempt to contact parents/carers or family via phone, text, email, letters or home visits to offer support or intervention to the family and/or CYP. Support includes invitations to meetings with the school or other care providers, resources for the family and/or CYP to address any concerns present, or other efforts to address school non-attendance.

ANSWER NO IF:

No intervention has been attempted to address the concern.

3. Has non-attendance continued despite intervention attempts?

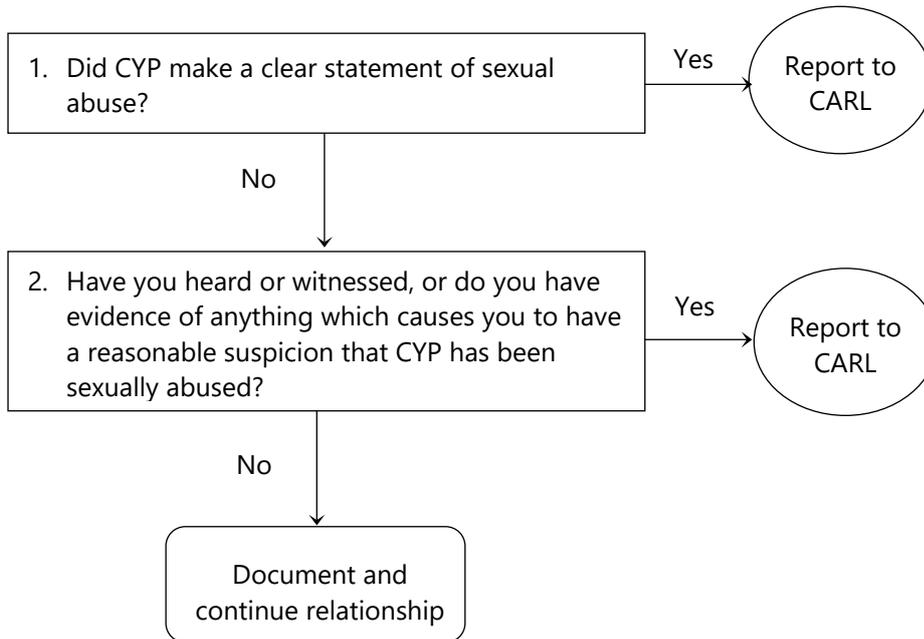
ANSWER YES IF:

Documented attempts have been made to engage with family, intervene and/or offer support to address non-attendance, and these attempts have been unsuccessful in addressing non-attendance.

ANSWER NO IF:

Non-attendance has been successfully addressed through interventions with the family.

SEXUAL ABUSE OF CYP AGED 0-17³



³ If the alleged perpetrator is a person of authority, CYP's legal age of consent is 18 years old.

SEXUAL ABUSE OF CYP AGED 0–17 DEFINITIONS

Sexual Abuse

Sexual abuse is the intentional touching, or a having a CYP touch an adult, either directly or indirectly (i.e. through the clothing), of the genitalia, anus, groin, breast, inner thigh or buttocks of any person with an intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person.

Sexual abuse includes exposing a CYP to forms of sexual acts or pornography, or any involvement in child exploitation (i.e. photographing, filming or spying on a CYP; or dissemination of child exploitation material).

Practice Guidance
<p>If CYP begins to disclose sexual abuse, it is entirely appropriate to demonstrate concern. However, it is important to avoid appearing shocked or distressed and to avoid asking questions, especially questions that contain possible answers (e.g. did your father do that?). It is best to simply listen, allowing CYP to tell you as much or as little as he/she wishes. In response to an ambiguous statement that may or may not be disclosing sexual abuse, a simple 'Can you say more?' or 'I'll listen if you want to talk more about that' may help you avoid reporting something that was never intended as a disclosure. When in doubt, calmly conclude your conversation, make sure CYP is in a safe place and report to CARL.</p> <p>For nonverbal CYPs who cannot provide a statement, be mindful of nonverbal indicators of possible sexual abuse, such as:</p> <ul style="list-style-type: none">• Inappropriate boundaries by parent/carer/other household member;• Irrational fear of parent/carer/other household member;• Unexplained anxiety in CYP related to a specific person; and/or• Any injuries or marks to the genital area of a CYP.

1. Did CYP make a clear statement of sexual abuse?

ANSWER YES IF:

CYP clearly indicated to any person that he/she was touched in the genital area, or CYP disclosed involvement in sexual acts. The statement leaves no doubt that CYP is communicating a sexual act. This statement may be verbal, written or behavioural.

ANSWER NO IF:

CYP makes verbal or written statement that is ambiguous, and no other evidence suggests sexual abuse.

2. Have you heard or witnessed, or do you have evidence of anything which causes you to have reasonable suspicion that CYP has been sexually abused?

ANSWER YES IF:

- Evidence exists that CYP was sexually abused. Examples of such evidence include the following.
 - » You or others have witnessed a sexual act upon CYP.
 - » Photographic or video evidence of a sexual act.
 - » Statement by person who had sexual contact with CYP.
 - » Email, text or other documentation of coerced sexual contact between CYP and adult, older CYP or peer.
- You are aware of an underage marriage (whether being planned or having already occurred) or similar commitment ceremony.
- You are aware of planning for or previous genital mutilation.
- You are aware of or have a reasonable suspicion that CYP is pregnant and that it is likely the result of sexual abuse.
- You are aware of or you have a reasonable suspicion that a medical professional has diagnosed CYP with physical or psychological harm as a likely result of sexual abuse.
- You are aware of or you have a reasonable suspicion that a medical professional diagnosed the CYP with an STI as a likely result of sexual abuse.
- You aware of or you have a reasonable suspicion that CYP willingly or unwillingly engaged in prostitution or pornography.
- CYP has made indirect statements to any person that strongly suggests he/she is a victim of sexual abuse. For example, CYP depicts explicit, sophisticated sexual acts; CYP makes a verbal statement that does not specifically describe a sexual act but conveys the meaning that an adult or older/more powerful CYP has touched CYP, and discomfort, secrecy or other behaviours suggest sexual abuse.
- You are aware or there is reasonable suspicion that the CYP is being lured via the Internet/social media platforms for sexual purposes.
- CYP displays behaviour that causes you to have significant concern (for staff in education and care settings, refer to 'Responding to Problem Sexual Behaviour in Children and Young People Guidelines'). This includes:
 - » CYP exhibits sexualised behaviour; and/or

- » CYP exhibits other behaviours often seen in CYPs who are sexually abused (e.g. low mood, withdrawn, self-harm, reluctance to be with a particular person, running away) AND this behaviour has no other known cause AND there is at least one other concerning element, such as an indirect statement, sexualised behaviour, nonspecific medical findings or access to a known sexual abuse offender.
- You are aware of or you have a reasonable suspicion of CYP having contact with a known sexual offender. A known sexual offender is a person who was previously charged for sexual offences. Knowledge of prior sexual offending may be based on disclosure by family members or significant others, including social service professionals with knowledge of the family's history. This becomes a concern when CYP:
 - » Shares a residence with a known sexual offender; OR
 - » Is periodically alone with a known sexual offender.

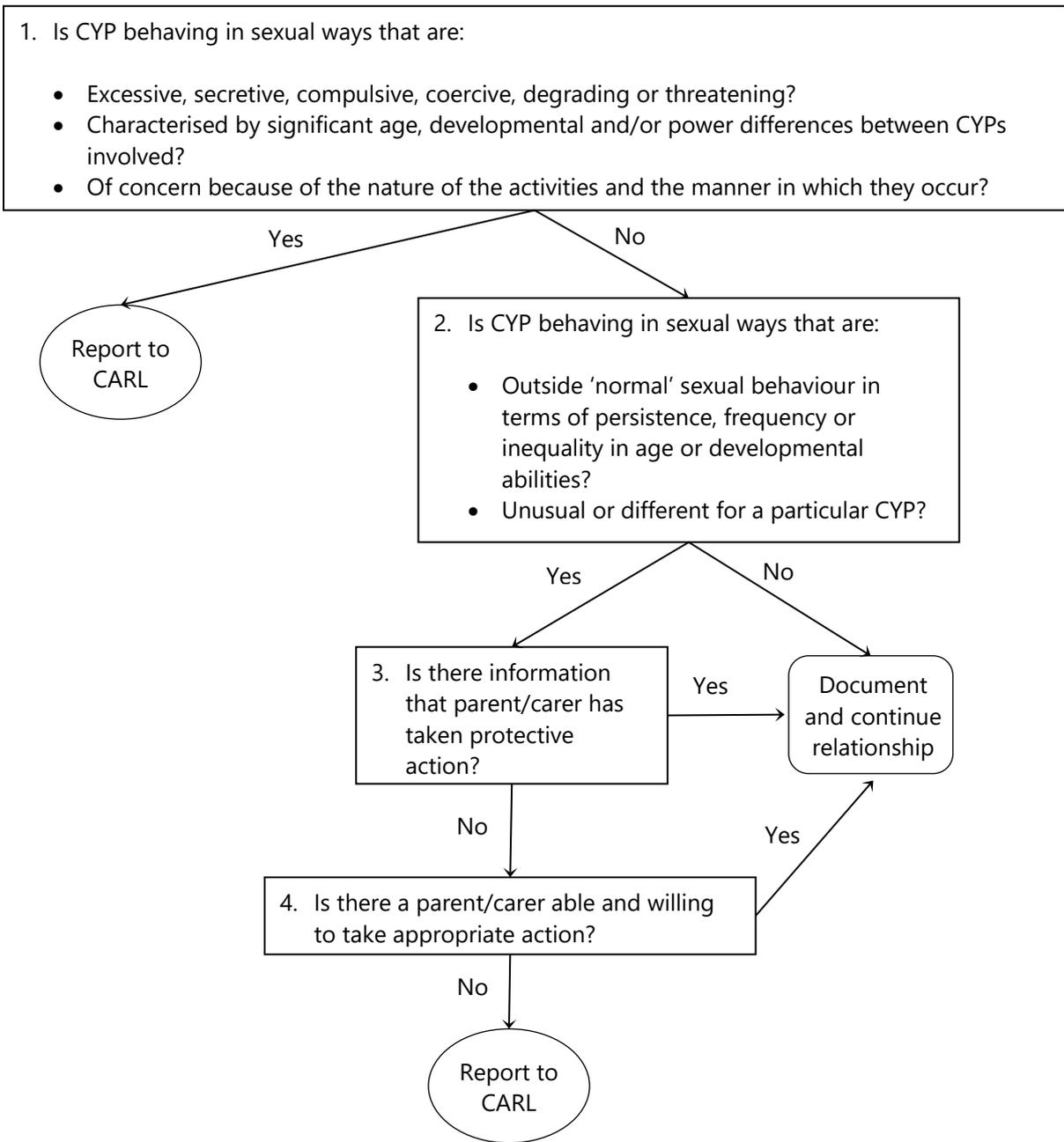
NOTE: Though statement, behaviour and contact with a known sexual offender are displayed as individual ideas, they should be considered together. A less direct statement combined with sexualised behaviour is more concerning than the same statement with no sexualised behaviour.

- You are aware of or you have a reasonable suspicion of incidents in which an adult purposely exposed CYP to sexually explicit material or acts (including pornographic material) or communication of graphic sexual matters (including by social media or any other electronic means).
- You are concerned that CYP has been exposed to grooming behaviour, in which on at least two occasions, an adult has said or done things that suggest the adult is preparing CYP for commission of sexual abuse on CYP. For example, an adult with no other reason to do so is befriending CYP, spending time with CYP and buying gifts for CYP. This is particularly concerning if CYP is vulnerable, such as usually being isolated or experiencing neglect or conflict at home, and/or the adult is arranging to be alone with CYP.

ANSWER NO IF:

- No evidence suggests sexual abuse.
- You have not heard or witnessed anything that either supports sexual abuse nor provides you with reasonable suspicion of sexual abuse as noted above.

CYP PROBLEMATIC SEXUAL BEHAVIOUR—SELF-DIRECTED/TOWARDS OTHERS



CYP PROBLEMATIC SEXUAL BEHAVIOUR—SELF-DIRECTED/TOWARDS OTHERS DEFINITIONS

Practice Guidance
<p>Use this decision tree when you are concerned that CYP is displaying sexual behaviour that is interfering with CYP's or other CYPs' sense of safety, social, emotional and/or educational development.</p> <p>Consider whether CYP displaying the problematic sexual behaviour has him/herself experienced sexual abuse or been exposed to inappropriate sexual practices, images or other materials within or outside of his/her family or care environment or to physical or emotional abuse, domestic/family violence and/or neglect.</p>

1. Is CYP behaving in sexual ways that are:

- **Excessive, secretive, compulsive, coercive, degrading or threatening?**

OR

- **Characterised by significant age, developmental and/or power differences between CYPs involved?**

OR

- **Of concern because of the nature of the activities and the manner in which they occur?**

ANSWER 'YES' IF:

- CYP displays sexual behaviours such as those indicated in 'Responding to Problem Sexual Behaviour in Children and Young People Guidelines' for staff in education and care settings, based on CYP's age/developmental level.

OR

- CYP has made a statement(s) that represents a possible disclosure of sexual abuse, but statement lacks specificity. For example, 'I don't like how Daddy touches me' or 'Daddy and I have a secret I am not supposed to tell.'

NOTE: For nonverbal CYPs, signs and symptoms alone can be reported if you are concerned about sexual abuse and there is no other explanation. These complicated situations should be discussed with your supervisor.

ANSWER 'NO' IF:

- None of the CYP's sexual behaviours are indicated in Table 4, or none are of similar seriousness to those listed in the table.

OR

- CYP has made statements that lack any detail about where or whether there was any discomfort with the touch (e.g. 'Daddy touches me'), and it is highly unlikely that the CYP means that the contact was sexual.

2. Is the CYP behaving in sexual ways that are:

- **Outside 'normal' sexual behaviour in terms of persistence, frequency or inequality in age or developmental abilities?**
- **Unusual or different for a particular CYP?**

ANSWER 'YES' IF:

The CYP displays sexual behaviours such as those indicated in Table 4 or 5, based on CYP's age/developmental level.

Table 4	
Examples of Serious CYP Sexualised Behaviours	
CYP's Age/ Developmental Age	Examples
Birth to 5 Years	<ul style="list-style-type: none"> • Simulation of explicit foreplay or sexual • Behaviour in play • Persistent masturbation • Persistent touching of the genitals of other children • Persistent attempts to touch the genitals of adults • Sexual behaviour between young children involving penetration with objects • Forcing other children to engage in sexual play
5-9 Years	<ul style="list-style-type: none"> • Persistent masturbation, particularly in front of others • Sexual behaviour engaging significantly younger or less able children • Sneaking into the rooms of sleeping younger children to touch or engage in sexual play • Simulation of sexual acts that are sophisticated for their age (e.g. oral sex) • Persistent sexual themes in talk, play, art etc.

Table 4	
Examples of Serious CYP Sexualised Behaviours	
CYP's Age/ Developmental Age	Examples
9–13 Years	<ul style="list-style-type: none"> • Persistent masturbation, particularly in front of others • Sexual activity (e.g. oral sex or intercourse) • Arranging a face-to-face meeting with an online acquaintance who is not known to or approved by protective parents • Sending nude or sexually provocative images of self or others electronically • Coercion of others, including same age, younger or less able children, into sexual activity • Presence of sexually transmitted infection (STI)
13–18 Years	<ul style="list-style-type: none"> • Compulsive masturbation (especially chronic or public) • Degradation/humiliation of self or others with sexual themes (e.g. via threats, phone, e-mail, website, touch) • Attempting to/forcing others to expose genitals • Preoccupation with sexually aggressive pornography • Sexually explicit talk with younger children • Forced sexual contact (touch/assault/rape) • Sexual contact with others of significant age and/or developmental difference • Sending nude or sexually provocative images of self or others electronically • Joining adults-only online sites if under age • Sexual contact with animals • Genital/anal injury to others/self

Table 5	
Examples of Concerning CYP Sexualised Behaviours	
CYP's Age/ Developmental Age	Examples
Birth to 5 Years	<ul style="list-style-type: none"> • Preoccupation with adult sexual behaviour • Pulling other children's pants down/skirts up against their will • Explicit sexual conversation using sophisticated or adult language • Preoccupation with touching another's genitals (often in preference to other child-focused activities) • Chronic peeping • Following others into toilets to look at them or touch them
5–9 Years	<ul style="list-style-type: none"> • Questions about sexual activity that persist or are repeated frequently, despite an answer being given • Writing sexually threatening notes • Engaging in mutual masturbation • Use of adult language to discuss sex (e.g. 'Do you think I look sexy?' or 'Look at my dolls—they're screwing') • Single occurrence of peeping

Table 5	
Examples of Concerning CYP Sexualised Behaviours	
CYP's Age/ Developmental Age	Examples
9–13 Years	<ul style="list-style-type: none"> • Uncharacteristic behaviour (e.g. sudden provocative changes in dress, mixing with new or older friends) • Consistent bullying involving sexual aggression • Pseudo maturity, including inappropriate knowledge and discussion of sexuality • Giving out identifying details to online acquaintances • Preoccupation with chatting online outside of familiar peer group • Persistent expression of fear of pregnancy/STIs
13–18 Years	<ul style="list-style-type: none"> • Sexual preoccupation/anxiety which interferes with daily function • Preoccupation with pornography • Giving out identifying details to online acquaintances • Preoccupation with chatting online • Giving false gender, age, sexuality details online in adult chat room. • Use of sexually aggressive themes/obscenities • Sexual graffiti (chronic/impacting on others) • Violation of others' personal spaces • Single occurrence of peeping; exposing or non-consenting sexual touch with known peers; mooning and obscene gestures • Unsafe sexual behaviour, including unprotected sex, sexual activity whilst intoxicated, multiple partners and frequent changes of partner (age of consent in South Australia is 17)

ANSWER 'NO' IF:

The CYP's sexual behaviours are more consistent with 'normal' sexual behaviour for his/her age/development, as indicated in Table 6.

Table 6	
Examples of Age-Appropriate CYP Sexual Behaviour	
CYP's Age/ Developmental Age	Examples
Birth to 5 Years	<ul style="list-style-type: none"> • Thumb sucking, body stroking and holding of genitals • Wanting to touch other children's genitals • Asking about or wanting to touch the breasts, bottoms or genitals of familiar adults, e.g. when in the bath • Games (e.g. 'doctor/nurse', 'show me yours and I'll show you mine'). • Enjoyment of being nude • Interest in body parts and functions
5–9 Years	<ul style="list-style-type: none"> • Masturbation to self-soothe • Increased curiosity in adult sexuality (e.g. questions about babies, gender differences) • Increased curiosity about other children's genitals (e.g. playing mutual games to see or touch genitals) • Telling stories or asking questions, using swear words, 'toilet' words or names for private body parts • Increased sense of privacy about bodies

Table 6	
Examples of Age-Appropriate CYP Sexual Behaviour	
CYP's Age/ Developmental Age	Examples
9–13 Years	<ul style="list-style-type: none"> • Use of sexual language • Having girlfriends/boyfriends • Exhibitionism (e.g. flashing or mooning amongst same-age peers) • Increased need for privacy • Consensual kissing with known peers • Use of Internet to chat online with peers
13–18 Years	<ul style="list-style-type: none"> • Sexually explicit conversations with peers. • Obscenities and jokes within the cultural norm. • Flirting. • Interest in erotica. • Use of Internet to chat online with peers. • Solitary masturbation. • Interest and/or participation in a one-on-one relationship (with or without sexual activity). • Sexual activity including hugging, kissing, holding hands, foreplay, mutual masturbation. • Consenting oral sex and/or intercourse with a partner of similar age and developmental ability (age and developmental ability to give consent must be considered—age of consent in South Australia is 17).

3. Is there information that parent/carer has taken appropriate action?

ANSWER 'YES' IF:

Parent/carer provides a description of ways he/she is acting to protect CYP from experiencing and/or displaying problematic sexual behaviour. For example, parent/carer indicates or demonstrates the need to pay attention; monitor; supervise; provide sexuality and personal safety education and therapy, if required; protect CYP from harm; or provide a legal response.

ANSWER 'NO' IF:

You have no information to indicate that a parent/carer is currently responding protectively to address problematic sexual behaviour.

4. Is there a parent/carer able and willing to take appropriate action?

ANSWER 'YES' IF:

You or another person has met with a parent/carer who lives in the home to discuss the problematic sexual behaviours AND the parent/carer indicates an ability and willingness to engage with appropriate services to protect CYP from experiencing these behaviours.

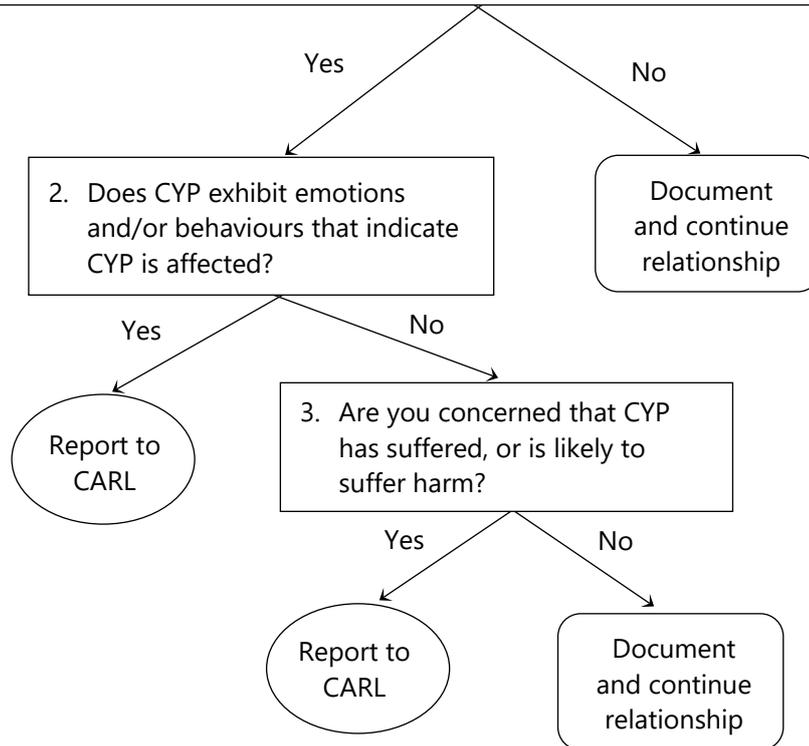
ANSWER 'NO' IF:

- You have discussed your concerns about CYP with his/her parent/carer and the parent/carer refuses to accept resources or support; or parent/carer has agreed to engage with services but has not followed through, and as a result, the problematic sexual behaviours continue;
- Despite reasonable efforts, parent/carer has not engaged in conversation with you about your concerns; OR
- You have no information regarding the presence of a parent/carer who is able and willing to meet CYP's care, well-being and safety needs.

PSYCHOLOGICAL/EMOTIONAL HARM

1. Has CYP had exposure to any of the following?

- Parent/carer or significant person's hostile, rejecting, degrading or terrorising behaviours towards CYP
- Exploitation, criminal behaviour or corruption by parent/carer or significant person
- Isolation or denial of emotional responsiveness by parent/carer



PSYCHOLOGICAL/EMOTIONAL HARM DEFINITIONS

Harm, for the purposes of the Act includes *psychological harm*. *Psychological harm* does not include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life. For any concerns related to domestic/family violence or parent/carer mental health or substance abuse, please refer to those decision trees.

1. Has CYP had exposure to any of the following?

- **Parent/carer or significant person's hostile, rejecting, degrading or terrorising behaviours towards CYP**
- **Exploitation, criminal behaviour or corruption by parent/carer or significant person**
- **Isolation or denial of emotional responsiveness by parent/carer**

ANSWER YES IF:

CYP or another person has told you, or you have personally observed, that any of the following conditions are present in CYP's care environment.

- Parent/carer is persistently and/or severely hostile to, rejecting, degrading or terrorising the CYP. This requires a pattern of behaviour that can include acts of commission or omission. A single observation (e.g. observing hostile behaviour by parent/carer) may be included if you have no prior contact with family and are unlikely to have continuing contact. A single observation may also be included *if* the incident was severe.
 - » Hostile. Pattern exists in which virtually everything the CYP does is criticised and little or no praise balances the criticism, AND the criticism is not constructive or helpful but, rather, is personally attacking.
 - » Rejecting. Pattern exists in which the parent/carer does not accept the physical or emotional presence of the CYP. For example, the parent/carer consistently tells or acts in ways that convey to the CYP that he/she is not wanted or is undeserving of membership in the family.
 - » Degrading. Parent/carer humiliates CYP; for example, name calling, teasing, ridiculing (e.g. regarding weight, body parts).
 - » Terrorising. Parent/carer consistently says things or acts in ways that frighten the CYP, including threats to harm CYP, self, others or pets, or allowing or deliberately causing CYP to witness traumatic events.
- Parental alienation. Denigration of one parent/carer by another parent/carer to the CYP.

- Parent/carer engages in exploiting or corrupting behaviour. Parent/carer is involved in illegal/antisocial activity and involves CYP in this activity or exposes CYP to this activity to the extent that CYP normalises illegal/antisocial behaviour as a lifestyle.
- Parent/carer isolates CYP or denies emotional responsiveness. Parent/carer severely inhibits CYP's relationships with others inside or outside of the family or consistently ignores CYP's need for attention or affection.

ANSWER NO IF:

None of the above are known to be present.

2. Does CYP exhibit emotions and/or behaviours that indicate CYP is affected?

See Table 1 in the glossary for examples of psychological harm indicators.

ANSWER YES IF:

- CYP has been assessed by a mental health professional and it is the mental health professional's opinion that CYP's emotional and/or behavioural difficulty is caused or exacerbated by parent/carer actions or omissions; or
- In situations where no mental health professional is currently working with CYP, drawing on your history with the CYP, to the best of your knowledge, your judgement is that CYP has had a change in behaviour and/or mental state.

ANSWER NO IF:

CYP has a diagnosed mental health concern that is not caused or exacerbated by parent/carer actions or omissions, and/or the CYP has no mental health diagnosis or symptoms.

3. Are you concerned that CYP has suffered, or is likely to suffer harm?

ANSWER YES IF:

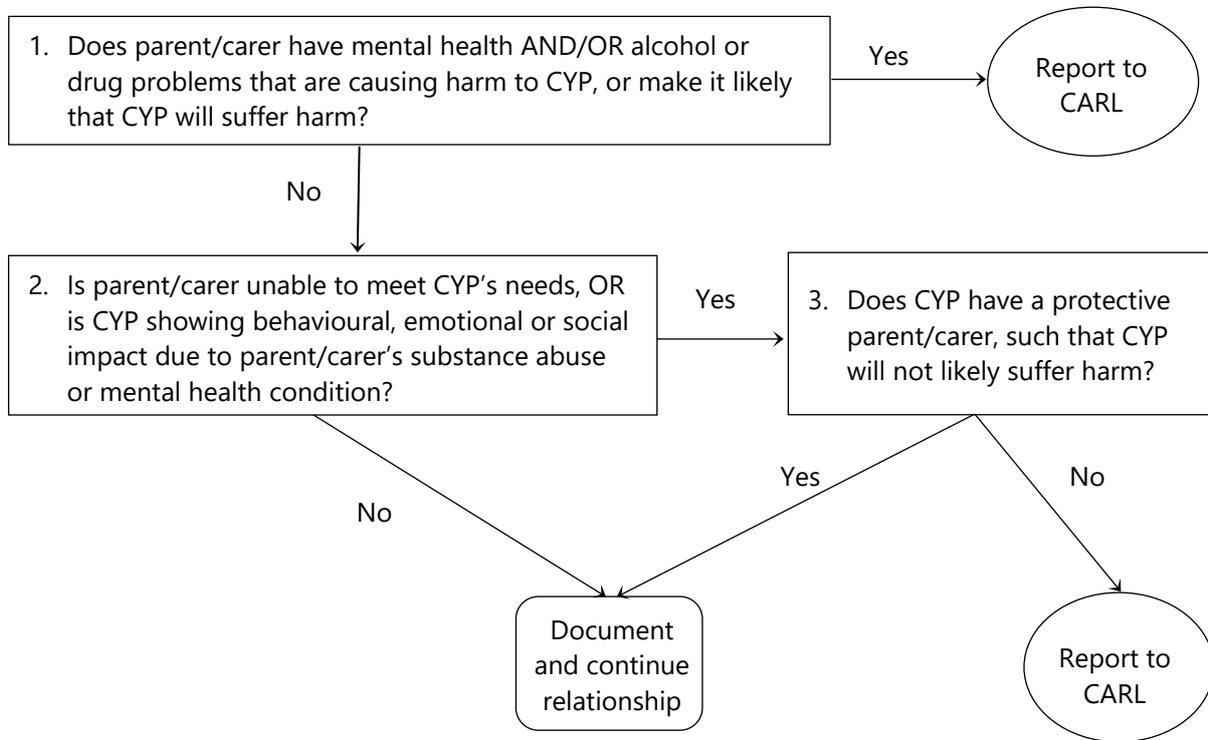
You believe there is reason to worry, or CYP expresses concern/fear that if he/she goes or remains home:

- CYP will be unable to cope with parent/carer behaviour, and this may result in CYP harming self or others (e.g. suicide attempt, cutting, using alcohol/drugs, running away); OR
- Parent/carer will behave in ways that place CYP in imminent danger of significant harm (e.g. there will be a violent incident involving parent/carer and CYP, or between parent/carer and another adult, that may endanger CYP).

ANSWER NO IF:

You are not concerned for CYP's safety.

PARENT/CARER CONCERNS: SUBSTANCE ABUSE/MENTAL HEALTH



PARENT/CARER CONCERNS: SUBSTANCE ABUSE/MENTAL HEALTH DEFINITIONS

1. Does parent/carer have mental health AND/OR alcohol or drug problems that are causing harm to CYP, or make it likely that CYP will suffer harm?

ANSWER YES IF:

- A parent/carer is abusing alcohol or other drugs. This may be based on personal observations or credible statements by CYP or another person; a formal diagnosis or parent/carer in treatment is not required. Symptoms of substance abuse may include slurred speech, unsteady gait, uninhibited behaviour and impulse control difficulties (e.g. violence, stealing);

AND/OR:

- A parent/carer has a mental health concern. This may be based on personal observations or credible statements by CYP or another person; a formal diagnosis or parent/carer in treatment is not required. Symptoms of mental health problems include volatile emotional expressions, anger management issues, social withdrawal, cognitive impairment, hallucinations and delusions, and suicidal and self-harm behaviours.

NOTE: Include parents/carers whom you reasonably suspect of having mental health symptoms to the extent that symptoms are having a negative impact on them (e.g. health, finances, relationships, employment, legal issues).

AND

- Parent/carer has caused or is likely to cause harm to CYP. Examples include the following.
 - » Parent/carer passed out whilst responsible as solo carer for a CYP who cannot meet his/her own basic needs.
 - » Parent/carer abuses alcohol/drugs in the presence of CYP.
 - » Parent/carer hears voices or has other distortions of reality that include suggestions to harm CYP.
 - » Parent/carer's inability to function results in a lack of meal provision or supervision on a routine basis, and CYP has suffered or will likely suffer illness or injury.

2. Is parent/carer unable to meet CYP's needs OR is CYP showing behavioural, emotional or social impact due to parent/carer's substance abuse or mental health condition?

ANSWER YES IF:

Parent/carer is not meeting OR is *likely* to be unable to meet CYP's basic needs. On more than one occasion, parent/carer did not provide CYP with food, supervision, adequate housing and/or safe living conditions (e.g. drugs or drug paraphernalia are accessible to CYP) because parent/carer:

- Was under the influence of alcohol or other drugs;
- Used family's financial resources for alcohol or drugs to the extent that CYP's needs went unmet;
- Organised life around drug-seeking to the extent of being inattentive to CYP's needs;
- Was experiencing mental health symptoms; and/or
- Was inhibited or prevented from forming a relationship with his/her infant/newborn due to his/her emotional status. For example, mother is depressed (including postpartum depression) and not responsive to infant. This may be observed by identifying depression in the mother or by observing behaviours such as refusing to hold newborn, failure to respond to infant's cues, and so forth.

OR

- CYP exhibits indicators of emotional disturbance. See Table 1 in the glossary for examples of psychological harm indicators.

ANSWER NO IF:

Despite alcohol or substance use and/or mental illness, parent/carer is meeting CYP's basic needs and CYP is functioning reasonably well.

3. Does CYP have a protective parent/carer such that CYP will not likely suffer harm?

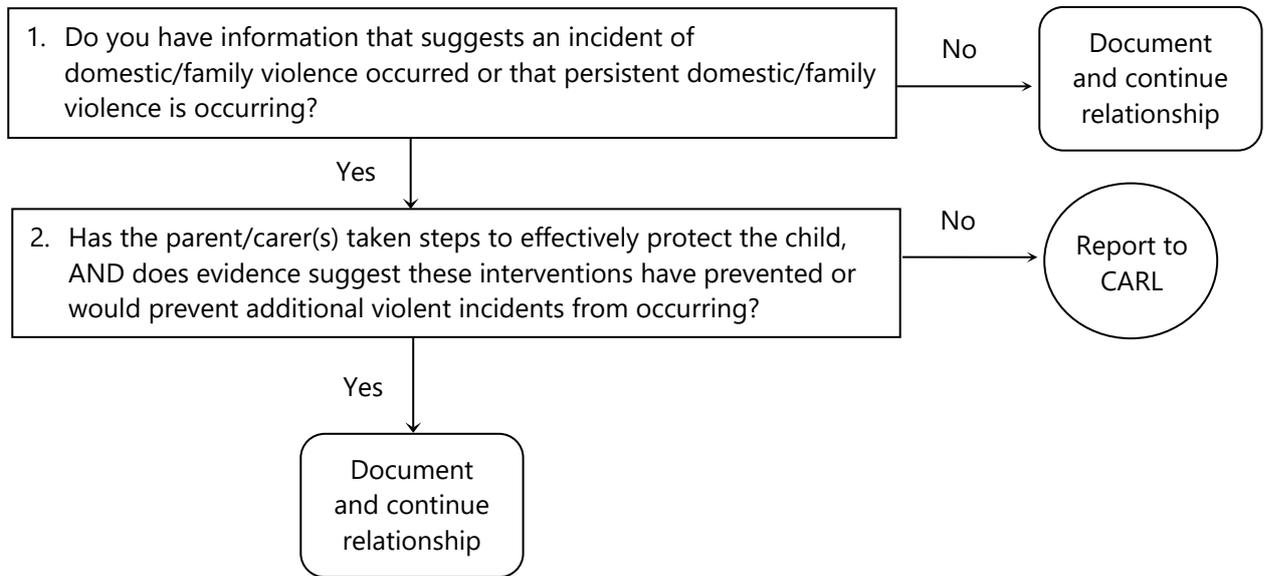
ANSWER YES IF:

A second parent/carer in the home does not abuse alcohol or drugs, does not have mental health concerns and provides care and protection appropriate to CYP's needs. This parent/carer should be willing and able to safeguard CYP from the effects of the other parent/carer's substance abuse or mental health issues.

ANSWER NO IF:

All adults in the family abuse alcohol/drugs or have mental health issues, OR at least one adult does not abuse alcohol/drugs or have mental health issues but does not meet CYP's needs (e.g. emotionally unable, physically unable, financially unable) or does not safeguard CYP from the effects of the other parent/carer's substance abuse or mental health issues.

PARENT/CARER CONCERNS: DOMESTIC/FAMILY VIOLENCE



PARENT/CARER CONCERNS: DOMESTIC/FAMILY VIOLENCE DEFINITIONS

Practice Guidance
<p>The significance of any concern may be informed by the following.</p> <ul style="list-style-type: none">• Past instances of serious abuse or past threats that have been carried out.• Characteristics of the parent/carer or other adult household member, such as diagnosed mental health issues (e.g. postpartum depression, schizophrenia) or explosive, raving or violent behaviour.• The use of excessive discipline and punishment.• The use of weapons or objects to threaten or discipline the CYP.• Recent or impending separation.

1. Do you have information that suggests an incident of domestic/family violence occurred or that persistent domestic/family violence is occurring?

ANSWER YES IF:

Domestic/family violence is occurring or has occurred. Domestic/family violence is any behaviour in a domestic relationship, including an intimate partner relationship or a family relationship which is violent, threatening, coercive or controlling, causing a person to live in fear for own or someone else's safety.

Examples include:

- An incident occurred that resulted in an injury or property damage, threats of harm to household members (or pets) or property damage.
- One or more participants used a weapon capable of causing injury (e.g. fired a gun, slashed with a knife, swung an object, poured flammable liquid) or displayed a weapon in a threatening manner (e.g. pointed a gun or moved it implying threat, held a knife or a blunt object in a threatening manner).
- An adult attempted to kill a household member by any means.
- An adult suffered an injury during the incident, including but not limited to sexual assault, fractures, internal injuries, disfigurement, burns, any injury that may require hospitalisation, and/or death.
- Threat of harm to CYP, other adult, self or household pets (e.g. threat to kill self, commit sexual assault, kidnap, hold hostage, murder, cause serious injury or harm).
- CYP/adult discloses an increase in the number and severity of incidents. For example, injuries may not be significant, but there are repeated episodes of minor injuries and the injuries are getting worse or are happening more often, or abusive power and control now also includes incidents of physical violence.

- There has been a disclosure of a domestic/family violence incident where a CYP has been present.

ANSWER NO IF:

There was an incident/argument between adults that involved raised voices, with no physical violence, injury, property damage or threats of harm (no offences committed).

2. Has the parent/carer(s) taken steps to effectively protect the CYP, AND does evidence suggest these interventions have prevented or would prevent additional violent incidents from occurring?

ANSWER YES IF:

Parent/carer has taken steps to effectively protect the CYP, including obtaining an intervention order (provisional, interim or final), removing the CYP from the violent living situation or accessing services (e.g. shelters, domestic/family violence services); AND evidence suggests these interventions have prevented or would prevent additional violent incidents from occurring.

Examples include:

- Parent has obtained an intervention order and is adhering.
- Non-offending family member/carers are acting protectively, demonstrated by taking actions such as removing CYP from the unsafe environment, moving in with extended family and/or seeking shelter services.

ANSWER NO IF:

No actions have been taken that have or would prevent future violent incidents from occurring, or actions that have been taken are unlikely to/will not prevent additional violent incidents from occurring.

OR

A pattern or disclosure of abusive power and control (such as violent behaviour, isolation, financial control or emotional abuse) prevents one parent/carer from making choices for the safety of self and/or CYP.

Examples include:

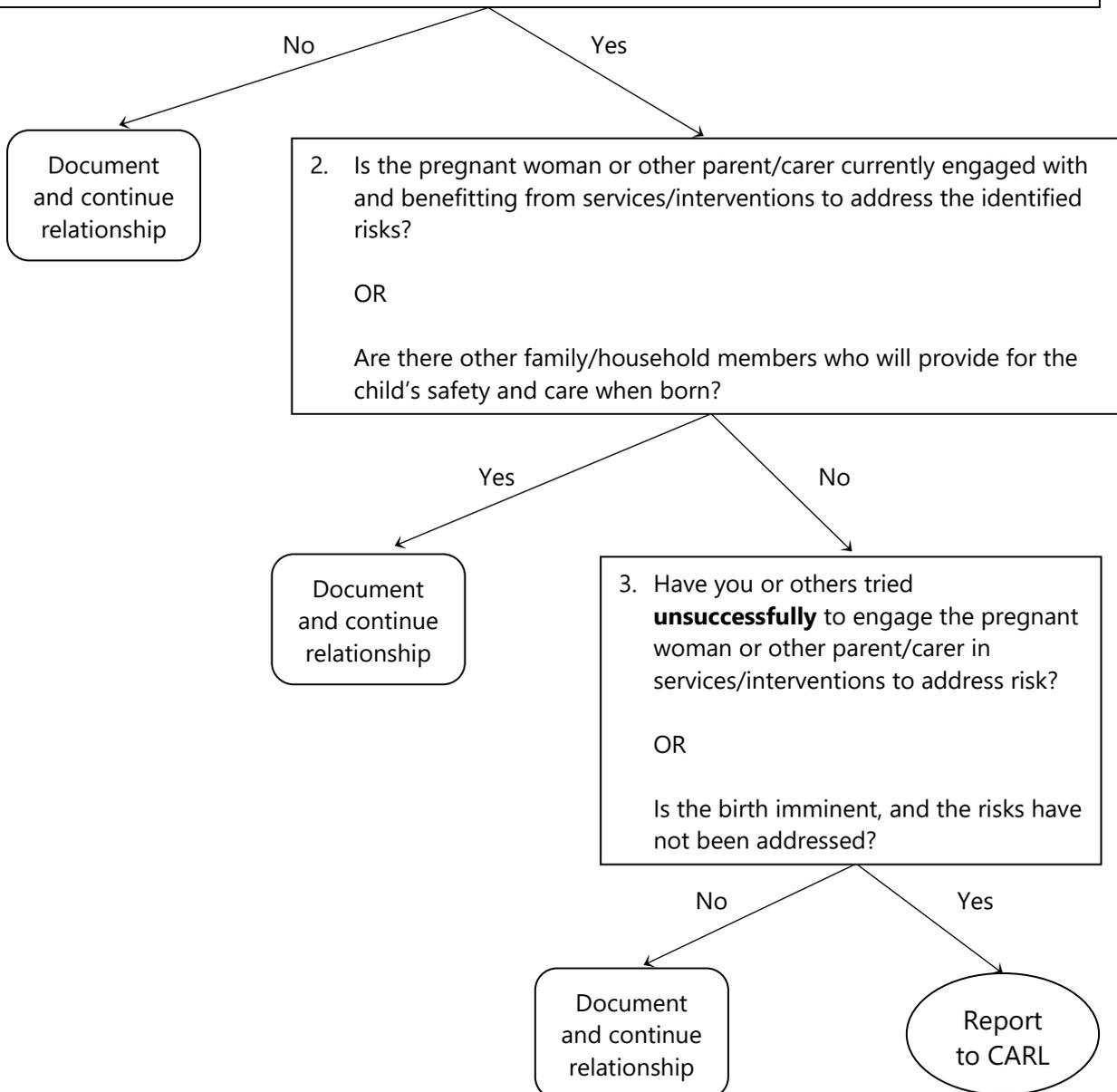
- A current intervention order (provisional, interim or final) is in place due to violence against a household member; or a current family law contact order prohibits contact of one or more household members by another person because of violence, and they are not adhering to the order.

- An aggressor has been stalking (following; making aggressive calls, emails, texts, mail contact; watching) the parent/carer; OR an aggressor has exhibited other highly controlling behaviour (persistent isolation from family and friends; complete control of all money; repeatedly denying access to ceremonies, land, family or religious observance; forcing people to do things against their beliefs or repeatedly locking the victim in or outside the house); OR an aggressor has forced sexual contact on parent/carer.
- You have information that whilst the mother was pregnant with this CYP, concerns existed related to domestic/family violence; AND mother has either not engaged in services or has minimally engaged, but the violence has continued.
- You have information that in addition to the presence of domestic/family violence, parent capacity to protect the CYP is compromised. For example, this may be due to disability, mental/physical health or substance use.

UNBORN CHILD ABUSE

1. Are you aware of or do you have a reasonable suspicion of any current circumstances that lead you to conclude that either parent/carer will be unable to care for the child when born? Include:

- Suicide risk
- Serious and persistent substance abuse
- Unmanaged mental illness
- Domestic violence
- Unsupported intellectual disability
- Medical condition/physical disability
- Homelessness
- Inadequate preparations for the birth
- Criminal offences



UNBORN CHILD ABUSE DEFINITIONS

Reporting unborn child concerns may:

- Enable the Department for Child Protection and other agencies to mobilise services for the potential benefit of the mother and unborn child; or
- Enable the Department for Child Protection to prepare appropriate statutory/protective interventions following the birth of the child.

1. Are you aware of or do you have a reasonable suspicion of any current circumstances that lead you to conclude that either parent/carer will be unable to care for the child when born? Include:

- **Suicide risk**
- **Serious and persistent substance abuse**
- **Unmanaged mental illness**
- **Domestic/family violence**
- **Unsupported intellectual disability**
- **Medical condition/physical disability**
- **Homelessness**
- **Inadequate preparations for the birth**
- **Criminal offences**

ANSWER YES IF:

One of the following is true. Consider any parent/carer who will be living with the child when born.

- Suicide risk. Pregnant woman has recently attempted or threatened suicide, or is making plans that suggest an imminent suicide attempt.
- Serious and persistent substance abuse by pregnant woman or other primary parent/carer.
 - » Parent/carer is currently using illicit drugs (e.g. heroin, cocaine, methamphetamine); OR
 - » Parent/carer is currently using alcohol in quantities to cause parent/carer to pass out or otherwise compromise ability to provide adequate care; OR
 - » Parent/carer is currently abusing prescription drugs, even if prescribed, in quantities to cause parent/carer to pass out or otherwise compromise ability to provide adequate care; OR

- » There is a history of substance abuse which has resulted in abuse or neglect of another CYP.
- Unmanaged mental illness (unresponsive or undiagnosed). Pregnant woman or other primary parent/carer is exhibiting significant symptoms of unmanaged mental illness to the extent that they are unlikely to be able to care for and protect the child when born. This includes situations in which the parent/carer has been diagnosed with mental illness requiring medication which they are not taking as prescribed, OR the parent/carer has not been formally diagnosed but is showing significant symptoms. Significant symptoms include the following:
 - » Parent/carer is unable to carry out daily activities such as eating and self-care.
 - » Parent/carer is unable to regulate emotions such as anger, sadness, or anxiety to the extent that he/she will not be able to attend to the child's needs when born.
 - » Parent/carer is hearing voices, seeing things that are not there, or having thoughts of unrealistic/unsupportable beliefs of persecution and so forth. Especially concerning are hostile/negative expressions about the unborn child, or denial of the pregnancy.
- Domestic/family violence. There is current domestic/family violence towards the pregnant woman that includes physical assaults resulting in serious injury and/or physical assaults in which a weapon was used, as well as extremely isolating and controlling behaviour. Consider patterns, frequency and severity of violence towards the pregnant woman.

Serious injury during the incident includes injuries as a result of strangulation, sexual assault, fractures, internal injuries, disfigurement, burns, death and/or any injury that may require hospitalisation.

- Unsupported intellectual disability. The pregnant woman or other primary parent/carer has significant limitations in the capacity to understand information that will be necessary for the care of the child when born. For example, they are unable to understand feeding, sleeping or bathing instructions, or they have extremely unrealistic expectations of what parenting will be like.
- Medical condition/physical disability. The pregnant woman or other primary parent/carer has a severe medical condition or physical disability that will make it extremely difficult to provide care for the child when born; for example, uncontrolled seizures, paralysis or extreme fatigue.

- Homelessness. The pregnant woman or other primary parent/carer has no safe place to stay with the child when born, or planned arrangements are unsuitable for a newborn child.
- Inadequate preparations for the birth. The pregnant woman has not obtained adequate antenatal care and has not made necessary arrangements for the child's birth, AND the birth is imminent.
- Criminal offences. Someone who has committed one of the following offences will reside with the child.
 - » Murder
 - » Manslaughter
 - » Criminal neglect
 - » Causing serious harm
 - » Acts endangering life or creating risk of serious harm (for example, manufacturing illegal drugs in home)
 - » Qualifying offences: one of the above offences, or an attempt to commit one of the preceding offences, in which the victim was a child and the offender was their parent/carer.

ANSWER NO IF:

None of the criteria listed above are present at this time.

This includes situations in which a parent/carer engaged in basic road traffic offences, speeding, seat belt offences, or other notable offences that could impact the safety of the CYP.

2. Is the pregnant woman or other parent/carer currently engaged with and benefitting from services/interventions to address the identified risks?

OR

Are there other family/household members who will provide for the child's safety and care when born?

ANSWER YES IF:

- The pregnant woman has agreed to services, and based on time elapsed since services were recommended, has engaged in services and is making progress towards reducing risk of harm to the child when born.

OR

- There is at least one other adult who will be living in the home with the newborn child who will be able to provide for the child's basic needs and protect the child from any concerns the other parent/carer may present.

ANSWER NO IF:

- The pregnant woman is not currently engaged in services or, having engaged in services, is still not making progress towards reducing risk of harm to the child when born.

AND

- Birth mother would be the only parent/carer available to provide for the child when born, or all other adults in the household have current factors or would otherwise be unable/unwilling to provide safety or basic care for the child when born.

3. Have you or others tried unsuccessfully to engage the pregnant woman or other parent/carer in services/interventions to address risk?

OR

Is the birth imminent, and the risks have not been addressed?

ANSWER YES IF:

- You or another person have attempted to engage the pregnant woman or other parent/carer in services to address the risk, and they have refused to engage in the services/intervention; or, they indicated acceptance but after a reasonable period of time have not engaged in services.
- Birth is imminent, and any of the above current factors are present.

ANSWER NO IF:

- You or others have not yet attempted to engage the pregnant woman or other parent/carer in services or interventions.

AND

- Birth is not imminent.

Appendix

Reporting a Suspicion That a CYP Is, or May Be, at Risk

REPORTING A SUSPICION THAT A CYP IS, OR MAY BE, AT RISK

The main statutory provisions which create and describe the obligation to report a reasonable suspicion that a CYP is, or may be, at risk are set out below. The complete provisions are set out in the appendix to this guide.

16—Interpretation

(1) In this Act, unless the contrary intention appears—

child or young person means a person who is under 18 years of age;

17—Meaning of *harm*

- (1) For the purposes of this Act, a reference to **harm** will be taken to be a reference to physical harm or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.
- (2) In this section— **psychological harm** does not include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life.

18—Meaning of *at risk*

- (1) For the purposes of this Act, a child or young person will be taken to be **at risk** if—
- (a) the child or young person has suffered harm (being harm of a kind against which a child or young person is ordinarily protected); or
 - (b) there is a likelihood that the child or young person will suffer harm (being harm of a kind against which a child or young person is ordinarily protected); or
 - (c) there is a likelihood that the child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of—
 - (i) being subjected to a medical or other procedure that would be unlawful if performed in this State (including, to avoid doubt, female genital mutilation); or
 - (ii) taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the *Marriage Act 1972* of the Commonwealth; or
 - (iii) enabling the child or young person to take part in an activity, or an action to be taken in respect of the child or young person, that would, if it occurred in this State, constitute an offence against the *Criminal Law Consolidation Act 1935* or the *Criminal Code* of the Commonwealth; or
 - (d) the parents or guardians of the child or young person—
 - (i) are unable or unwilling to care for the child or young person; or
 - (ii) have abandoned the child or young person, or cannot, after reasonable inquiry, be found; or
 - (iii) are dead; or

- (e) the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or
 - (f) the child or young person is of no fixed address; or
 - (g) any other circumstances of a kind prescribed by the regulations exist in relation to the child or young person.
- (2) It is immaterial for the purposes of this Act that any conduct referred to in subsection (1) took place wholly or partly outside this State.
- (3) In assessing whether there is a likelihood that a child or young person will suffer harm, regard must be had to not only the current circumstances of their care but also the history of their care and the likely cumulative effect on the child or young person of that history.
- (4) In this section— *female genital mutilation* means—
- (a) clitoridectomy; or
 - (b) excision of any other part of the female genital organs; or
 - (c) a procedure to narrow or close the vaginal opening; or
 - (d) any other mutilation of the female genital organs,
- but does not include a sexual reassignment procedure or a medical procedure that has a genuine therapeutic purpose; **sexual reassignment procedure** means a surgical procedure to give a female, or a person whose sex is ambivalent, genital characteristics, or ostensible genital characteristics, of a male.
- (5) A medical procedure has a genuine therapeutic purpose only if directed at curing or alleviating a physiological disability or physical abnormality.

Part 1—Reporting of suspicion that child or young person may be at risk

30—Application of Part

- (3) This Part applies to the following persons:
- (a) prescribed health practitioners;
 - (b) police officers;
 - (c) community corrections officers under the *Correctional Services Act 1982*;
 - (d) social workers;
 - (e) ministers of religion;
 - (f) employees of, or volunteers in, an organisation formed for religious or spiritual purposes;
 - (g) teachers employed as such in a school (within the meaning of the *Education and Early Childhood Services (Registration and Standards) Act 2011*) or a pre-school or kindergarten;
 - (h) employees of, or volunteers in, an organisation that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children and young people, being a person who—
 - (i) provides such services directly to children and young people; or

- (ii) (ii) holds a management position in the organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children and young people;
- (i) any other person of a class prescribed by the regulations for the purposes of this subsection.

31—Reporting of suspicion that child or young person may be at risk

- (1) A person to whom this Part applies must, if—
- (a) the person suspects on reasonable grounds that a child or young person is, or may be, at risk; and
 - (b) that suspicion was formed in the course of the person's employment,
- report that suspicion, in accordance with subsection (4), as soon as is reasonably practicable after forming the suspicion.

Maximum penalty: \$10 000.

- (2) However, a person need not report a suspicion under subsection (1)—
- (a) if the person believes on reasonable grounds that another person has reported the matter in accordance with that subsection; or
 - (b) if the person's suspicion was due solely to having been informed of the circumstances that gave rise to the suspicion by a police officer or child protection officer acting in the course of their official duties; or
 - (c) in any other circumstances prescribed by the regulations for the purposes of this subsection.
- (3) A person to whom this Part applies may (but need not), if—
- (a) the person suspects on reasonable grounds that the physical or psychological development of an unborn child is at risk (whether due to an act or omission of the mother or otherwise); and
 - (b) that suspicion was formed in the course of the person's employment,
 - (c) report that suspicion in accordance with subsection (4).
- (4) A person reports a suspicion under this section by doing 1 or more of the following:
- (a) making a telephone notification to a telephone number determined by the Minister for the purposes of this subsection;

Note—

This telephone line is currently known as the ***Child Abuse Report Line*** or ***CARL***.

- (b) making an electronic notification on an electronic reporting system determined by the Minister for the purposes of this subsection;
- (c) by reporting their suspicion to a person of a class, or occupying a position of a class, specified by the Minister by notice in the Gazette;
- (d) reporting their suspicion in any other manner set out in the regulations for the purposes of this paragraph,

and, in each case, providing—

- (e) —
 - (i) in the case of an unborn child—the name and address (if known) of the mother of the unborn child; or
 - (ii) in any other case—the name and address (if known) of the child or young person; and
- (f) information setting out the grounds for the person's suspicion; and
- (g) such other information as the person may wish to provide in relation to their suspicion.

163—Protection of identity of persons who report to or notify Department

- (1) A person who, in the course of the administration, operation or enforcement of this Act, receives a report or notification that a child or young person may be at risk, or who otherwise becomes aware of the identity of a person who has made such a report or notification, must not disclose the identity of the person who made the report or notification to any other person unless the disclosure—
- (a) is made with the consent of the person who gave the notification; or
 - (b) is made by way of evidence adduced in accordance with subsections (2) and (3); or
 - (c) is otherwise authorised by the regulations.

Maximum penalty: \$10 000