

What is the Purpose?

This policy is about supporting children and young people who may be the subject of abuse or neglect. This policy supports staff to understand their obligations and responsibility to report any allegation, witnessing of/or suspicion of any form of abuse or neglect of a child or young person accessing Northcott services or in connection to services.

What is Northcott's Policy?

- ✓ We are committed to the safety, wellbeing and welfare of children and young people. This must be the main consideration and focus when making child protection decisions.
- ✓ Children and young people have a right to:
 - be safe from harm and to grow up free of abuse, neglect, violence and exploitation.
 - develop physically, intellectually, emotionally and socially with freedom and dignity.
- ✓ We have a zero tolerance policy for staff or volunteer abuse of customers or engaging in grooming behaviours towards customers.
- ✓ We comply with requirements for the NSW Working with Children Check (WWCC), ACT Working with Vulnerable People Check and Criminal Record Check and any additional probity checks for prospective employees and volunteers. We carry out these checks for staff working in both NSW and the ACT.
- ✓ Employees and volunteers working with people with a disability:
 - understand the behaviours or actions that indicate abuse and neglect.
 - are able to recognise signs that may be indicators of abuse and neglect.
 - recognise that people who require behaviour support, are non-verbal or experience communication difficulties, may be more vulnerable to abuse and neglect.
- ✓ We support a prevention and early intervention approach to child abuse and neglect.
- ✓ We support any person who has witnessed or suspects abuse or neglect of a customer to be confident in reporting it without fear of retaliation.
- ✓ We are committed to using current child protection practice and ongoing evaluation.
- ✓ Our employees have a duty of care to protect children and young people against risk of harm.
- ✓ The needs and rights of the child are prioritised over the rights of the parents in child protection matters.

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 1 of 21

- ✓ Children and young people must be supported to raise any feedback, problem or concern and know they will be listened to.
- ✓ We adhere to the legal requirement to report allegations of reportable incidents to the NDIS Quality and Safeguards Commission (NDIS Commission).
- ✓ We investigate any allegations of reportable conduct relating to a Northcott employee and refer to required statutory bodies to take appropriate action.

What are the Procedures – New South Wales (NSW)?

Stage	What needs to be done?	Who does it?
Observing and responding to current abuse and neglect situations	<ol style="list-style-type: none"> 1. Keep yourself safe. 2. Ensure that customers and any other people present are safe. 3. If you think the customer or another person is in immediate danger call the Police. <ul style="list-style-type: none"> • Do not move or touch any evidence the Police may need in their investigation. • If possible, isolate the area where the incident occurred and do not allow anyone to enter the area until the Police arrive. • In cases of alleged sexual assault preserve the victim's clothing, bedding or other relevant material where possible. Try and delay bathing/showering until the Police arrive (if the victim is not distressed by the delay). • Do not ask the customer questions about what happened. That is the role of the Police and asking questions may interfere with their investigations. 4. If a customer or another person is injured call an Ambulance. 5. Immediately advise your Manager of the incident who will advise other relevant Northcott Management. <ul style="list-style-type: none"> • If the allegation relates to a Northcott employee, inform your Manager immediately who will escalate to a Level 2 Manager and the General Manager – People and Culture. 6. Consult the MRG to determine if you are required to 	Mandatory Reporter

Stage	What needs to be done?	Who does it?
	make a report to Family and Community Services (FaCS) Helpline (see Completing the MRG on page 6).	
Suspecting and receiving an allegation of Risk of Harm	<p>7. Consult your manager if you suspect that a child or young person, or a group of children or young people, is at any risk of harm.</p> <ul style="list-style-type: none"> • See indicators of neglect, abuse, sexual abuse and psychological abuse in Appendix D. • Do not interview a child you suspect to be at risk of harm – this could jeopardise future investigations. <p>8. If a customer discloses abuse, record (write them down if possible) the words used by the customer making an allegation (exact quote if possible).</p> <ul style="list-style-type: none"> • Without probing for details, record accurately any information given about who was alleged to have been involved (alleged abuser and anyone else present), what was alleged to have taken place, where it happened and when. • Do not include anything that you did not directly hear or see in your documentation. • Do not include opinions or your interpretations in your documentation. • Refer to Appendix E for further guidance <p>9. If you have concerns about a child or young person's wellbeing you can exchange information under Section 16A with other organisations to get more information about the risk to the child without the consent of the family.</p> <ul style="list-style-type: none"> • For approval and further guidance for this, contact Senior Safeguarding Practitioner or a member of the Safeguarding and Response Team on 0409 030 349. The Safeguarding and Response Team phone number is monitored 24/7. You may also need to consult with other staff providing service to the child, including any external organisations working with the family. 	Mandatory Reporter
	10. If the allegation relates to a Northcott employee, contact your Manager immediately who will escalate to a Level 2	Supervisor

Stage	What needs to be done?	Who does it?
	<p>Manager and the General Manager – People and Culture. The Senior Safeguarding Practitioner will work with HR to assess whether the matter needs to be reported to the NDIS Commission, NSW Ombudsman and/or the Children’s Guardian.</p> <p>11. If the allegation relates to another child customer the customer and their family are to be provided with information about the use of an advocate (including an independent advocate). Access to an advocate should be facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.</p> <p>12. Enter the allegation into RiskMan within 24 hours.</p> <p>13. If further guidance is required, contact the Senior Safeguarding Practitioner or a member of the Safeguarding and Response Team on 0409 030 349.</p>	
<p>Completing the MRG</p>	<p>14. Complete the Mandatory Reporter Guide (MRG) to determine the level of risk to the child.</p> <ul style="list-style-type: none"> The MRG can be found via the ChildStory website: https://reporter.childstory.nsw.gov.au/s/mrg <p>15. Enter the most important concern first on the MRG (cumulative harm situations cannot be entered).</p> <ul style="list-style-type: none"> Make sure the definitions on the right hand side are read as this will help guide your responses. The MRG will tell you if the situation is considered to put the child at risk of significant harm. If the report relates to a group of children, it is called a ‘class of children report’. This report can be made when there is sufficient reason to believe a class of children/young people is currently at risk of significant harm e.g. class in a preschool, a playgroup, a sporting team. A class of children report is different from a report on a group of siblings. <p>NOTE: The MRG does not replace professional judgment, but aims to support and guide you to make decisions. If the MRG delivers a decision that is not consistent with your level of concern, you need to make a report to the Child Protection Helpline on 132 111.</p>	<p>Mandatory Reporter</p>

Stage	What needs to be done?	Who does it?
	<p>16. Follow the instructions given to you by the MRG.</p> <ul style="list-style-type: none"> • If the child, or group of children, is at risk of significant harm, it will tell you to make a report, by phoning the Child Protection Helpline on 132 111 or making an eReport at: https://reporter.childstory.nsw.gov.au/s/mrg • If a child is not considered to be at risk of significant harm continue to offer current services (where possible), refer to local services and work collaboratively with other organisations within the community to provide ongoing support to the child or young person and their family. • Mandatory reporters should keep detailed records in RiskMan of concerns they have about a child as these concerns may continue and the pattern may require a report to the Child Protection Helpline. As per Section 23(2) of the Children Young Persons (Care and Protection) Act 1998 cumulative harm refers to “a series of acts or omissions that, when viewed separately may not indicate significant risk, but when viewed together suggests a pattern of significant harm”. • You may also be directed by the MRG to consult with a professional regarding your concerns i.e. staff with more specialised knowledge e.g. Senior Safeguarding Practitioner 	
<p>Documentation/ Managing the incident</p>	<p>17. Discuss any other safety issues with your immediate supervisor.</p> <ul style="list-style-type: none"> • Document a plan in RiskMan (using journal entries) to protect the staff member if needed. This may include not telling the family that the staff member is making a report, arranging for future meetings to occur in a neutral location, arranging for two staff to attend future home visits together. • Staff who do not have access to RiskMan are to provide relevant information to their supervisor to enter on their behalf. 	<p>Mandatory Reporter and or Manager</p>

Stage	What needs to be done?	Who does it?
	<p>18. Before you make a decision to tell the family you are making a report, please discuss with your manager or the Senior Safeguarding Practitioner to determine if it is safe to do so.</p> <ul style="list-style-type: none"> • For an allegation of sexual assault where the alleged offender is a family member, consult with Community Services and the Police about when the family can be told and by whom and document onto RiskMan. This is very important for the child's safety, as there is a significant risk of threats, intimidation or escalation in violence if the alleged offender is 'tipped off' prior to intervention by authorities. <p>19. Complete the child's name, date and summary of MRG outcome on the Incident Report Form (found on the intranet) forward to your manager for entry on RiskMan or if you have access enter it directly onto RiskMan. The Incident Report Form should also be uploaded onto RiskMan as an attachment. This information is to be entered within 24 hours of the concern being raised.</p> <ul style="list-style-type: none"> • When entering into RiskMan select 'Child Wellbeing' as the 'Type of Incident' and make sure the risk rating chosen is 3 or above. • Attach all information relating to the Mandatory Reporter's concerns, including the MRG decision page, any communication from Community Services and subsequent actions taken. <p>20. Any information regarding child protection concerns or actions must not be documented within Carelink+. This includes attaching any documentation to the child's file within Carelink+. Carelink+ will list any incidents entered onto RiskMan for a customer under the "Incidents" node and can link users with relevant access to RiskMan to the incident. Staff who do not have RiskMan access and require access to this information can ask their supervisor. You can write a note onto Carelink with the date stating "A Child Wellbeing incident has been entered into RiskMan".</p> <p>21. Document progress and actions taken using journal</p>	

Stage	What needs to be done?	Who does it?
	<p>entries on RiskMan.</p> <p>22. Complete the outcome and follow-up actions in RiskMan.</p> <ul style="list-style-type: none"> If you do not expect Northcott will continue in their role with the family as services are complete and other appropriate supports are not in place, advise Community Services and document into RiskMan. <p>23. When you have a Child Wellbeing concern for a child who is not a Northcott Customer e.g. another child present at the time of a home visit, please enter the child in RiskMan with the information you have available.</p> <ul style="list-style-type: none"> You can enter the Client ID as "0000". 	
Re-reporting a customer/family	<p>24. When a customer has been reported on more than one occasion a case review of the particular customer situation by the appropriate manager should occur to assess whether there is an indication of escalating risk or cumulative harm (both of which would require further action).</p> <p>25. Where there have been three or more notifications made for the one customer, the Senior Safeguarding Practitioner will follow up with the reporter's manager and Regional Manager. Questions will be asked to ensure best practice in supporting the customer/family and the Senior Safeguarding Practitioner will be available to guide staff/management as needed.</p>	Senior Safeguarding Practitioner –

Prenatal Reports

- The aim of prenatal reports is to provide assistance and support to the pregnant mother to reduce the chance that the child, when born, will need to be placed in out-of-home care. It also provides early information that a child who is not yet born may be at risk of harm subsequent to his or her birth.
- Under Section 25 of the Act, you may make a report to Community Services if you think you have enough information to suspect that a child may be at risk of harm after their birth. This report is **not considered mandatory**.
- You **must** report to Department of Family and Community Services if a prenatal report is made under Section 25 and the birth mother of the child did not engage successfully with

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 7 of 21

support services to eliminate or minimise the risk factors that led to the original report. **This report is mandatory.**

Protecting Mandatory Reporters

- It is illegal for the identity of someone who has made a report about suspected risk of harm or risk of significant harm to be disclosed to the subject child, their parents, or any other person who is not a delegate of the Deputy Director-General, Community Services (i.e. a Caseworker or Manager Casework) without the consent of the reporter.
- It is essential that guidelines regarding blacking out reporter details are followed when sharing information. If further guidance is required please contact Senior Safeguarding Practitioner – Children.

Workers Not Authorised to Work With Children

- Refer to [Probity Checks Policy and Procedure](#)

What are the procedures: Australian Capital Territory (ACT)?

Stage	What needs to be done?	Who does it?
Suspecting risk of harm	<ol style="list-style-type: none"> 1. Discuss situation with your manager, or if they are unavailable the next available line manager. <ul style="list-style-type: none"> • If it's an immediate concern for the wellbeing of a child or young person call 000 immediately. • If the child or young person you are concerned about is currently in the ACT but resides interstate, you need to report to Care and Protection Services in the ACT. Care and Protection Services will notify the interstate authority if the child or young person is to return to their state of origin. 2. Call Care and Protection Services Centralised Intake Service as soon as possible if you suspect or believe on <i>reasonable grounds</i> that a child or young person is experiencing abuse or neglect or you wish to discuss your concerns about a child or young person. Mandated Persons line (24 hours) 1300 556 728. 	Mandatory Reporter
Notify Manager	<ol style="list-style-type: none"> 3. Notify manager of outcome of the call. 	
Document Incident	<ol style="list-style-type: none"> 4. Complete Northcott Incident Report Form and complete a Riskman Child Wellbeing entry. 	

Follow up	5. Follow up as required.	
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Care and Protection Services Centralised Intake Services

General Public line (24 hours) 1300 556 729
Mandated Persons line (24 hours) 1300 556 728
Mandated Persons fax line (24 hours) 02 6205 0641
Email address: childprotection@act.gov.au

What other Northcott documents are related?

You may need to refer to these documents for more information:

[Adult Abuse and Neglect Policy and Procedure](#)
[Privacy Policy](#)
[Probity Checks Policy and Procedure](#)

Related Forms

[Incident Report Form](#)

Who is Responsible?	What are they Responsible for?
Chief Executive	<ul style="list-style-type: none"> Final review and approval of this policy and procedure.
General Manager People and Culture	<ul style="list-style-type: none"> Make sure that all staff are appropriately trained in child protection by providing regular training opportunities (both initial training and refresher courses). Make sure that appropriate probity checks, including Working With Children Check (WWCC) verification, are carried out for prospective employees and volunteers prior to offer of employment. Make sure that WWCC renewals for all employees and volunteers are completed prior to their expiry date. Notify the CEO immediately if the renewal of a WWCC for a current employee or volunteer shows a result of “Barred” or “Interim Barred”. Manage allegations involving employees.
Level 2 Manager	<ul style="list-style-type: none"> Manage allegations involving employees.

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 9 of 21

Who is Responsible?	What are they Responsible for?
Practice Manager Safeguarding	<ul style="list-style-type: none"> • Maintain this policy and procedure and its related documents. • Make sure any changes or developments in best practice regarding Child Protection are forwarded to staff as required and liaise with Human Resources to identify new and emerging training needs. • Provide support to Northcott staff regarding child protection legislation and promote best practice. • Provide advice and support on how to respond to allegations and disclosures of abuse including reporting requirements. • Monitor RiskMan entries to identify trends and any situations where customers have been re-reported to Family and Community Services multiple times.
Level 3 and 4 Manager	<ul style="list-style-type: none"> • Make sure the procedure is effectively implemented in their services. • Make sure staff follows the procedure.
Supervisor	<ul style="list-style-type: none"> • Make sure staff have read and understand the procedure, and have sufficient skills, knowledge and ability to meet the requirements.
All Employees	<ul style="list-style-type: none"> • Follow the requirements of the procedure. • Maintain a level of knowledge and training appropriate to their position.

Definitions, Legislation and Standards Compliance

Definitions:

Child and Young Person:

- According to the Children and Young Person's Act 2008 (A.C.T) A child is a person who is under 12 years old. The Child Protection (Prohibited Employment) Act 1998 (N.S.W) states a child is a person under the age of 18 years. The Children and Young Person's (Care and Protection) Act 1998 (N.S.W) state a child is a person who is under 16 years.
- According to the Children and Young Person's Act 2008 (A.C.T) A young person is defined as a person who is 12 years old or older, but not yet an adult. The Children and Young Person's (Care and Protection) Act – 1998 (N.S.W) define a young person as a person who is aged 16 years or above but who is under the age of 18 years.

- NSW Ombudsman Act 1974 defines a child as a person under the age of 18 years.

For other Definitions, refer to the Northcott Policy Dictionary

Legislation:

- This policy and procedures was developed in accordance with the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018

For other Legislation and Standards Compliance, refer to the Service Management Policy and the Rights Policy.

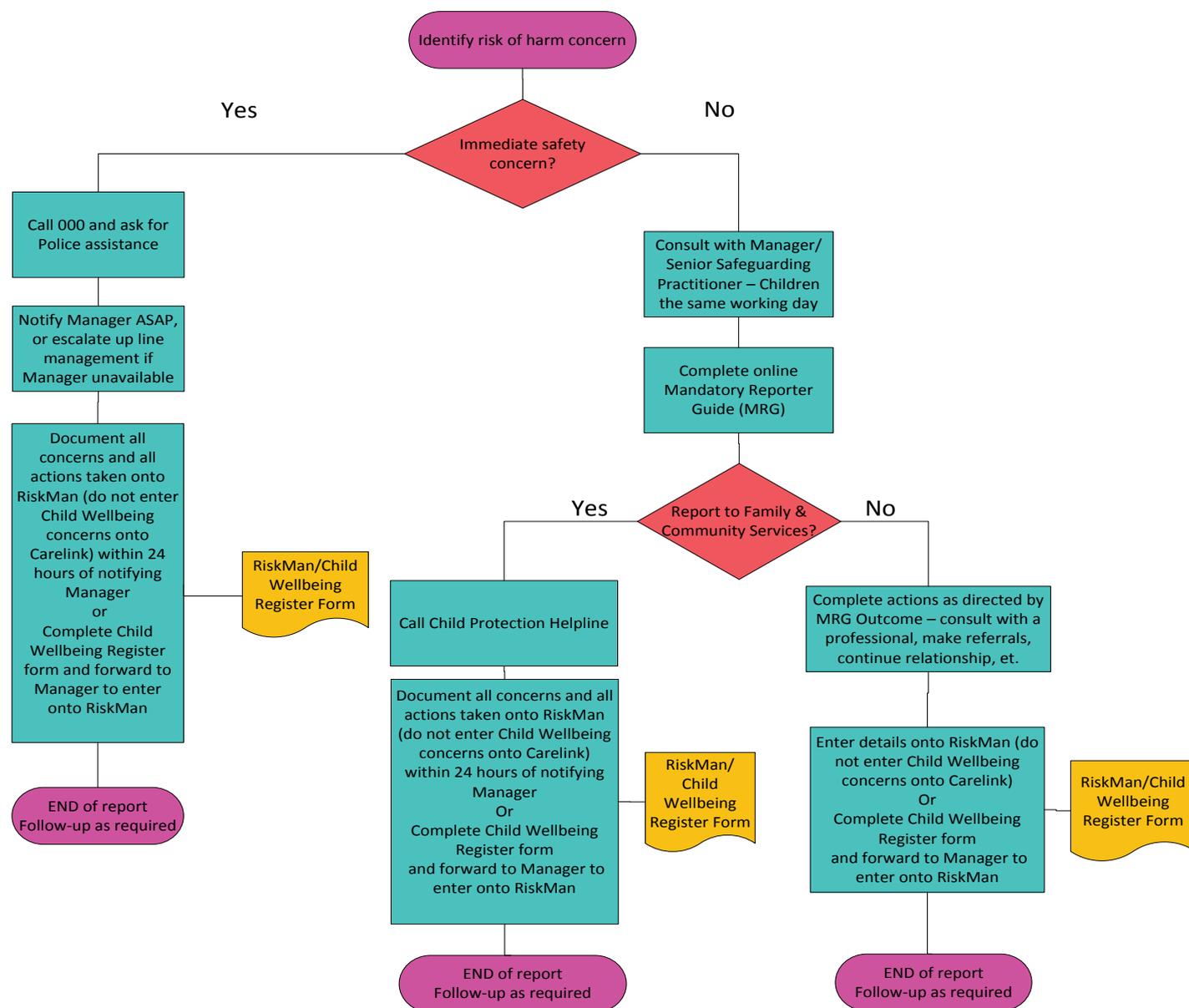


Authorised by:

Kerry Stubbs, Chief Executive Officer

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 11 of 21

Appendix A: Flow Chart 1: Guidelines for NSW Staff who are Mandatory reporters*



*Refer to Appendix A – What to Report

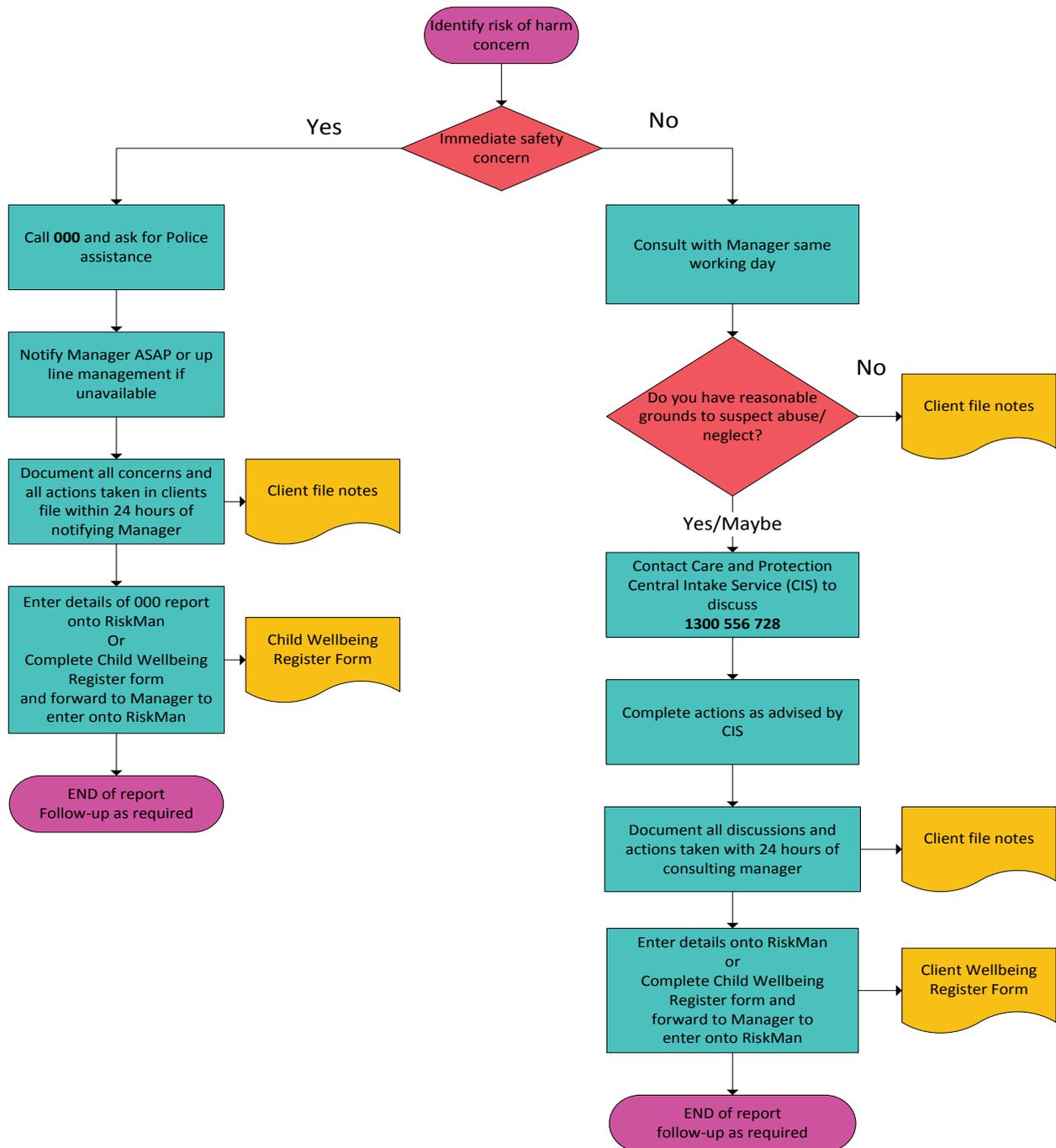
If further guidance is required contact the **Senior Safeguarding Practitioner – Children** or the **Safeguarding and Response Team** on **0409 030 349 (24/7)**

Mandatory Reporter Guide (MRG) <https://reporter.childstory.nsw.gov.au/s/mrg>

FaCS Child Protection Helpline 132 111

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 12 of 21

Appendix B: Flow Chart 2: Guidelines for ACT Staff who are Mandatory Reporters



If further guidance is required, contact the **Senior Safeguarding Practitioner – Children** or a member of the **Safeguarding and Response Team** on **0409 030 349**. The Safeguarding and Response Team phone number is monitored 24/7

Care and Protection Services Intake Mandated Persons line (24 hours) 1300 556 728

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 13 of 21

Appendix C: What to Report

NSW: Risk of significant harm (ROSH)

- Physical abuse
- Neglect:
 - supervision
 - physical shelter/environment
 - food
 - medical care, medical professional / Non- medical professional
 - Hygiene/clothing
 - mental health care
 - education not enrolled / habitual absence
- Sexual abuse:
 - Child
 - Young Person
- Psychological harm
- Danger to self or others
- Relinquishing care
- Carer concerns where those concerns place child or young person at significant risk:
 - parent/carer substance abuse
 - parent/carer mental health
 - parent/carer domestic violence
- Unborn child who may be at risk.

ACT:

Mandatory reporting – legal requirement, through the course of work you believe on reasonable grounds a child is:

- Being or has been sexually abused
- Experiencing or has experienced non-accidental physical injury (physical abuse).
- Neglected
- Experiencing emotional abuse

NDIS Quality and Safeguards Commission (NDIS Commission)

Northcott must report to the NDIS Commission serious incidents committed against or of an NDIS participant (including allegations) arising in the context of (including delivery of) NDIS supports or services including:

- Death or serious injury
- Abuse or neglect
- Unlawful sexual or physical contact with, or assault
- Sexual misconduct committed against, or in the presence of, an NDIS participant including grooming for sexual activity.
- The unauthorised use of a restrictive practice

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 14 of 21

Notifications to the NDIS Commission are completed by Northcott's Senior Safeguarding Practitioners

Aboriginal and Torres Strait Islander customers

- The effects of previous government policies involving forced child removal are still evident in Aboriginal and Torres Strait Islander communities today.
- A culturally sensitive approach should be taken when speaking with an Aboriginal or Torres Strait Islander customer about allegations of abuse
- When possible, an Aboriginal or Torres Strait Islander staff member should be consulted and asked to speak with the customer (if the customer agrees) to ensure that the nature of the abuse or risk is fully understood and that community relationships are not jeopardised.

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 15 of 21

Appendix D: Risk Factors of Abuse

The following risk factors (either by themselves or together) are associated with increased risk of harm for children and young people:

- Social or geographic isolation of the child, young person or family, including lack of access to extended family.
- Previous abuse or neglect of a brother or sister.
- Family history of violence including domestic violence.
- Physical or mental health issues for the parent or caregiver affecting their ability to care for the child or young person.
- The parent or caregivers' abuse of alcohol or other drugs affecting their ability to care for the child or young person.

Indicators:

- The signs below are only possible signs of neglect, physical, sexual or psychological abuse.
- The presence of these signs does not necessarily mean neglect has been or is, occurring.
- The child or young person's circumstances and their age or other vulnerabilities, for example disability or chronic illness, also need to be taken into consideration.
- If you have concerns apply the MRG, where appropriate contact the Child Protection Helpline or consult your manager/supervisor for advice.

Possible signs of Neglect

Signs in children

- Low weight for age and/or failure to thrive and develop.
- Untreated physical problems, e.g. sores, serious nappy rash and urine scalds, significant dental decay.
- Poor standards of hygiene, i.e. child consistently unwashed.
- Poor complexion and hair texture
- Child not adequately supervised for their age.
- Scavenging or stealing food and focus on basic survival.
- Extended stays at school, public places,

Signs in parents or caregivers

- Unable or unwilling to provide adequate food, shelter, clothing, medical attention, safe home conditions.
- Leaving the child without appropriate supervision.
- Abandons the child.
- Withholding physical contact or stimulation for prolonged periods.
- Unable or unwilling to provide psychological nurturing.
- Has limited understanding of the child's needs.
- Has unrealistic expectations of the child.

Possible signs of Neglect

- other homes.
- Longs for or indiscriminately seeks adult affection.
 - Rocking, sucking, head-banging.
 - Poor school attendance.

Possible signs of Physical Abuse

Signs in children

- Bruising to face, head or neck, other bruising and marks which may show the shape of the object that caused it, e.g. belt buckle, hand print.
- Lacerations and welts.
- Drowsiness, vomiting, fits or pooling of blood in the eyes, which may suggest head injury.
- Adult bite marks and scratches.
- Fractures of bones, especially in children under three years old.
- Dislocations, sprains, twisting.
- Burns and scalds (including cigarette burns).
- Multiple injuries or bruises.
- Explanation of injury offered by the child is not consistent with the injury.
- Abdominal pain caused by ruptured internal organs, without a history of major trauma
- Swallowing of poisonous substances, alcohol or other harmful drugs.
- General indicators of female genital mutilation e.g. having a special operation.

Signs in parents or caregivers

- Frequent visits with their child or children to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or with internal complaints.
- Explanation of injury offered by the parent is not consistent with the injury.
- Family history of violence.
- History of their own maltreatment as a child.
- Fears injuring their child.
- Uses excessive discipline.

Possible signs of Sexual Abuse

Signs in children

- Bruising or bleeding in the genital area.
- Sexually transmitted infections.
- Bruising to breasts, buttocks, lower abdomen or thighs.
- Child or child's friend telling you about it, directly or indirectly.
- Describing sexual acts.
- Sexual knowledge or behaviour inappropriate for the child's age.
- Going to bed fully clothed.
- Regressive behaviour e.g. sudden return to bed-wetting or soiling.
- Self-destructive behaviour e.g. drug dependency, suicide attempts, self-mutilation.
- Child being in contact with a known or suspected paedophile.
- Anorexia or over-eating.
- Adolescent pregnancy.
- Unexplained accumulation of money/gifts.
- Persistent running away from home.
- Risk taking behaviours - self harm, suicide attempts.
- Effort to make oneself less attractive.

Signs in parents or caregivers

- Exposing a child to prostitution or pornography or using a child for pornographic purposes.
- Intentional exposure of a child to sexual behaviour of others.
- Previous conviction or suspicion of child sexual abuse.
- Coercing a child to engage in sexual behaviour with other children.
- Verbal threats of sexual abuse.
- Denial of adolescent's pregnancy by family.

Possible signs of Psychological Abuse

All types of abuse and neglect harm children psychologically, but the term 'psychological harm' or 'emotional abuse' applies to behaviour which damages the confidence and self-esteem of a child or young person, resulting in serious emotional deprivation or trauma.

Signs in children

- Constant feelings of worthlessness about

Signs in parents or caregivers

- Constant criticism, belittling, teasing of a

Possible signs of Psychological Abuse

<p>life and themselves.</p> <ul style="list-style-type: none"> • Unable to value others. • Lack of trust in people. • Lack of people skills necessary for daily functioning. • Extreme attention-seeking behaviour. • Is obsessively eager to please or obey adults. • Takes extreme risks, is markedly disruptive, bullying or aggressive. • Is highly self-critical, depressed or anxious. • Suicide threats or attempts. • Persistent running away from home. 	<p>child, or ignoring or withholding praise and attention.</p> <ul style="list-style-type: none"> • Excessive or unreasonable demands. • Persistent hostility and severe verbal abuse, rejection and scapegoating. • Belief that a particular child is bad or 'evil'. • Using inappropriate physical or social isolation as punishment. • Domestic violence.
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Appendix E: How to respond to a person at the time they make a disclosure.

Do	Messages to person	Don't
<ul style="list-style-type: none"> Find a private place where the person feels comfortable to talk. If they use a communication board/form of augmentative communication, consider whether another trusted person needs to be present who is able to accurately record the communication (with customers permission). Use a calm, reassuring tone. Talk to the person in language that is appropriate to their understanding. Let them to tell their story in their own way, using their own words, in their own time. Be open and non-judgmental. Support the person in telling their experience without probing or pressing for details. Take into account any cultural sensitivity that may be involved and whether there is another staff member who might have the cultural knowledge to handle the matter (particularly when involving Aboriginal and Torres Strait Islander people). Ask them what they prefer first. Sometimes speaking about abuse with someone of their cultural community can be perceived as shaming for the person. 	<ul style="list-style-type: none"> It is not their fault It was right to tell Abuse is not OK – no matter what Assess whether you or they will be at risk by informing them or their parents/carer that you will be following up on the matter, or in the case of children making a Child Protection report. If appropriate, explain that it is part of your job to inform people who may be able to assist when someone has been harmed or is potentially at risk of harm. If appropriate, explain what will happen now being careful not to commit on actions beyond your control. Acknowledge any concerns they have about 'what will happen next' and 'what may happen to the perpetrator'. 	<ul style="list-style-type: none"> Express disbelief, shock or disapproval. Probe for additional information they are unwilling to provide. Ask leading questions (i.e. questions that suggest answers, or multiple choice questions). Investigate the allegation. Make the person tell others. Make promises not to tell anyone or other promises you can't keep. Try to 'close down' the conversation – this conveys the message that they have done something wrong, and that it is not alright to tell. Make negative comments about the alleged perpetrator – the person may have complex feelings about the perpetrator, including love, and may feel loyal to them.

Appendix F: About Children's Disclosures

- A disclosure occurs when a child lets you know in some way that they have been abused or are likely to be abused.
- It is rare for a child or young person to disclose abuse or neglect immediately.
- Children and young people often experience a great sense of helplessness and hopelessness and think that nobody can help them.
- Depending on the age of the child and the nature of the abuse or risk, there can be a range of barriers to them telling someone. For instance, a child or young person may:
 - believe that they are responsible for the abuse
 - not understand that it is inappropriate behaviour by others
 - want to protect the person responsible
 - want to protect their own reputation
 - feel ashamed of the abuse/of the perpetrator/of protecting the perpetrator
 - feel scared or powerless
 - have been threatened with further harm if they tell someone.
- When a child does disclose this information, they might do this purposefully or accidentally.
- They could:
 - 'blurt out' a harmful experience or their fear of something
 - confide privately that they have been abused or fear that they will be
 - tell another child
 - provide hints – as evidenced in drawings, play or stories
 - disguise a disclosure by posing 'what if' or 'a friend of mine' scenarios
 - present with somatic symptoms (such as constantly feeling 'sick')

Subject Matter Expert: Senior Safeguarding Practitioner - Children		Version: 0.3
Issue Date: 19 December 2018	Next Review Date: 19 December 2021	Page 21 of 21