



Department of Communities and Justice | Legal
Locked Bag 5000
Parramatta NSW 2124
www.dcj.nsw.gov.au

5 July 2023

By email: [REDACTED]

Our ref: GIPA22/[REDACTED]

NOTICE OF DECISION

Dear [REDACTED]

I refer to your formal access application under the Government Information (Public Access) Act 2009 (GIPA Act).

You applied for the following information:

1. *All documents held by the Department of Communities and Justice* [REDACTED]
2. *All documents held by the Department of Communities and Justice recording all policies and procedures to protect children from physical and/or sexual abuse that applied whilst our client was a child from 1966 to 1984;*
3. *Details of any complaints regarding physical and/or sexual abuse perpetrated by* [REDACTED] *including but not limited to:*
 - a. *The dates of the complaints;*
 - b. *The content of the complaints;*
 - c. *Nature of the alleged abuse; and*
 - d. *Whether the complaints were made in writing, orally or both.*

Following discussions to narrow the scope of your application, you agreed to the following scope on 19 June 2023:

1. *Child Protection Package (1986)*
2. *Child Protection Policy and Procedure Manual (1982)*
3. *Child Protection Policy and Procedure Manual Appendices (1984)*
4. *Child Protection Guidelines Part 3 (1986)*
5. *Operational Procedures for Children's Services (1987)*
6. *Operational Procedures for Children's Services Appendices (1987)*

Out of scope

In our acknowledgement letter we confirmed that records from other agencies and the personal information of third parties will be removed from the documents identified for release. These types of information therefore are considered out of scope of your application.

Section 74 of the GIPA Act allows an agency to remove information that is out of scope of the original application. A number of redactions to the records of other agencies and the personal information of other persons and third parties have been made on the basis that this information is “out of scope” of your application.

Decision

I am authorised by the principal officer of the Department to decide your access application under section 9(3) of the GIPA Act. I have decided:

- Under section 58(1)(a) of the GIPA Act, to provide access to the information sought in your access application.

In this Notice of Decision I will explain my reasons. To meet the requirements of section 61 of the GIPA Act, I need to tell you:

- a) the reasons for my decision and the findings on any important questions of fact underlying those reasons, and
- b) the general nature and format of the records containing the information you asked for, with reference to the relevant public interest considerations against disclosure.

Public Interest Test

In deciding your application, I was required to conduct a “public interest test” where the public interest considerations favouring disclosure of government information were weighed against those factors that do not favour disclosure. On this occasion, I have not identified any public interest factors against the disclosure of the information that you have requested.

Therefore, in accordance with section 58(1)(a) of the GIPA Act, I have decided to provide you with a complete copy of the records that exist relevant to your application. The records are listed in the Schedule of Documents.

Form of access

Electronic copies of the records have been enclosed with this decision.

Disclosure log

If information that would be of interest to other members of the public is released in response to a formal access application, an agency must record certain details about the application in its 'disclosure log' (under sections 25 and 26 of the GIPA Act).

In your application you did not object to details about your application being included in the disclosure log. Accordingly information that would be of interest to other members of the public will be included in the Departments disclosure log, excluding your personal information.

Review rights

If you disagree with any of the decisions in this notice that are reviewable, you may seek a review under Part 5 of the GIPA Act. You have three review options:

- An internal review lodged with the Department's Open Government, Information and Privacy Unit, within 20 working days of the date of this Notice;
- An external review by the NSW Information Commissioner, within 40 working days of the date of this Notice; or
- An external review by the NSW Civil and Administrative Tribunal, within 40 working days of the date of this Notice.

Further information about your review rights can be located on the Information and Privacy Commission's website at <https://www.ipc.nsw.gov.au/fact-sheet-your-review-rights-under-gipa-act>.

If you have any questions regarding this matter, please contact myself or our office at infoandprivacy@dcj.nsw.gov.au.

Yours sincerely,



Gukby Sim
Open Government Information and Privacy | Legal
Department of Communities and Justice

Schedule of Documents

No.	Description of record that contains the information	Personal Information Yes/No	Released or withheld	Relevant public interest consideration(s) against disclosure
1.	Child Protection Package (1986)	No	Released	None
2.	Child Protection Policy and Procedure Manual (1982)	No	Released	None
3.	Child Protection Policy and Procedure Manual Appendices (1984)	No	Released	None
4.	Child Protection Guidelines Part 3 (1986)	No	Released	None
5.	Operational Procedures for Children's Services (1987)	No	Released	None
6.	Operational Procedures for Children's Services Appendices (1987)	No	Released	None

DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

CHILD PROTECTION PACKAGE

MAY 1986

05

00

4. PRACTICE AND PROCEDURES

4.1.

S T A F F E S T A B L I S H M E N T

District Officers	596
Child Protection Workers	76
Community Programme Officers (Child Protection)	10
Family Crisis Service	24
Montrose	25
Hunter Child Protection Unit	6
Child Protection Council	9
Programme Officer (Client Services Policy Unit)	<u>2</u>
	748
	—

4.2.

SPECIALIST CHILD PROTECTION UNITS

1. MONTROSE CHILD PROTECTION UNIT

Location: Burwood

Functions:

- . Residential assessment of 'at risk' families by multi-disciplinary team.
- . In 1985 60 families and 128 children were assessed over a 2 week period.
- . Day programme - pre-school
- parent groups etc.
- . Crisis nursery
- . Training of D.O.'s and Community Workers.

Staffing: 25 including:

- . Multi-disciplinary professional staff.
- . Child care staff.

2. CHILD PROTECTION AND FAMILY CRISIS SERVICE

Location: Hurlstone Park, to be relocated to Rozelle in June 1986.

Functions:

- . Receipt of notifications.
- . Maintenance of central index and register/data base.
- . Informing C.W.O's of notifications and providing information regarding notified and registered children.
- . After-hours telephone counselling and crisis call-out service.

Staffing: 24 including:

- . Crisis Workers
- . Support Staff
- . 6 additional data entry staff will be appointed at introduction of new computer system.

3. HUNTER CHILD PROTECTION UNIT

Location: Newcastle

Functions:

- . After hours crisis call out service
- . Maintenance of notification forms and files

Staffing: 6 including

- . Crisis Workers.
- . Support Staff.

DEFINITIONS

NOTIFICATION

- An allegation that a child is abused or neglected or at risk thereof.
- Child's name/notification is entered on the notification INDEX.
- Child's name remains on INDEX for a minimum of 2 years and a maximum of 5 years (for 1 year only under new guidelines). Notifications may be removed after minimum period if there have been no further notifications or reason for Departmental involvement within that period.

REGISTRATION

- A substantiated notification i.e.
 - a) abuse or neglect has been substantiated
 - OR
 - b) it is considered necessary that intervention and/or continued monitoring is necessary for the child's protection.
- Child's name is entered on the Central REGISTER.
- Child's name remains on REGISTER until child is 18 years of age (or 5 years after closure decision under new guidelines).

FIVE STAGES IN CHILD PROTECTION CASE INTERVENTIONCLERICAL FUNCTIONS

FORM 1/
CHILD PROTECTION
INTAKE FORM

FORM 2/
CHILD PROTECTION
ASSESSMENT FORM

FORMS 3a and 3b/
CASE NOTES

Case summary
report and outline
of grounds for
decision

INTAKE

ASSESSMENT

MANAGEMENT

REVIEW

CLOSURE

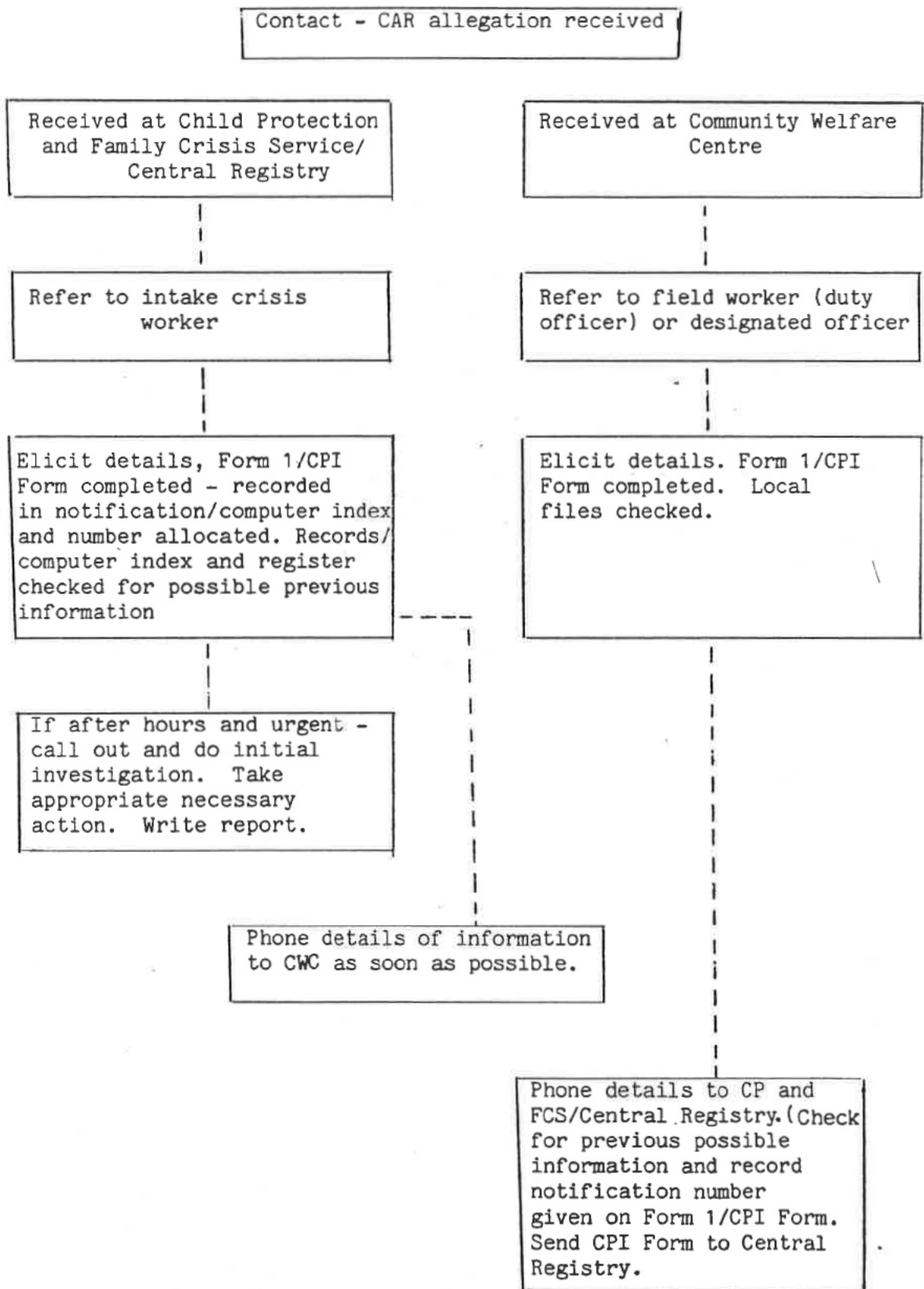
CASEWORK
FUNCTIONS

- . Notification
- . Assignment of Urgency Rating
- . Initial Home Visit
- . Interview all family members if possible.
- . Use specialist assessment. (e.g. psych. medical) where necessary.
- . Decision re registration.
- . Develop case plan.
- . Hold conference where necessary.
- . Hold case review within 6 months. (every 3 months in registered cases)
- . Hold case review.
- . Inform client.

I N T A K E

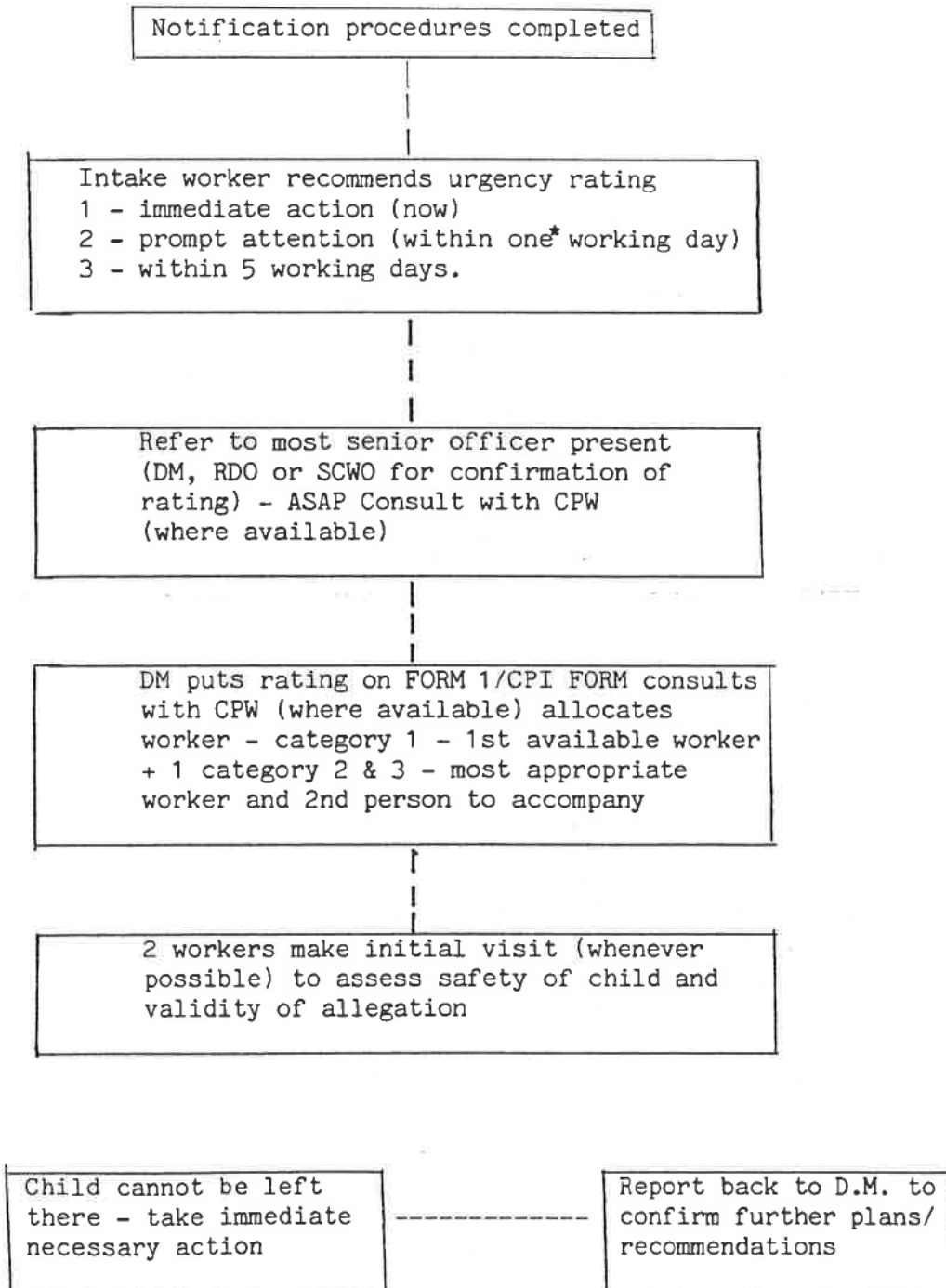
FLOW CHART 1 - NOTIFICATION

1. Intake - notification



I N T A K E

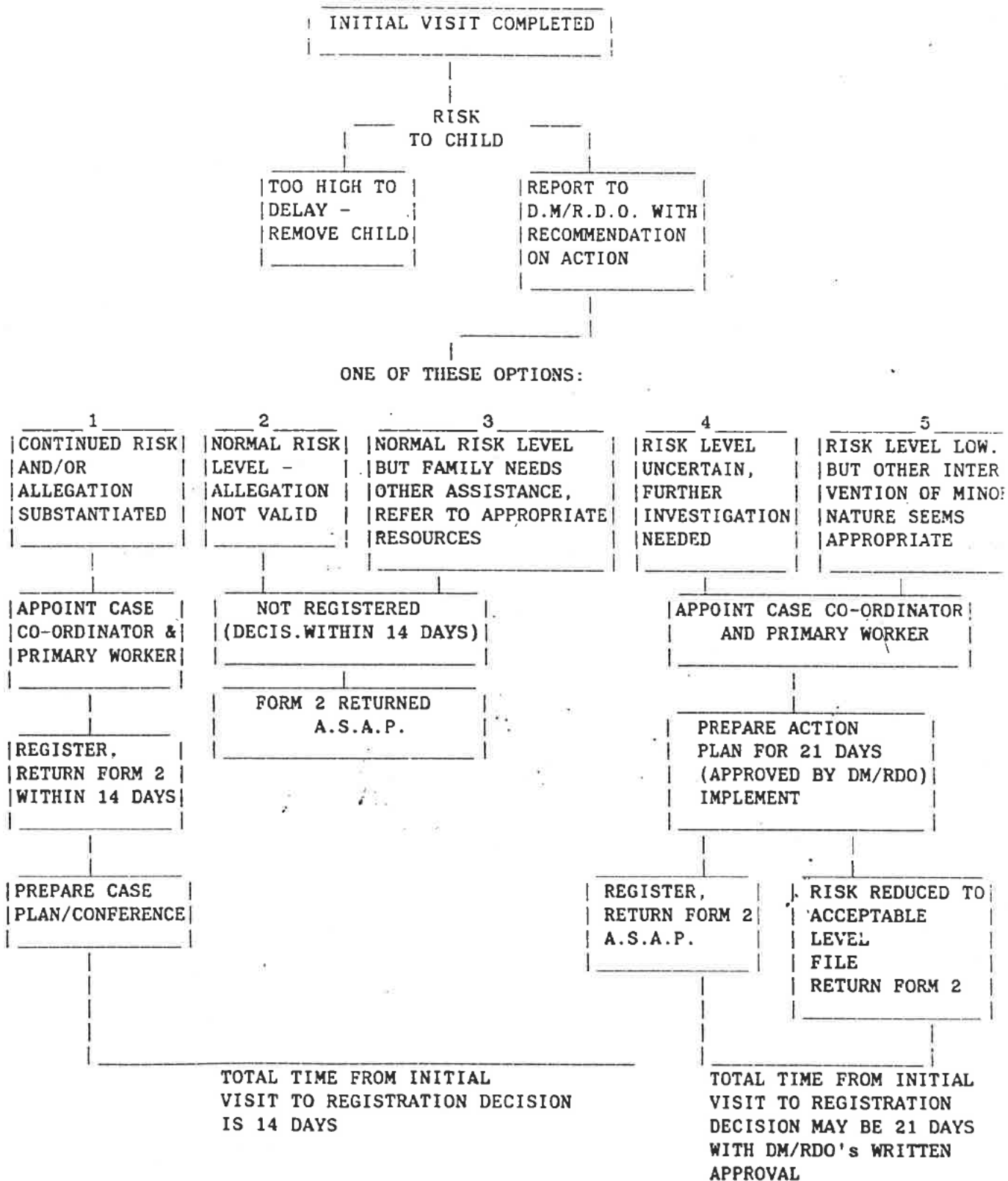
FLOW CHART 2 - INVESTIGATIONS



* UNDER REVISED INSTRUCTIONS WILL BE TWO WORKING DAYS

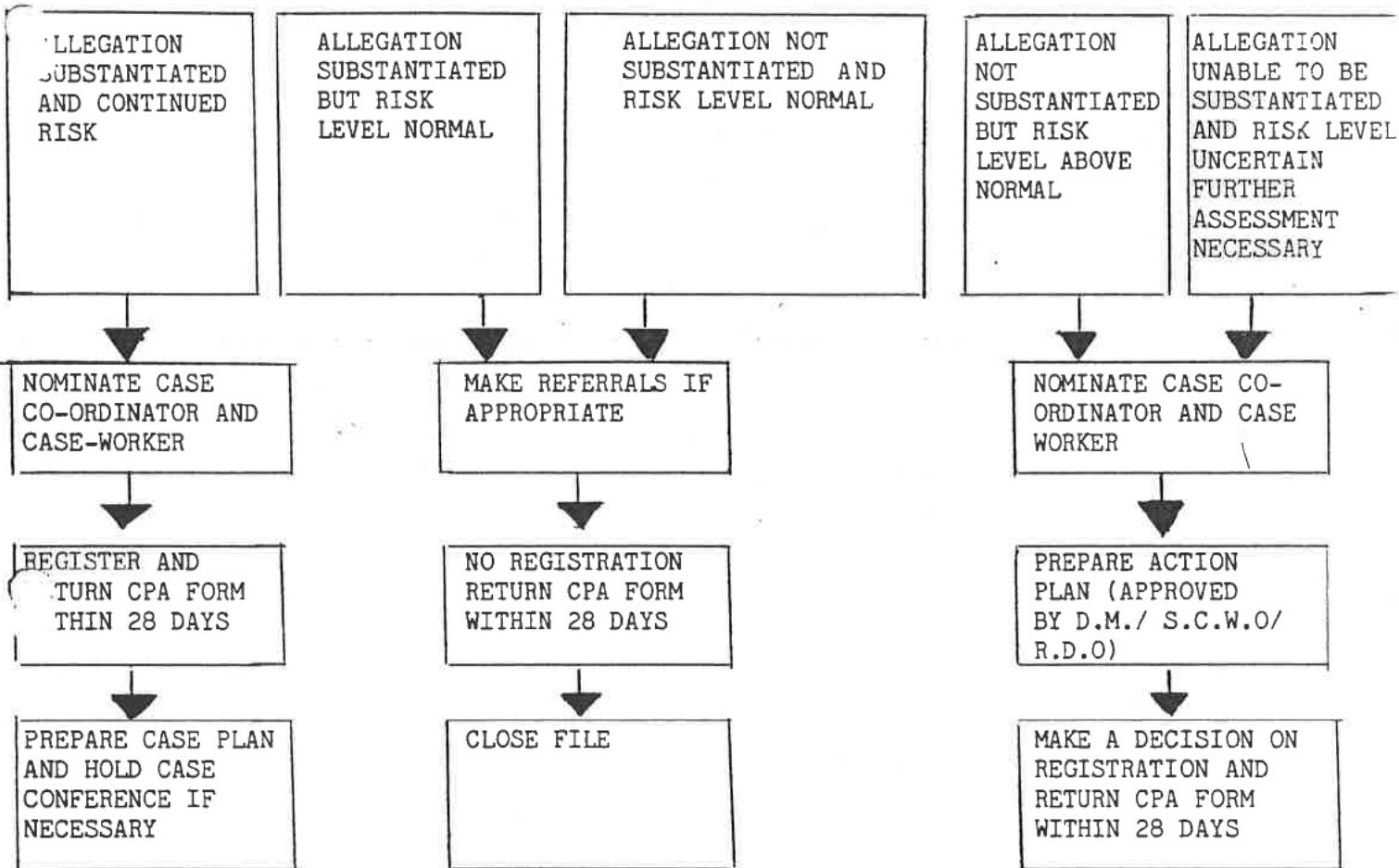
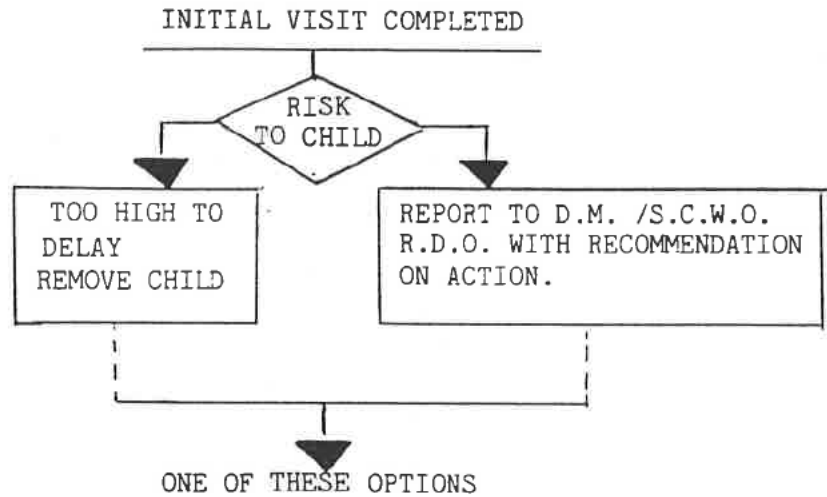
A S S E S S M E N T

FLOW CHART 3 - DECISION MAKING - CURRENT INSTRUCTIONS



N.B. Unacceptable risk level is one which means the child is likely to or is suffering further damage to their physical or psychological well being as defined by the registration criteria.

FLOW CHART 3 - DECISION MAKING - REVISED INSTRUCTIONS



N.B. Unacceptable risk level is one which means the child is likely to or is suffering further damage to their physical or psychological well being as defined by the notification criteria.

R E G I S T R A T I O N

REGISTRATION MUST TAKE PLACE WHERE:

- (A) ABUSE OR NEGLECT IS SUBSTANTIATED
OR
- (B) WHERE IT IS CONSIDERED THAT INTERVENTION
AND/OR CONTINUED MONITORING IS NECESSARY
FOR THE CHILD'S PROTECTION.

THE DECISION TO REGISTER INCLUDES:

- i) CONTINUED DIRECT DEPARTMENT INVOLVEMENT
OR CO-ORDINATION OF SERVICES NEEDED
TO ENSURE THE CHILD'S SAFETY.
- ii) A CASE PLAN.
- iii) A CASE CONFERENCE
- iv) IMPLEMENTATION OF DECISIONS MADE AT
A CASE CONFERENCE.
- v) REGULAR REVIEWS (3 MONTHLY) OF THE
CASE PLAN AND ONGOING ASSESSMENT OF
THE RISK TO THE CHILD.

SOURCE: SUMMARISED FROM 'INSTRUCTIONS
FOR FIELD OFFICERS IN CHILD
PROTECTION' - SEE OVER FOR AN
EXTRACT OF THE RELEVANT SECTION

EXTRACT FROM 'INSTRUCTIONS FOR FIELD OFFICERS IN
CHILD PROTECTION' REGARDING REGISTRATION

(i)

REGISTRATION

Central Register

The Central Register of Children at risk is maintained at the Child Protection and Family Crisis Service.

The purpose of the Central Register is to keep comprehensive up-to-date information on children in NSW who have been notified and who as a result of an assessment are in need of continuing services for their protection.

Decision to Register

The decision to Register is made by District Managers or Resident District Officers. This decision requires the exercise of discretion.

Registration is based on the notification allegations being substantiated within the criteria framework for registration. It indicates a commitment by the Department to provide protective and other services for the child because of possible on-going risk factors. Therefore, the decision to register includes:-

- a) continued direct department involvement or co-ordination of services needed to ensure the child's safety;
- b) a case plan;
- c) a case conference;
- d) implementation of decisions made at a case conference;
- e) regular reviews of the case plan and ongoing assessment of the risk to the child (3 monthly).

The object should be to provide the child with a safe, stable and appropriate environment and to support those families who are capable of moving towards providing this environment.

Where no further action is envisaged a decision to file should occur after terminating procedures are completed and a case review has been held.

The DM/RDO has responsibility for filing cases in child at risk cases.

REGISTRATION CRITERIA

Registration MUST take place where

- i) any one of the grounds for registration outlined below occurs
OR
- ii) where it is considered that intervention and/or continued monitoring is necessary for the child's protection
OR
- iii) where a medical, psychological or social assessment supports the notification allegations.

Grounds for Registration

It is strongly suggested that a medical assessment should be carried out wherever possible in cases of physical injury to a child. The injuries must be documented.

- A. PHYSICAL (except where it can be conclusively established that the injury is accidental)
1. any serious non-accidental physical injury;
 2. any situation where repeated non-accidental physical injury is evident;
 3. if there is any evidence or substantial suspicion by a medical practitioner that the injury could not have occurred by accident;
 4. where there are admissions by the person who inflicted the injury.

The following examples and definitions are intended to be used as guidelines for the decision to register presently based on FORM 2.

- e.g. i) Facial/head bruising
ii) Other significant or severe bruising
iii) Lacerations/welts
iv) Burns and scalds
v) Dislocations/sprains/twisting
vi) Skull fractures
vii) Other fractures
viii) Internal injuries
ix) Attempted suffocation
x) Attempted strangulation
xi) Attempted poisoning
xii) Intentional poisoning
xiii) Intentional or abusive administration of alcohol or other harmful inappropriate drugs
xiv) Death of a sibling due to non-accidental injury.

Where a child dies due to non-accidental injury the details are to be recorded on the Central Register. A special register is to be kept listing deaths of children due to non-accidental injury.

Where it can be established conclusively an incident is an isolated event and no serious injury has occurred a registration decision is left to the discretion of the DM/RDO after consultation with the CPO (Child Protection and/or the O.M.)

B. SEXUAL

Child sexual assault is a sexual act imposed on a young person or child by another person. The ability to engage the child is based upon the more powerful and dominant position of the adult or older person, which is in contrast to the child's age, dependancy and powerlessness. Authority and power enable the adult or other person to coerce the child into sexual compliance. In some cases sexual assault may occur with children or young persons of a similar age but with substantial variation in size or strength.

(iii)

It includes:

1. Sexual behaviour towards a child (up to 18 years) by a relative, household member or a person in the child's affinity system, eg. father, stepfather, uncle, sibling, grandfather, aunt.
2. Sexual behaviour towards a child by a person in a position of power over the child and known to the child, eg. bus driver,
3. Sexual behaviour towards a child by a stranger where as a result there is a need for continued assistance.

The following examples and definitions are intended to be used as guidelines for the decision to register presently based on FORM 2:

- i) any sexual behaviour towards a child eg. fondling, genital exposure, masturbation, oral sexual behaviour, penetration by any object, penis, finger and/or any continuing sexual behaviour towards a child
- ii) sexual exploitation which includes child exposed to or used for pornographic purposes or prostitution.

C. NEGLECT

1. Consistent neglect of necessary medical attention, putting the child's health at risk.
2. Malnutrition where the caregiver has failed to provide the child with adequate and sufficient food as evidenced by a medical practitioners diagnosis from non-organic causes.
3. Non-organic failure to thrive where the child's development is seriously retarded, emotionally, socially and physically and where parental behaviour indicates the child is inadequately nurtured. This must be diagnosed by a paediatrician or by a suitably experienced medical practitioner.
4. Where the child is showing physical or emotional signs of damage as a result of deficiencies in the provision of shelter, food, security and nurture. This is to be diagnosed by a professional experienced in child development and reinforced by observable or verbalised examples of parental behaviour which would substantiate a case of neglect. (eg. psychiatrist/psychologist)

D. ALCOHOL AND OTHER DRUGS

1. Where parental/caregivers drug addiction or alcohol addiction is likely to lead to the child being at risk and no other suitable adult support or carer is available - eg. a child born with foetal alcohol syndrome or newborn baby suffering affects of mother's drug addiction. This may require medical or other appropriate professional consultation (eg. Drug and Alcohol counsellors).

E. EMOTIONAL

Where demonstrable damage to the child occurs as a result of:

1. Continued rejection/Scapegoating or degradation
2. imposed physical or social isolation
3. threats to physically or sexually harm a child which indicate serious development delays and psychological problems.

Any of the above must be validated by an expert assessment by a skilled professional which clearly indicates that parental behaviour is damaging to the child (eg. psychiatrist/psychologist).

F. PARENTAL/CAREGIVER BEHAVIOUR

1. Where a parent/caregiver suffers from a chronic psychiatric disorder of a level sufficient to put the child at risk and no other caregiver or sufficient support is available to ensure the child's safety. This is to be validated by a professional skilled psychiatric assessment.
2. Where parents are sufficiently developmentally delayed that the child will be at risk and where no other caregiver or sufficient support is available to ensure the child's safety.

This is to be validated by a professional skilled in diagnosing developmentally delayed adults.

3. Where parents/caregivers consistently and totally reject the child and/or where there is a consistently expressed desire for the child to be removed from their care.

G. PREVIOUS HISTORY OF ANY OF THE REGISTRATION CRITERIA

NB: Registration decisions based on a thorough assessment will recognise diversity of cultural norms and individual development whilst ensuring that children are not substantially damaged or deprived by their material or social circumstances.

NB: the protection of children includes those children who are in out-of-home care on a full time or part time basis. It is to be recognised that these children are often particularly vulnerable to systems abuse. Institutional practices in schools, congregate care or foster care placements may well mean these children need special protection through the process of registration.

4.7.

CASE MANAGEMENT

- . DEVELOPMENT OF CASE PLAN.
- . CASE CONFERENCE WHERE NECESSARY.
- . A MULTI-DISCIPLINARY APPROACH USING WORKERS FROM OTHER ORGANISATIONS INCLUDING GOVERNMENT AND NON-GOVERNMENT AGENCIES AS PRIMARY OR SUPPORT WORKERS.

ACTION TAKEN FROM NOTIFICATION TO COMPLETION
OF INVESTIGATION (FORM2).

FINDINGS FROM THE 1983-84 DATA ANALYSIS
WERE AS FOLLOWS :-

- . ALL FORMS OF ACTION ARE MORE LIKELY
ON REGISTERED THAN UNREGISTERED
CASES.
- . 'NO ACTION' WAS TAKEN ON A VERY
SMALL PERCENTAGE OF NOTIFICATIONS
WHERE FORM 2s WERE RETURNED.
- . THE CHILD WAS REMOVED IN APPROXIMATELY
14% OF NOTIFICATIONS AND 23% OF
REGISTRATIONS. VOLUNTARY PLACEMENT
IS MORE COMMON THAN APPREHENSION.
- . COURT ACTION WAS TAKEN IN APPROXIMATELY
10% OF NOTIFICATIONS AND 15% OF
REGISTRATIONS IN 1983 AND SLIGHTLY
LESS IN 1984.
- . DOCTORS WERE CONSULTED ON APPROXIMATELY
25% OF REGISTRATIONS, BUT MEDICAL
SURVEYS WERE OBTAINED FOR LESS
THAN 10%.
- . ACTION TAKEN VARIES ACCORDING TO
THE TYPE OF ABUSE.

S E R V I C E S O F F E R E D

1. DIRECT SERVICE

FINDINGS FROM THE STUDY OF 499 CASES OF NOTIFIED CHILD ABUSE OCCURRING IN 1983 WERE AS FOLLOWS:-

THE SERVICES MOST FREQUENTLY OFFERED WERE:-

- FINANCIAL AID (17.6% OF CASES)
- COUNSELLING (14.6% OF CASES)
- TEMPORARY FOSTER CARE (14.4% OF CASES).
- CHILD CARE AND PRE-SCHOOL SERVICES (10.6% OF CASES)

OTHER SERVICES WHICH THE DEPARTMENT MAY OFFER OR REFER TO INCLUDE:-

- LONG TERM FOSTER CARE
- BABY HEALTH SERVICES
- COMMUNITY NURSING
- PSYCHIATRIC NURSING
- COUNSELLING AND THERAPY
- HOME-HELP AND HOME-MAKERS

REGISTERED CASES RECEIVE MORE SERVICES THAN UNREGISTERED CASES.

REGISTERED CASES WHICH ARE CASE CONFERENCED RECEIVE MORE SERVICES THAN THOSE WHICH ARE NOT CASE CONFERENCED.

2. DEVELOPMENT OF OTHER SERVICES

THE DEPARTMENT IS ALSO COMMITTED TO THE DEVELOPMENT OF SPECIALIST INTERVENTION SERVICES IN OTHER GOVERNMENT ORGANISATIONS AND NON-GOVERNMENT SECTOR.

3. PREVENTION

THE DEPARTMENT IS COMMITTED TO THE PREVENTION OF ABUSE THROUGH

- DEVELOPMENT OF FAMILY SUPPORT SERVICES
- COMMUNITY EDUCATION TO RAISE AWARENESS

4.8.

C A S E R E V I E W

MUST BE HELD 3-MONTHLY IN REGISTERED CASES, OTHERWISE AS NECESSARY.

PURPOSES :

- TO MONITOR APPROPRIATENESS AND EFFECTIVENESS OF CASE PLAN AND SERVICES BEING OFFERED
- TO RE-ASSESS RISK FACTORS TO CHILD
- TO AMEND CASE PLAN IF NECESSARY
- TO PROVIDE DIRECTION AND SUPPORT TO WORKERS
- TO KEEP THE DISTRICT MANAGER/ RESIDENT DISTRICT OFFICER INFORMED OF PROGRESS IN A CASE AND TO GIVE PROFESSIONAL SUPERVISION TO THE WORKER

4.9.

C L O S U R E

HOLD CASE REVIEW

DECISION TO CLOSE IS BASED ON RISK LEVEL TO CHILD BEING SUCH THAT THE CHILD CAN NO LONGER BE CONSIDERED AT RISK OF ABUSE OR NEGLECT

AN ESSENTIAL PART OF THE PROCESS IS INFORMING THE CLIENT OF THE DECISION.

4.10. PROPOSED CHANGES TO INSTRUCTIONS REGARDING NOTIFICATION AND REGISTRATION

1. Number of grounds for notification will be reduced from 9 to 4.

Current Grounds

Physical Abuse
Sexual Abuse
Emotional Abuse
Neglect
Failure to Thrive
Parents Unable to Cope
Drug Abuse
Alcohol Abuse
Other Grounds

Revised Grounds

Physical Abuse
Sexual Abuse
Emotional Abuse
Neglect

2. Criteria for accepting and recording a notification under the four grounds will be defined.
3. The Registration criteria will be narrowed so that registration must take place where:
 - (a) Abuse or neglect is substantiatedAND;
 - (b) Where it is considered that intervention and/or continued monitoring is necessary for the child's protection.
4. Case conferences will no longer be mandatory on registration but will be required in specific situations.
5. Time between initial notification and registration decision will be expanded from 14 to 28 days.

APPENDIX 1

INSTRUCTIONS FOR FIELD OFFICERS IN CHILD PROTECTION
(issued in March 1985 and still current)

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APPENDICES

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CHILD PROTECTION INSTRUCTIONS FOR FIELD OFFICERS

FORWARD

On the 29th October, 1984, the responsibility for decisions on the registration and filing of notifications of children at risk was devolved to District Managers and Resident District Officers. This clearly places responsibility at the local level for the process of determining action in these cases.

These new instructions are designed to assist and support staff by clarifying procedures and responsibilities in the management of child at risk cases. They have been based on existing good departmental practice. Procedures developed in the various regions are the basis for this document. This has required choices to be made where local initiatives have varied, however it is clear we must have inter-regional consistency in our services.

We cannot ensure the protection of every child in the state, even those who come to our attention. Where a death occurs or where a child is seriously damaged the Department and the community will share the responsibility.

Whilst we have the statutory responsibility for child protection, case management of abuse and neglect must be multi-disciplinary and therefore shared with other government and community agencies. At a policy level, liaison through the Interdepartmental Committee ensures that co-operation is developed between Health, Police, Education and Youth and Community Services. At the local level it means that good formal and informal working relationships need to be developed and maintained as YACS has neither the resources or capacity to carry the responsibility alone.

All officers of the Department must become familiar with these instructions and incorporate them in their practice.

Where procedures are competently and thoroughly implemented staff will be supported to the highest levels of the Department.

These instructions replace those issued previously. Their status as interim instructions will be for a period of approximately three months to allow for feedback and amendments. After this time and amendments they will have the status of permanent instructions. Additional resource material, training material and other instructions will be issued over the interim period so field officers are provided with the necessary tools for effective decision making and action.

These interim instructions will operate from 25 March 1985. District Managers/Resident District Officers are clearly responsible for ratifying recommendations made by their staff and therefore will be held accountable for those decisions. This responsibility incorporates their supervisory and support roles towards staff and is seen as evidence of their professional competence. They have access to consultation advice from their Child Protection Workers and Community Programme Officers (Child Protection) and the Operations Manager for their own professional supervision and support.

District Managers and Resident District Officers have an obligation to inform their Regional Director via the Operations Manager of workload demands which effect their staff's ability to perform their duties in accordance with these instructions.

Enormous demands have been made on officers of the department through the child protection programme, and the response has demonstrated a high level of commitment, social awareness and flexibility in the management of child at risk cases. It is anticipated that these procedural instructions will further professionalise our service.

Hans Heilpern
DIRECTOR-GENERAL

PHILOSOPHY

Children have distinct rights. Adults responsibilities to children are reflected in Principle 2 of the United Nations Declaration of the Rights of the Child (1954).

"The child shall enjoy protection and shall be given opportunities and facilities, by law and by other means, to enable him/her to develop physically, mentally, morally, spiritually and socially in a healthy, normal manner and in conditions of freedom and dignity."

Child abuse and neglect are phenomena caused by a combination of forces at work in the individual, the family, the community and the culture. Such complex causes require a multi-disciplinary, cross cultural and community response.

The responsibility for children is communal rather than individual. Few parents can provide for all their children's needs and services should be available as a matter of right. The role of any one service is inevitably limited and should be defined.

GOAL

To ensure that children are adequately protected from situations which are physically or emotionally damaging to the child or which deprive the child of adequate shelter, nourishment, care and safety and to ensure that intervention improves the child's situation.

LEGISLATIVE ROLE

The Department's responsibility is legislatively based in the Child Welfare Act, 1939 (as amended) and will shortly be covered by the Community Welfare Act, 1982. The Departments of Health, Police and Education have specific responsibilities for child protection as defined in the Inter-Departmental Guidelines.

As well as its support role for families with children the Department of Youth and Community Services has a statutory responsibility to investigate allegations of abuse or neglect of children.

This may include court action where the child's safety cannot otherwise be maintained. We also have responsibility for ensuring the availability of suitable substitute care for children who come into our care.

Responsibility for co-ordinating services which involves investigation, assessment, registration, case planning and termination of cases lies clearly with Youth and Community Services. This must also involve advocacy on behalf of a child/children.

Other roles the department involves itself in are parental support services, community education and funding of non-government organisations to service parents and children.

PRINCIPLES OF INTERVENTION

1. The Department's first responsibility is the protection of children who have suffered damage and/or are likely to be further damaged if we do not intervene.
2. Intervention by the State is serious and may have both positive and negative consequences. It should always be our goal for intervention to result in positive change for the child.
3. Our statutory powers are substantial and should not be used lightly or invoked where other strategies are desirable. However, where the child's safety cannot be guaranteed otherwise, we must be willing to use our statutory authority and remove the child to a safe place by apprehending the child if necessary.
4. Our priority should be to ensure that those notified children without the resources to cope with their environment and whose development is at risk and whose safety cannot be assured are adequately serviced.
5. Our primary role is interventionist rather than therapeutic and priority is to be given to assessment and referral.

PROCEDURES

The following material delineates both the procedures to be followed and the responsibilities of various officers in these procedures.

Good practice in all these situations assumes clear communication and understanding between workers and clients.

NB: Where a Senior Officer has been given responsibility to make a decision, or to confirm a recommendation, s/he will NOT have the right to devolve this responsibility to anyone except a duly designated officer and then only in situations where the senior officer is unavailable (e.g. on leave, absent from the office)

CLEARING THE DESKS

These new instructions are intended to clarify the types of cases in which we will be involved. The criteria have been narrowed to ensure that resources are available to those children who have an unacceptable risk factor. Most children will manifest some level of risk at some stages of their childhood.

To assist officers and the District Manager to sort through outstanding backlog unregistered files, we suggest the following process:

The Case Co-ordinator should review each unregistered case, more than two weeks old, using the following criteria:

1. Has the allegation been investigated and an initial assessment report been done? If no - do so urgently or justify to District Manager/R.D.O. why it is no longer possible.
2. What was the risk to the child initially?
3. Has anything changed since notification/first contact?

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4. Is the child still at risk?
If no - refer as appropriate or file.
If yes - refer to DM/RDO for registration decision.
5. Is any (further) intervention planned or necessary?
If no - refer as appropriate or file
If yes - refer to DM/RDO for endorsement of case plan and decision re registration.

N.B. If you also have a backlog of registered cases where no action has been initiated:-

1. Reassess the risk to the child.
2. If filing criteria have been met then file the case and inform the Child Protection and Family Crisis Service.
3. Otherwise formulate and implement a case plan as a top priority.

This process is considered to be urgent and where resources are inadequate refer to the Regional Director.

DATA SYSTEM

Child protection work puts additional demands on workers for keeping accurate records and for providing information through the Child Protection and Family Crisis Service to other workers. As our first responsibility is to protect the child, a centrally maintained data base is an essential part of the system.

Children and families are often mobile. Those under stress may be more so than other families. Child abuse in its most severe form, is usually a repeating problem. No officer can conscientiously attempt to protect an at risk child unless he/she incorporates into practice keeping the index and register information up-to-date in regard to a child's status.

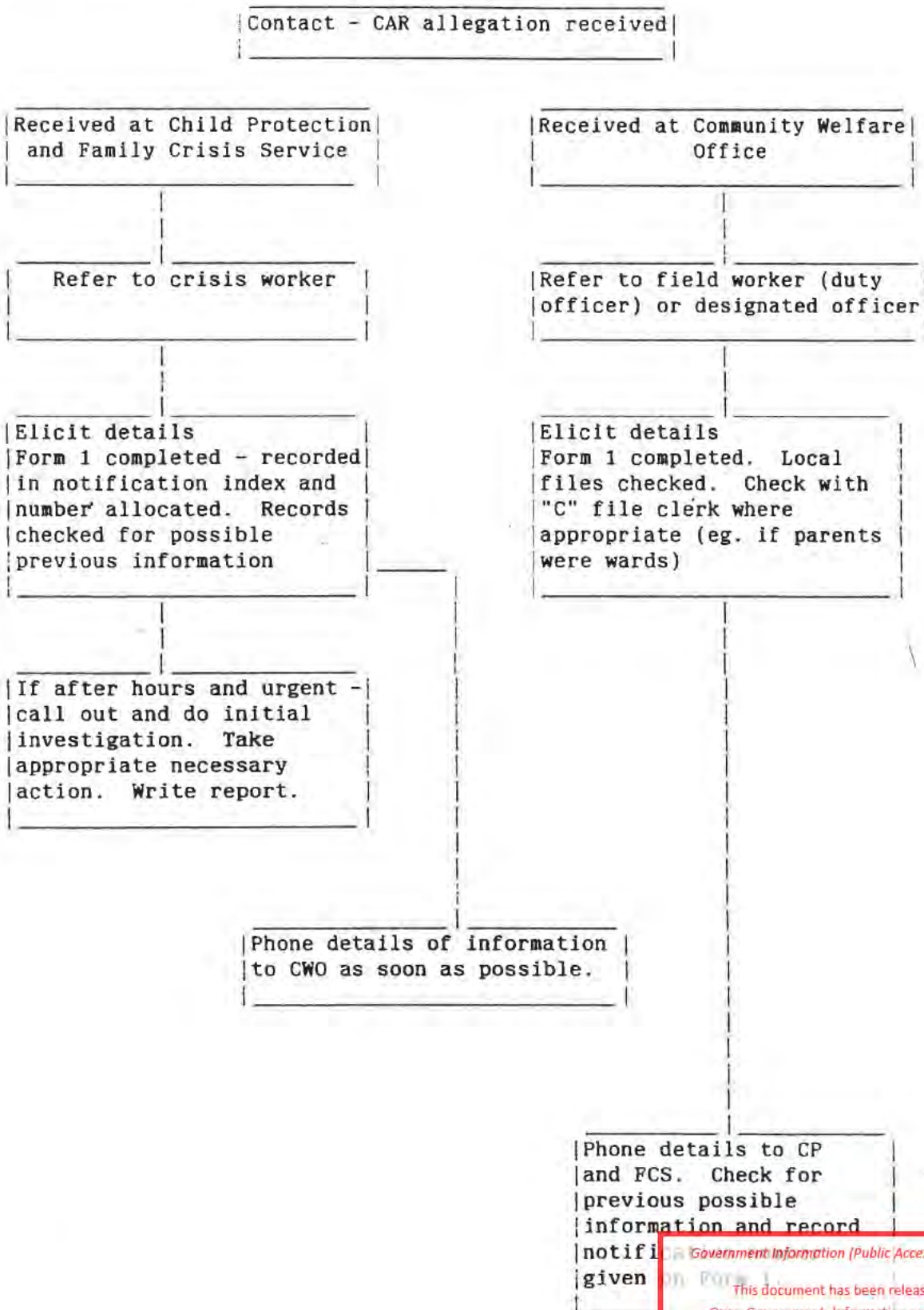
Therefore, all notifications must immediately be referred to Child Protection and Family Crisis Service. This gives the worker information on possible previous contacts with the family and is an intrinsic part of assessment.

Decisions on registration are also an essential component of child protection. If no information on registration status and grounds for registration or not is available, the risk level to a particular child may be assessed without all the information by another worker, on a later notification. Other information for case management is also important.

Therefore completion of FORM's 1,2, 3A and 3B is not a separate clerical task but part of good practice. Completed forms must be returned to the Child Protection and Family Crisis Service as soon as possible.

FLOW CHART 1 - NOTIFICATION

1. Intake - notification



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NOTIFICATION PROCEDURES

1. There will be no locally recorded child at risk or neglect cases which have not been officially recorded at the Child Protection and Family Crisis Service.
2. All notifications in child at risk cases received at a Community Welfare Offices are to be forwarded to the Child Protection and Family Crisis Service without delay.
3. All notifications in child at risk cases received at the Child Protection and Family Crisis Service are to be forwarded to the appropriate Community Welfare Office without delay.

CHILD PROTECTION AND FAMILY CRISIS
SERVICE (02) 799 1333

4. District Managers must ensure all notifications are phoned to the Child Protection and Family Crisis Service without delay.
5. The person receiving an allegation must fill in FORM 1, check local files 'C' files and phone all information through to Child Protection and Family Crisis Service.
6. The person receiving the notification is responsible for the information being brought to the immediate attention of the District Manager/RDO and the Child Protection Worker (where available) or their delegate with an urgency rating recommendation (if a field officer).

Child Protection and Family Crisis Service

Crisis workers at CP and FCS are to inform the appropriate CWO of any notification (and/or action taken) in their area and provide a notification index number. Any other information known to the CP and FCS is to be given to the CWO.

The notification index is a record of any child who is notified to YACS who is believed to be at risk. If after two years there have been no further notifications the name of the child will be removed unless it is requested by a District Officer that it remain (up to five years). If a child is registered the name remains on the index and register until the child is 18 years.

Procedures for removal of a child's name from the Notification Index or Register are as follows:-

NOTIFICATION INDEX

Grounds for removing a record from the index of notifications after two years

are:

- (i) there has been no further notification from the same family within that two year period since the last notification of any child
- (ii) there has been no further reason for involvement of the child (or any other agency) on behalf of the child within that two year period

- (iii) A decision to remove a child's name before 2 years shall only be made if, after detailed examination of the child's and family's interests there is conclusive evidence that the child is not at risk.

The decision to remove a name from the index may be made by the Officer-In-Charge of a local Community Welfare Office if the family's current address is known to him/her and the above conditions apply.

OR

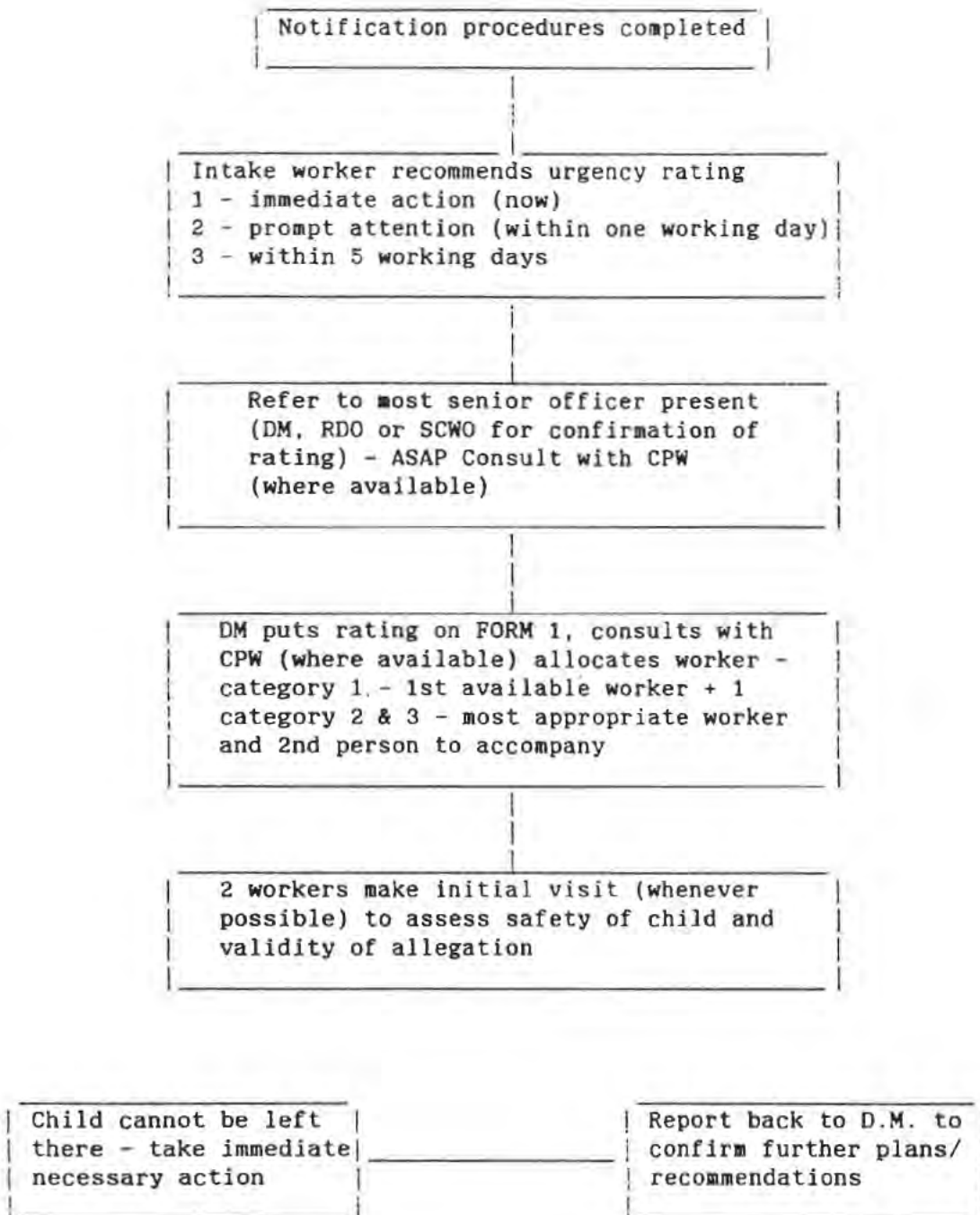
The decision will be made by the Executive Officer, Child Protection and Family Crisis Service after consultation with the Officer-In-Charge of the local Community Welfare Office.

In no case should a notification be retained on the index beyond five years unless it is registered.

Register

A child's name shall be removed from the Central Register where the child attains the age of 18 years.

FLOW CHART 2 - INVESTIGATIONS



The Urgency Ranking

Once an allegation has been received at the Community Welfare Office the first case management procedure is to assign an urgency rating to all notifications. This is to be rated on the top of FORM 1 in red by the D.M./R.D.O.

This rating sets outside limits for action but all investigations must be initiated as soon as possible.

Category 1 (Immediate - don't delay)

Allegations requiring immediate investigations by first available workers will include:-

- . Child is presently being physically or sexually abused.
- . An adult is threatening to harm children or a child they are caring for;
- . An adult is attempting/threatening to harm themselves where a child is present;
- . A child is threatening/attempting to harm themselves
- . A child has suffered an apparent assault and the informant is concerned about releasing the child to the parent's care;
- . A young child is left in a situation which may endanger them;
- . A child requests immediate intervention;
- . Where previous incidents of abuse have occurred which suggest the child is seriously at risk;
- . Where parent requests immediate removal of child or fears for child safety;
- . Any other situation which the DM/RDO judges to be in need of immediate action.

Category 2 (Urgent investigation must be initiated within one working day)

These are cases where investigations are a high priority but are not life threatening or involve the need for immediate intervention.

These will all be investigated within one working day and immediately where possible.

Allegations requiring prompt action

- . Serious neglect;
- . Serious emotional deprivation or abuse;
- . Child being deliberately confined, eg. locked in house;
- . Children subjected to or alleged to be threatened with unduly harsh punishment regularly.
- . Parental behaviour sufficiently bizarre or irresponsible to cause concern for children's safety;
- . Where a child is currently safe but likely to move into a threatening situation;
- . Where parent self-reports anxiety about child management and own inability to cope;
- . Further allegation in case already known to department;
- . All suspected non-accidental injuries where the child is presently not under immediate threat of risk;
- . Any allegation of sexual abuse not covered by category 1
- . Any other situation the DM/RDO judges to require prompt action;

Category 3 (investigation must be initiated within five working days)

Other allegations not included in 1 or 2.

- eg. . Renotification where case is under supervision and where the allegation suggests no immediate harm is likely.
- . Older children where the basis of the allegation is intergenerational conflict rather than the child is in a serious at risk situation.
 - . Allegations of neglect which do not indicate immediate risk to the child.
 - . parent self-refers and requests assistance with behaviour management difficulty.
 - *. school default where the family situation suggests investigation is necessary.

If investigation does not occur within the priority ranking time originally allocated the original decision stands and remains on the record.

N.B. The date and time of the investigations initial action is also to be noted on FORM 1 in red by the workers involved. This will provide a workload measurement guide. Where it is not possible to initiate an investigation in line with the category ranking, records must be kept and forwarded on a monthly basis to the Operations Manager as an indication of workload difficulties.

* **School Default**

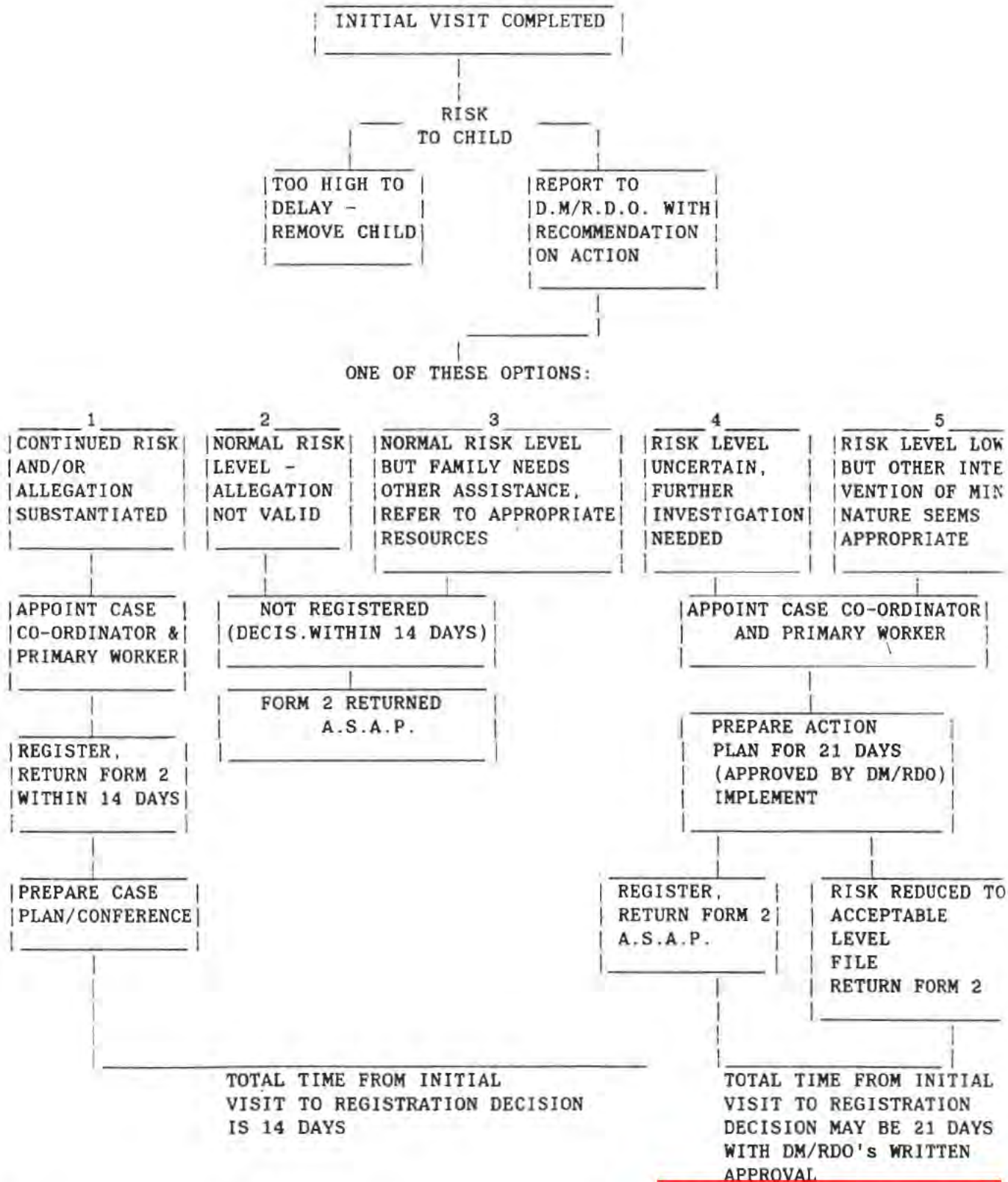
When a complaint of school default is received the following information needs to be elicited from the informant before a decision to notify is warranted.

- (i) Age of child - younger children (ie. infants, primary) are more likely to need notifying.
- (ii) Are there factors in the child's family which appear to be contributing to the absence from school?

If the informant is not a member of the school personnel the school must be contacted to check the absence:-

- (i) is the absence long standing and regular or a significant variation in the child's usual attendance pattern.
- (ii) If the school makes a complaint, request the school to check if the parents have been seen and informed of the school's concern and if so what was the family's reaction?

FLOW CHART 3 - DECISION MAKING



N.B. Unacceptable risk level is one which means the child is likely to or is suffering further damage to their physical or psychological registration criteria.

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INITIAL INVESTIGATION

The objectives of the first visit are to investigate the allegation and assess the safety of the child. Two workers, at least one being from YACS, should undertake the initial investigation. This should ensure the maximum available information is collected and validated and should allow for prompt informed decision making.

Whenever possible the Child Protection Worker should be involved in the initial assessment.

The investigation should cover the following.

1. The child MUST be seen and if verbal, interviewed.
2. Is the allegation substantiated or likely to be substantiated by further investigation?

Basis: - admissions by adults
- corroboration by child - verbal or behavioural
- evidence of injuries observed or medically validated.

Note all evidence, record all statements, ensure that supposed victim is seen, as well as parent/carer, where possible.

3. Safety of Child

Is it safe to leave child in home - what is the likelihood of further abuse or damage?

Basis: - attitude of carers
- availability of other adults, responsible others to ensure safety
- the physical surroundings
- prior history
- are other siblings also at risk

If immediate action is required to safeguard the child (eg. medical examination, removal, apprehend) the workers are to use their professional judgement and discretion. They must inform the DM or RDO as soon as possible if such action has been taken.

In all other cases they are to consult with the District Manager or RDO before taking further action.

After the initial investigation the workers must brief the DM, RDO, SCWO, CPW or most senior officer present as soon as possible. All information must be documented and recorded. Where possible FORM 2 should begin to be filled in with factual data. Observations and sources must be recorded to validate the report.

On the basis of the initial investigation report the DM/RDO, will make a decision as to whether further involvement is warranted. If it is not a decision to file can be made, FORM 2 completed and returned to the CP and ECS

If a decision is made not to register but the family requires support services refer as appropriate. If there is a need for YACS to refer explain the necessity for this is to be made to the DM decision and is to be based on risk level to the child.

If a decision to register can be made after initial investigation information for FORM 2 should be recorded.

If a decision regarding registration cannot be made at this stage and the DM/RDO approves further investigation, a case co-ordinator must be appointed and briefed (if not one of the original workers) and a primary worker selected, giving consideration to any cultural, ethnic, gender, language or other special characteristics of the family. An action plan for the following two weeks is to be devised which will assist in coming to a decision regarding registration. This may require further information from the family or other sources. It might also involve co-ordinating practical assistance or a case conference. After 14 days a decision is to be made regarding registration.

If a case is registered after the initial investigation a case co-ordinator and primary worker are to be selected (as above) and within 14 days FORM 2 is to be completed and returned to CP and FCS.

All decisions regarding registration are to be made within 14 days of notification and FORM 2 returned to CP and FCS as soon as possible thereafter unless they fit category 4 and 5 on flow chart 3.

If a family moves address or "disappears" the Child Protection and Family Crisis Service must be informed.

INVESTIGATION PROCEDURES

District Manager responsibilities

The DM/RDO must see all notifications as soon as possible and make a decision on an urgency rating. Rating is to be noted on FORM 1 and signed. The time of the initial action is also to be noted on FORM 1 (in red).

Urgency ratings

1. - immediate action needed (now)
2. - prompt action (urgent - must be initiated within one working day)
3. - action to be initiated within 5 working days.

If rated 1, allocate first available worker, and ensure second person is also selected for initial investigatory visit. The second worker need not be a YACS officer and should be selected wherever possible for complimentary skills, ethnicity, gender, etc.

NB: All initial contact visits should be covered by two workers unless the child is likely to be seriously endangered by delay. Wherever possible the CPW should be involved.

If rated 2 or 3 allocate the two workers most appropriate and proceed as above. The DM/RDO must be available for workers to report back to and to make a decision as to further action if required.

Choices after initial investigation

1. Allegation is substantiated or initial investigation indicates child is at risk - register.
Ensure FORM 2 is returned to CP and FCS with decision within 14 days or as soon as possible.
2. Allegation has no basis.
Risk level - normal.
File - no registration.
Ensure FORM 2 is returned to CP and FCS with decision within 14 days or as soon as possible.
3. Allegation not substantiated but family requires minor support and assistance.
Risk level - normal.
File - no registration.
Ensure FORM 2 is returned to CP and FCS with decision within 14 days.
Wherever possible refer to another agency.
4. Further investigation is needed before a decision regarding registration can be made.
Risk level - uncertain.

Select case co-ordinator

Select Primary Worker

Approve further involvement

Approve action plan for following 21 days and ensure

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After 21 days, action plan is concluded, and a complete review is conducted and either:

- i) register if continued involvement is necessary to ensure child's safety
 - ii) file if actions and supports introduced have reduced risk to child to normal and there is no need for further supervision.
 - iii) request support services, e.g. school, to monitor situation and refer back to Y.A.C.S. if situation deteriorates and child is put at risk. Ensure that support services understand if Y.A.C.S. has filed down this case.
5. Allegation not substantiated but worker feels that the family needs further departmental involvement to ensure the child's safety.
Risk level - low.

Proceed as in 4.

Decisions to register/not register must be made within 14 days and FORM 2 returned to CP and FCS as soon as possible and within 21 days of notification, except in cases 4 and 5 above, where an action plan of 21 days is approved by the DM/RDO. A decision regarding registration must occur at the end of the 21 day action plan.

Grounds for Registration

It is strongly suggested that a medical assessment should be carried out wherever possible in cases of physical injury to a child. The injuries must be documented.

- A. PHYSICAL (except where it can be conclusively established that the injury is accidental)
1. any serious non-accidental physical injury;
 2. any situation where repeated non-accidental physical injury is evident;
 3. if there is any evidence or substantial suspicion by a medical practitioner that the injury could not have occurred by accident;
 4. where there are admissions by the person who inflicted the injury.

The following examples and definitions are intended to be used as guidelines for the decision to register presently based on FORM 2.

- e.g. i) Facial/head bruising
ii) Other significant or severe bruising
iii) Lacerations/welts
iv) Burns and scalds
v) Dislocations/sprains/twisting
vi) Skull fractures
vii) Other fractures
viii) Internal injuries
ix) Attempted suffocation
x) Attempted strangulation
xi) Attempted poisoning
xii) Intentional poisoning
xiii) Intentional or abusive administration of alcohol or other harmful inappropriate drugs
xiv) Death of a sibling due to non-accidental injury.

Where a child dies due to non-accidental injury the details are to be recorded on the Central Register. A special register is to be kept listing deaths of children due to non-accidental injury.

Where it can be established conclusively an incident is an isolated event and no serious injury has occurred a registration decision is left to the discretion of the DM/RDO after consultation with the CPO (Child Protection and/or the O.M.)

B. SEXUAL

Child sexual assault is a sexual act imposed on a young person or child by another person. The ability to engage the child is based upon the more powerful and dominant position of the adult or older person, which is in contrast to the child's age, dependency and powerlessness. Authority and power enable the adult or other person to coerce the child into compliance. In some cases sexual assault may occur by persons of a similar age but with substantial variations in physical strength.

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It includes:

1. Sexual behaviour towards a child (up to 18 years) by a relative, household member or a person in the child's affinity system, eg. father, stepfather, uncle, sibling, grandfather, aunt.
2. Sexual behaviour towards a child by a person in a position of power over the child and known to the child, eg. bus driver,
3. Sexual behaviour towards a child by a stranger where as a result there is a need for continued assistance.

The following examples and definitions are intended to be used as guidelines for the decision to register presently based on FORM 2:

- i) any sexual behaviour towards a child eg. fondling, genital exposure, masturbation, oral sexual behaviour, penetration by any object, penis, finger and/or any continuing sexual behaviour towards a child
- ii) sexual exploitation which includes child exposed to or used for pornographic purposes or prostitution.

C. NEGLECT

1. Consistent neglect of necessary medical attention, putting the child's health at risk.
2. Malnutrition where the caregiver has failed to provide the child with adequate and sufficient food as evidenced by a medical practitioners diagnosis from non-organic causes.
3. Non-organic failure to thrive where the child's development is seriously retarded, emotionally, socially and physically and where parental behaviour indicates the child is inadequately nurtured. This must be diagnosed by a paediatrician or by a suitably experienced medical practitioner.
4. Where the child is showing physical or emotional signs of damage as a result of deficiencies in the provision of shelter, food, security and nurture. This is to be diagnosed by a professional experienced in child development and reinforced by observable or verbalised examples of parental behaviour which would substantiate a case of neglect. (eg. psychiatrist/psychologist)

D. ALCOHOL AND OTHER DRUGS

1. Where parental/caregivers drug addiction or alcohol addiction is likely to lead to the child being at risk and no other suitable adult support or carer is available - eg. a child born with foetal alcohol syndrome or newborn baby suffering affects of mother's drug addiction. This may require medical or other appropriate professional consultation (eg. Drug and Alcohol counsellors).

E. EMOTIONAL

Where demonstrable damage to the child occurs as a result of:

1. Continued rejection/Scapegoating or degradation
2. imposed physical or social isolation
3. threats to physically or sexually harm a child which indicate serious development delays and psychological problems.

Any of the above must be validated by an expert assessment by a skilled professional which clearly indicates that parental behaviour is damaging to the child (eg. psychiatrist/psychologist).

F. PARENTAL/CAREGIVER BEHAVIOUR

1. Where a parent/caregiver suffers from a chronic psychiatric disorder of a level sufficient to put the child at risk and no other caregiver or sufficient support is available to ensure the child's safety. This is to be validated by a professional skilled psychiatric assessment.
2. Where parents are sufficiently developmentally delayed that the child will be at risk and where no other caregiver or sufficient support is available to ensure the child's safety.

This is to be validated by a professional skilled in diagnosing developmentally delayed adults.

3. Where parents/caregivers consistently and totally reject the child and/or where there is a consistently expressed desire for the child to be removed from their care.

G. PREVIOUS HISTORY OF ANY OF THE REGISTRATION CRITERIA

NB: Registration decisions based on a thorough assessment will recognise diversity of cultural norms and individual development whilst ensuring that children are not substantially damaged or deprived by their material or social circumstances.

NB: the protection of children includes those children who are in out-of-home care on a full time or part time basis. It is to be recognised that these children are often particularly vulnerable to systems abuse. Institutional practices in schools, congregate care or foster care placements may well mean these children need special protection through the process of registration.

CASE MANAGEMENT

Case Management for the protection of children requires a multidisciplinary approach.

It is appropriate to use workers from other organisations including government and non-government agencies as primary or support workers.

Because of the stressful nature of the work it is important that wherever possible officers have a co-worker and they consult widely both formally and informally.

The objective of such involvement is to give professional and administrative support to field staff and to raise confidence and competence in decision making.

* Staff are reminded of the need for confidentiality and the rights of the individual especially when discussing cases with workers from other agencies.

CASE MANAGEMENT ASSESSMENT

Assessment of a child at risk begins at the initial investigation. Further assessment should be based on the understanding that this is a continuing process which is an integral part of the department's responsibility and case management strategy with families.

The goal of assessment is to:

1. obtain information through observation and discussion;
2. the continued evaluation of information;

so that informed decisions can be made about the child's safety and the family's ability to provide a secure environment for the child.

The focus in assessment must be on the risk level to the child and the factors which influence this.

Specialist Assessments

Where specialist services are not available from the public sector requests should be made through the Regional Director for fee for service funds. If funds are unavailable the Regional Director should request a budget allocation from Central Office.

Medical

This should be done where a child is seen to be or is alleged to have been:

- i) physically injured
- ii) seriously neglected
- iii) suffering from malnutrition or failure to thrive
- iv) sexually assaulted
- v) suffering drug or alcohol abuse
- vi) suspected of being developmentally delayed due to abuse or neglect

It is preferable that a paediatrician makes this assessment. If a paediatrician is unavailable a registered experienced medical practitioner should assess the child.

If a Departmental Officer (or a Police Officer) believes that a child has been abused, and the parents/caregivers refuse to have the child medically examined, then the officer can serve a Medical Examination Order on the person/s who appears to have the ongoing care of the child.

Service of such a notice must not be undertaken without the prior approval of the DM or RDO except where delay required to do this would be likely to result in the child being subjected to immediate abuse or where a child requires immediate medical attention.

If a medical examination order is issued and is not complied with, a warrant to remove the child may be obtained from a magistrate.

When a child has been medically examined a medical examination report must be provided by the examining doctor.

Specialist Psychological Assessments

Referral to a psychologist is indicated where:

- i) it is suspected the parents/caregivers are intellectually delayed such that the child is at risk and the parents need assessment;
- ii) a child is suspected of being developmentally or intellectually delayed and needs assessment;
- iii) the behaviour of a child indicates problems in intellectual functioning or relationships;
- iv) a child is behaving in a way which causes significant distress to the parents/caregivers;
- v) a parent requests an assessment of the child's behaviour which has been observed by the primary worker to be bizarre or unmanageable.

Specialist Speech Assessment

A psychologist has identified a language or communication difficulty which requires further assessment and/or remediation.

Psychiatric Assessment

Specialist consultation and/or assessment is required where the parents/caregivers are suspected of being psychiatrically disturbed or demonstrate behaviour which the primary worker believes requires assessment by a psychiatrist. This may also apply to a child.

OTHER ASSESSMENT PROCEDURES

Assessment after the initial investigatory visit should continue to focus on the child with relevant information about the other family members also being documented.

Assessment of the child or caregivers can include evaluation by others where the YACS officer does not have the professional skills to make a judgement. The YACS officer's role is often to make a decision that an expert opinion is required.

Any assessment of the child's situation must take into account not only their interactions with their primary caregivers but also their relationships with other siblings, relations or support systems.

Children may have access to resources beyond their immediate families and this should be considered as part of the process of assessment.

NOTE: Children's Services Advisers are trained in Child Development, particularly of younger children. They are a potentially useful resource in assessment.

A thorough assessment will include the following and be focussed on the risk level to the child:

- i) Consultation with anyone who may have knowledge of the family and who can validate the worker's observations or contribute to the assessment.
- ii) Validation by a co-worker or worker from another agency who may have contact with the family.
- iii) Expert assessment if required.
- iv) Documented observations of the child's injury or behaviour, documented allegations made by a child, documented records of parents' behaviour.
- v) Assessment of the child's physical and intellectual development and functioning.
- vi) Assessment of parents' potential to adequately care for and protect the child.
- vii) FORM 2 RISK FACTORS which overall accumulate with other evidence of actual harm or risk.
- viii) Previous injuries to subject child or siblings.

All assessment information must be documented in a factual written report which sets out clearly under headings:

- i) the initial allegation;
- ii) the findings of the initial investigation;
- iii) the action taken in making a more thorough assessment;
- iv) detailed and validated assessment reports demonstrating the need for registration or not;
- v) the risk level to the child;
- vi) anticipated further action based on the assessment;
- vii) details of any cultural variables which influence the child's situation.
- viii) recommendations for DM/RDO's approval.

CASE PLANS

A thorough assessment involves planning and the case plan may be part of the assessment process initially to determine the risk level to the child or it may be a plan for the on-going management of the case.

A case plan is a practical outline of tasks that workers will undertake to assess or manage child at risk cases.

Case plans should:

- i) be time limited and include a review date;
- ii) clarify the roles of various workers with special reference to the case co-ordinator and primary worker;
- iii) be goal oriented and realistic;

- iv) include action to be taken to address identified areas which cause risk to a child;
- v) wherever possible be fully negotiated with the caregiver and the child if appropriate;
- xvi) be approved by the District Manager/RDO.

Case plans of registered cases are to be summarised on FORM 3A and forwarded to the Child Protection and Family Crisis Service after a case conference and within 28 days from registration. FORM 3B should also be completed and returned at this time.

CASE CONFERENCES

A case conference is a formal group process involving direct service workers which seeks to share information and come to appropriate decisions in relation to case planning and case management. Clients or children may be included in a case conference.

A case conference is mandatory in registered cases:

1. within 28 days of registration;
2. when a number of different agencies are involved with a family/child;
3. where there is likely to be a significant event affecting the family e.g.:
 - i) court action) these should
 - ii) placement of a child) include substitute
 - iii) birth of another child, etc.) care workers
 - iv) when referral to another service is planned;
 - v) when termination of the case is planned.

Wherever possible participants in a case conference should have written reports available at the case conference.

There should be a chairperson whenever possible who has the authority to implement recommendations.

The proceedings are to be recorded and circulated to the participants as soon as practicable after the conference. A listing of participants and their positions are to be included.

Written reports should cover:

- i) assessment reports (medical, psychiatric, psychological);
- ii) risk factor assessments;
- iii) an account of the intervention already carried out or envisaged;
- iv) any other reports which will assist the case conference to make recommendations or decisions which will affect the child/family.

Case conferences details are to be recorded on FORM 3A.

The outcome of any case conference should be an agreed case plan which specifies the roles and tasks of various workers especially the Co-ordinator and Primary Worker.

When ongoing contact is planned a review date shall be set at which time the case plan will be reviewed and evaluated.

CASE REVIEWS

Formal case reviews are to be held as necessary but MUST be held three monthly in registered cases.

A case review is an essential part of the case management process and occurs whenever an assessment of a case takes place between the accountable worker (Case Co-ordinator) and the District Manager/Resident District Officer.

The goals of a case review are to:-

- i) monitor the appropriateness and effectiveness of the agreed upon goals as set out in the case plan.
- ii) evaluate effectiveness and appropriateness of the service being provided to the child/family as set out in the case plan.
- iii) reassess the risk factors to the child
- iv) amend the case plan if necessary
- v) provide direction and support to the workers involved with the case under review.
- vi) to keep the District Manager/Resident District Officer informed of progress in a case and to give professional supervision to the worker.

The case review outcome should be documented on the file in the form of a summary report.

A date for a further review should be agreed upon at the time of any case review unless a decision to terminate has been made.

TERMINATION OF CONTACT AND FILING DOWN

Termination of contact and filing down

Termination of contact is a case work process which is an essential part of the case management procedure.

For 'Notified but not Registered' cases, termination of contact with the child and the family by the primary worker may occur following consultation with the District Manager or Resident District Officer and the Case Co-ordinator.

Termination involves:

- i) making the decision after a case review (this may include a case conference) and with the agreement of the DM/RDO;
- ii) an essential part of this process is informing the client of this decision;
- iii) advising the client that they may contact the department if they feel they require further assistance;
- iv) a case summary report and the grounds for the decision to be attached to the file;
- v) inform CP and FCS of the decision that contact will be terminated and the papers filed.

Grounds for Termination in Registered Cases

For 'Registered Cases', termination of contact with the family by the primary worker should occur following the occurrence of a review case conference.

The decision to terminate is based on risk level to the child being such that the child can no longer be considered at risk of neglect or physical, sexual or emotional abuse.

This decision will involve an evaluation of risk factors for the child by the worker where any one of the following has occurred;

- a) the behaviour of the parents/caregivers towards the child has changed and there have not been any further incidents of any abuse;

OR

- b) the relationships between parents/caregivers and child has demonstrably changed to the benefit of the child;

OR

- c) there have been significant changes in the situational/stress factors that previously contributed to the necessity for registration of the child such that the family situation is no longer contributing to the child being considered at risk.

The DM/RDO can approve the filing down of a registered case following a case review where a recommendation is made to terminate contact and the above conditions have been met.

When a case is filed the Child Protection and Family Crisis Service is to be informed.

RESPONSIBILITIES IN CHILD PROTECTION CASE MANAGEMENT

All Staff

Where a staff member cannot respond to these instructions due to workload or absence it is obligatory for that staff member to immediately advise his/her supervising officer.

District Officers

District Officers' responsibilities in Child protection will usually be in their role as case co-ordinator and/or primary worker.

Case Co-ordinator

The case co-ordinator is always an officer of the Department who is responsible for ensuring that continuing appropriate and realistic services are offered to families where a child has been notified.

In cases where a child is notified but is not subsequently notified to the case co-ordinator has a responsibility to ensure that families have access to, the financial and social support services of local community agencies, as required, although it may be the primary worker who informs them.

The co-ordinator has specific responsibilities in registered cases in ensuring that:

- FORMS 2 & 3 are returned to the Child Protection & Family Crisis Service
- there is a case plan;
- the case plan is implemented;
- the case plan is regularly reviewed;
- case conferences are held, when appropriate;
- continuing services to the family are negotiated;
- regular case discussions with the primary worker are held
- support and consultation to primary workers and other case support workers are provided
- they are available if requested to do joint interviews with the primary worker.
- the case is supervised when the primary worker is on leave or when no other appropriate support worker is available
- the Child Protection and Family Crisis Service is informed when the primary worker in the case changes and when a case is filed.
- regular written reports are obtained from the primary worker.
- the file at the Community Welfare Office is maintained and contains copies of:
 - Forms 1,2,3A,3B
- initial investigation report
- action plan
- case plan
- case conference reports
- case review reports
- injury/medical documentation
- assessment reports
- summary reports of the primary workers contacts with the child/family
- Court evidence) if court action
- Court report) taken
- Case review - summaries
- termination/filing review reports.

Copy of formal letter to primary worker (other agency) and acceptance.

PRIMARY WORKERS

The primary worker, (not necessarily an officer of the Department) is the person working most closely with the family, and has the major responsibility for casework and to document his/her involvement and to inform the case co-ordinator of progress.

The responsibilities of the primary worker are:

- to do initial investigations where applicable
- to do ongoing family assessments focussed on risk to the child
- develop in consultation with the case co-ordinator a case plan
- provide referral to other services/agencies when required
- provide advocacy, support and assistance to the child/family
- review progress in the case on a regular basis with the case co-ordinator
- request case conferences as necessary
- write reports detailing
 - assessment information
 - case plans

- case conferences details
 - progress reports
 - detail significant events
 - termination recommendations
- complete FORM's 2, 3A & 3B

CHILD PROTECTION WORKERS AND DISTRICT OFFICERS (CHILD PROTECTION)

- whenever possible to be one of the workers who do initial investigations;
- be available for primary workers or case co-ordinators in a consultative capacity or to do a joint assessment;
- assist the DM/RDO by providing advice regarding all aspects of the case management process;
- be the resource person in the office for child protection matters;
- assess staff needs for training and support and inform the DM/RDO;
- be the liaison person on child protection for other agencies;
- involve themselves in CAR committees and community education.
- be the primary worker in a small number of cases (recommended no more than 5)

COMMUNITY PROGRAMME OFFICER (CHILD PROTECTION)

- acts as a consultant to field staff
- may convene and chair case conferences at their discretion
- facilitates liaison between Departmental workers and other agencies
- advises the Operations Manager in Child Protection matters
- advises the Family & Children's Services Policy Unit on policy matters
- formulates policy
- evaluates regional staff training needs
- is the resource person for child protection in the region
- assists the Operations Manager in investigating cases of child at risk notifications in Departmental establishments or institutions where the allegation involves departmental staff.

SUBSTITUTE CARE WORKERS

When removal of a child from the family is being considered decisions regarding appropriate placement should include consultation with substitute care officers.

DISTRICT MANAGER/RESIDENT DISTRICT OFFICER

- oversees the Child Protection system and management of cases and exercises discretion and professional judgement in decision making
- supervises the notification procedure and ensures urgency ratings are made on FORM 1
- ensures all child at risk notifications are forwarded to the Child Protection and Family Crisis Service.
- approves case management recommendations for ongoing intervention.
- makes registration decisions and ensures signed FORM 2's are returned promptly to the Child Protection and Family Crisis Service within 14 days unless approval for delay has been given.
- signs and approves case plans.
- signs and approves case conference decisions.
- selects case co-ordinators and approves primary workers
- allocates case work in consultation with staff

- approves recommendations by staff for:
 - i) removal of children
 - ii) use of Court
 - iii) police involvement
 - iv) restoration of children
 - v) use of medical examination orders.
- consults with Child Protection Worker regularly.
- approves termination recommendations and takes filing decisions.
- ensures FORM's 3A & 3B are returned to Child Protection and Family Crisis Service.
- ensures the case file records the department's involvement and documents all pertinent reports and decisions.
- provides formal case work supervision for staff in a supportive and constructive way.
- reviews all cases on a regular basis.
- liaises with other agencies as necessary
- is aware of staff training needs
- monitors staff workload and informs the Regional Director on a regular basis of overload situations.
- provides professional supervision for staff and personal support for staff as necessary.

OPERATIONS MANAGER

- is responsible for the quality of child protection work by professional support to and supervision of District Managers
- monitors registration decisions
- consults with the Community Programme Officer (Child Protection) regularly
- co-ordinates investigations into child at risk notifications in Departmental Establishments or Institutions where the allegation involves departmental staff.

REGIONAL DIRECTOR

- is responsible for the overall administration, staffing and resourcing in the Region to enable staff to adequately perform their duties in child protection cases.
- when advised of any allegations of child at risk matters, in a Departmental Establishment or Institution he/she must inform the Director-Operations.
- When advised of the death or serious reabuse of a notified child he/she must inform the Director-Operations.

THE EXECUTIVE OFFICER-CHILD PROTECTION AND FAMILY CRISIS SERVICE

- professionally supervises and supports crisis care workers
- oversees the data base (FORM's 1,2,3A,3B)
- ensures the notification index and register are maintained and up-to-date
- ensures Community Welfare Offices are informed of cases in their area
- ensures resource information is available to callers and it is reliable
- when advised of the death or serious reinjury to a notified child informs the Regional Director of the appropriate Region/s.

Intentional Poisoning
Intentional or Abusive Administrative of Alcohol
or other harmful inappropriate Drugs
Death of child due to non-accidental injury
Death of sibling due to non-accidental injury
Threats to physically harm a child
Child drug dependant at birth
Child foetal Alcohol Syndrome at birth.

Sexual

Allegations of:

- i) Sexual behaviour towards a child by someone known to the child and who is in a position of power over the child, e.g.: Household/Family members, Neighbours/Teachers, etc....
- ii) Sexual behaviour towards a child by a stranger.

These ground should be used to cover the following examples:

Allegations of:

- . Inappropriate fondling
- . Genital exposure
- . Oral sexual behaviour
- . Penetration by any object, penis, finger, etc.
- . Exposure to prostitution
- . Exposure to pornography
- . Used for prostitution purposes
- . Used for pornographic purposes, voyeurism (e.g. inappropriate observation of child when nude, etc)
- . Exposing child to inappropriate sexual behaviour by others
- . Exposed to adult masturbation
- . Child Sexual behaviour with an animal
- . Exposed or exploited sexually
- . Threat of sexual abuse.

Emotional

Allegations that:

Child shows damage as a result of:

- . A child is continually scapegoated
- . Severe verbal abuse

Purpose

To separate registration decision from case conference decision.

- (4) EXTENSION OF TIME PERIOD FOR RETURN OF ASSESSMENT FORM (CURRENTLY FORM 2) FROM 14 TO 28 DAYS AFTER NOTIFICATION

In 1983-84 only 58% of Form 2s were returned. 1983 Cohort Study showed that a large percentage were not returned within required time period.

Purpose:

To make time frames more realistic.

- (5) A DECISION ON REGISTRATION MUST BE MADE WITHIN 28 DAYS AND ALL NOTIFIED CASES WHICH HAVE NOT BEEN REGISTERED ARE TO BE CLOSED

Under current guidelines the registration decision may be deferred indefinitely and there is ongoing casework with notified cases which are not registered.

Purpose:

To ensure that notified cases which do not require registration are closed as soon as possible. To ensure that Child Protection Services focus on the most serious cases.

- (6) IF A CHILD IS REGISTERED THE CAREGIVERS MUST BE INFORMED

This is not currently included in the Instructions.

Purpose:

To ensure that parental rights are observed. To ensure that the family is fully aware of the reason for the Department's involvement.

- (7) REDUCTION IN TIME IN WHICH A CHILD'S NAME REMAINS ON THE NOTIFICATION INDEX AND REGISTER

Current Instructions

Child's name is removed from INDEX 2 years after last notification.

Child's name is removed from REGISTER when child turns 18.

Revised Instructions

Child's name is removed from INDEX one year after last notification.

Child's name is removed from REGISTER 5 years from date of closure of case or when child turns 18.

Requests may be made by District Managers, Senior Community Welfare Officers or Resident District Officers to remove a child's name from the Index or Register before the prescribed time. Approval must be given by the Regional Director for early removal of names from the Index and by the Director Operations for early removal of names for the Register.

Purpose:

To ensure that parental rights/privacy issues are observed.

APPENDIXES

- Appendix 1 *Guidelines for Officers of the Department of Youth and Community Services, the Police Department and the Department of Health in respect of matters relating to Child Abuse: prepared by the Interdepartmental Committee on Child Abuse*
- Appendix 2 Delegations of statutory responsibilities in relation to the Department's Child Protection Program: *Child Welfare Act, 1939*
- Appendix 3 United Nations Declaration of the Rights of the Child
- Appendix 4 Glossary of medical and legal terms
- Appendix 5 Child at Risk Notification Forms
- Page 1: Form No. 1
 Page 2: Form No. 2
 Page 3: Form No. 3A
 Page 4: Form No. 3B
 Page 5: Procedures association with Form 3
 Page 6: Notification Procedures and Data Collection
 Page 7: Sample, Child at Risk Card System (local office)
 Page 8: Sample, Child At Risk Notifications Register, local office (recommended for use by all Community Welfare Offices)
- Appendix 6 Possible After Hours Call Out Form
- Appendix 7 Child Protection Services in New South Wales
 6a) Chart showing staff employed in the Department of Youth and Community Services Child Protection Program
 6b) Chart of government and community-based services in New South Wales
- Appendix 8 'Montrose' Child Protection and Family Crisis Service
- Appendix 9 Child Protection Audio Visual Catalogue
- Appendix 10 Medical Examination Report Form - Form ME 103
- Appendix 11 Information for Crisis Care Workers, 'Montrose' regarding urgent medical treatment for a child where the parent refuses consent.
- Appendix 12 Medical Examination Order Form - Form ME 49
- Appendix 13 Departmental publication, *Suspected Sexual Abuse of Children* - 'Guide to sexual examination of Children'.
- Appendix 14 Procedural guidelines where cases of sexual assault present to police or hospitals: extract from *Services for Victims of Sexual Assault, Policy and Procedural Guidelines*: (review of 1982 guidelines) prepared by the New South Wales Government Sexual Assault Committee, March 1984.
- Appendix 15 Paediatric Sexual Assault Centres



APPENDIXES, Continued

- Appendix 16 Information to obtain Warrant under *Section 86* of the *Community Welfare Act, 1982* (Form CP-86)
- Appendix 17 Warrant to search for and remove child in need of care, *Section 86* of the *Community Welfare Act, 1982* (Form CP 861W)
- Appendix 18 Information to obtain Warrant under *Section 104* of the *Community Welfare Act, 1982* (Form ME 104.1)
- Appendix 19 Warrant to search for and remove a child for medical examination under *Section 104* of the *Community Welfare Act, 1982* (Form ME 104 2W)
- Appendix 20 Draft Action Plan for Residential Facilities based on the Department of Youth and Community Services 'Principles for Guiding the Care of Children'
- Appendix 21 a) Departmental Instruction No: 1265
b) Sample of reports prepared for Court
- Appendix 22 Police Child Mistreatment Unit: Police Juvenile Crime Squad
- Appendix 23 Children's Review Panel and Boards of Review
- Appendix 24 Official Visitors
- Appendix 25 List of Bilingual Community Welfare Officers; Aboriginal Community Welfare Officers; Aboriginal Community Workers and Aboriginal Regional Community Program Officers, Department of Youth and Community Services
- Appendix 26 Ethnic Affairs Commission of New South Wales, Community Interpreter and Information Service
- Appendix 27 New South Wales Ombudsman
27a Copy of pamphlet, *New South Wales, your Ombudsman: A Service for Every Citizen*: produced by the Ombudsman's Office
27b Copy of a pamphlet about the Ombudsman, produced by the Department of Youth and Community Services, for the information of children in the Department's residential facilities
- Appendix 28 Case Conference Procedures - Westmead Centre, Child Protection Unit
- Appendix 29 Child Abuse Unit, Royal Alexandra Hospital for Children
- Appendix 30 Form letter for parent's use when notifying a school that the parents do not permit caning of their child.
- Appendix 31 Qualifications required by staff employed by the Department of Youth and Community Services in the provision of child protection and alternate care programs.



CHILD PROTECTION POLICY AND PROCEDURE MANUAL

APPENDICES, Continued

Appendix 32

Statements of Duty - staff at 'Montrose' Child Protection and Family Crisis Service:

- 32 a) Senior Executive Officer
- 32 b) Executive Officer, Family Crisis Service
- 32 c) Executive Officer, Child Protection Unit
- 32 d) Co-ordinator, Family Crisis Service
- 32 e) Crisis Care Workers, Family Crisis Service
- 32 f) Child Protection Worker, Family Crisis Service
- 32 g) Psychologist, Child Protection Unit
- 32 h) Social Worker, Child Protection Unit
- 32 i) Group Therapist, Child Protection Unit
- 32 j) Occupational Therapist, Child Protection Unit
- 32 k) Preschool Director, Child Protection Unit
- 32 l) Preschool Teacher, Child Protection Unit
- 32 m) Housemother, Child Protection Unit
- 32 n) Child Care Workers (Youth Workers) Child Protection Unit
- 32 o) Training Officer
- 32 p) Education Officer

Appendix 33

Statements of Duty, Executive Officers, Hunter and Illawong Child Protection and Family Crisis Units.

Appendix 34

Statements of Duty, Regional staff.

- 34 a) Community Program Officer, Child Protection
- 34 b) Community Program Officer, Substitute Care
- 34 c) Community Program Officer, Aboriginal
- 34 d) Planning and Research Co-ordinator

Appendix 35

Statement of Duties, Specialist Officer, Children of Prisoners

Appendix 36

Statement of Duties, Children's Employment Officer

Appendix 37

Statement of Duties, Program Officer, Child Protection, Family and Children's Services Policy Unit, Central Office

Appendix 38

Statements of Duties Community Welfare Office staff

- 38 a) District Manager
- 38 b) Community Welfare Officer (including Bilingual Community Welfare Officer and Aboriginal Community Welfare Officer)
- 38 c) Community Welfare Officer, Child Protection
- 38 d) Child Protection Worker (Specialist Officer, Child Protection)
- 38 e) Alternate Care Worker
- 38 f) Aboriginal Community Worker

Appendix 39

Statements of Duty, residential facilities staff

- 39 a) Superintendent
- 39 b) Manager (Hostel)
- 39 c) Manager (Young Offenders, Multipurpose Centre)
- 39 d) Chief Youth Worker
- 39 e) Senior Youth Worker
- 39 f) Youth Worker
- 39 g) Matron (centre for young offenders)

**APPENDICES, Continued**

- 39 h) Matron (group homes/hostels)
- 39 i) Matron/Housemaster (married couple), large establishment for school-age dependent children
- 39 j) Matron, large establishment for school-age dependent children
- 39 k) Matron, centre for intellectually handicapped dependent children (primary, secondary school, and working age)
- 39 l) Matron, Remand Centre
- 39 m) Program Supervisor

Appendix 40 Functions of Regional Community Program Officer, Child Protection

Appendix 41 Copy of pamphlet on child protection, issued by Department of Youth and Community Services

Appendix 42 Community-based Specialist Child Protection Services



1599058

- 11. Some further work on the index needs to be carried out.
- 12. The Committee has identified 3 areas in the draft which require checking for accuracy.
They are: Page 2.1.5. Paragraph 2.1.3
Page 3.3.2. Paragraph 1.6.3
Page 3.5.3. Paragraph 2.2.7

Recommendations

1. That the editing committee re-convene to re-write the Department's philosophy and practices of child protection with particular reference to:-

- 1) Notification
- 2) Registration *Why*
- 3) Use of discretion
- 4) Accountability of the Department for the safety of children

2) That the editing committee, with the assistance of regional staff, extract a working document from the draft Manual. Also, that there be a separate document dealing with the theory and practice of child protection.

3) Presentation of final document to the Director General by

31.10.84
Phillip J. Hart
Phillip J. Hart, R.D.,
NEW ENGLAND REGION.

Allan Maddox, R.D.,
NORTH COAST REGION.

Bruce Callaghan, R.D.,
CENTRAL METROPOLITAN REGION.

16 August 1984

- Editing Office *Phil - Alan - Bruce*

- IDC

- TASK Force / WCU -

- FACSPU

- Liz Gae Hagan -

- Monrose -

*All the way
written.*



INTERIM REPORT ON THE DRAFT MANUAL FOR CHILD PROTECTION

The Committee of Regional Directors appointed to review the Child Protection Manual suggests that prior to its release as a Departmental document, some important philosophical and practice matters be clarified.

General Comments

1. At an early part of the Manual, it is suggested that the Senior Executive of the department accept that staff are not infallible and that some children will die. Child Protection is a "risky" business and it is expected that staff will make errors of judgement resulting in the death or serious injury of a child. Providing that staff have followed guidelines these situations become the responsibility of the Department, not the individual.
2. District Managers were recently given a re-grading and, as part of that re-grading they were expected to exercise discretion in relation to their assessment of situations. This Manual does not allow for the use of discretion. Under the suggested guidelines, many families will be notified and/or registered who would otherwise not come to the notice of this Department.

This is a "net widening" situation and could have two effects:
 - a) That staff will have insufficient time to deal with the most serious cases.
 - b) Many people will be stigmatized. The literature on Young Offenders has shown the damage of stigmatization.
3. Missing from the Manual is a statement of the steps of investigation and procedures for assessment.
4. The Manual does not emphasise the role of Operations Managers as "quality controllers" of field work.
5. The Manual only refers to the Community Welfare Bill which is not proclaimed.
6. The draft Manual is about 500 pages in length, too long for a working Manual.
7. Much of the draft Manual requires summarising.
8. The Committee thinks that the destruction of notification files needs further consideration with regard to civil liberties. (Page 2.1.16, Section 7).
9. There are some funding implications if this draft manual is implemented. This relates to funding of community groups and community education programmes. (1.3.2.3.1) There is a further commitment by the Department to provide evaluation of child protection services. (4.1.1.G)
10. There needs to be clarification of the time given to a worker before investigation of an allegation takes place. The Manual uses "as soon as possible", "promptly", "immediately" and "minimum reasonable delay".

*RD OM
DM
Child
protection
offices*

** apply
rule*

cross reference

JAF

child & family care - child



GUIDELINES FOR OFFICERS OF THE DEPARTMENT OF YOUTH AND COMMUNITY SERVICES, THE POLICE DEPARTMENT AND THE DEPARTMENT OF HEALTH IN RESPECT OF MATTERS RELATING TO CHILD ABUSE: Prepared by the Interdepartmental Committee on Child Abuse.

Current guidelines are presently being amended: when completed, copies will be forwarded for inclusion in the manual.

DELEGATIONS OF STATUTORY RESPONSIBILITIES



1599061

1 DEFINITION

- 1.1 The Minister may delegate, to an officer of the Department - in writing - any function (other than the power of delegation) conferred or imposed on the Minister under an Act, or any Regulation under the Act. Where the Director-General similarly has powers conferred or imposed upon him under the Act or Regulations, that officer may also delegate such authority: see *Section 10, Part II of the Community Welfare Act, 1982*.
- 1.2 The delegation is a 'statutory duty as opposed to ... the mere giving of instructions ... the word, in its general sense and as generally used, does not imply, or point to, a giving up of authority, but rather the conferring of authority upon someone else': (*Stroud's Judicial Dictionary of Words and Phrases*, Fourth Edition, Sweet and Maxwell Limited, London, 1972).
- 1.3 This Appendix details Ministerial delegations to Departmental Staff under the *Child Welfare Act, 1939* and the *Maintenance Act, 1964 as amended*, as they relate to officers generally, who have statutory responsibilities for specific child protection matters (Section 2), and to specific officers employed in the Department's child protection program; that is, those officers employed in Child Protection Units and Family Crisis Services and the Specialist child protection officers Section 3).
- 1.4 It is the responsibility of all officers to ensure they are aware of their delegated responsibilities at any time.
- 1.4.1 Copies of up-to-date Delegation lists are held in every Departmental Unit.



1599062

2 DELEGATIONS TO OFFICERS GENERALLY, FOR SPECIFIC CHILD PROTECTION MATTERS

PARTICULARS OF POWERS, AUTHORITY
DUTY OR FUNCTION DELEGATED

DELEGATES

*CHILD WELFARE**ACT, 1939*Section 9

Act as surety in respect of any recognisance required to be entered into a secure the release from custody of any ward or other person subject to the Minister's guardianship.

Director General, Deputy Director General, Director (Operations), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Executive Officer ('Montrose' Child Protection and Family Crisis Service), Executive Officer ('Montrose' Child Protection Service), Executive Officer ('Montrose' Family Crisis Service), Community Welfare Officers, Officers-in-Charge (Child Protection and Family Crisis Units), Community Counsellors, O.I.C.'s Residential Care Facilities, Executive Officer Community Service Order Scheme, Senior Specialist District Officer

Section 23' (1)(b)

Provide for the accommodation and maintenance of any child or young person admitted to State Control until he is boarded out, placed out or placed as an adopted boarder.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning & Research) Director (Management Services), Director (Administration), Regional Directors, Operations Managers, Senior Executive Officer ('Montrose') Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Officer-in-Charge, Adoption Branch, Second Officer, Adoption Branch, District Manager, Assistant District Managers, Team Leaders, Community Welfare Offices, O.I.C.'s Residential Care Facilities, Senior Specialist District Officer, Executive Officer Community Service Order Scheme.

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1599063

Section 23 (1)(c)

Pay foster parents such rates as may be prescribed.

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research),
Director (Management Services),
Director (Administration),
Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Office Managers, Graded Clerk, Senior Clerical Assistant (Country), Community Welfare Officers, Community Counsellors, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), O.I.C.'s Residential Care Facilities, Senior Specialist District Officer Executive Officer, Community Service Order Scheme.

Section 23 (1)(d)

Direct removal or transfer of any ward (other than a ward who has been committed to an institution for a specified term).

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Superintendents Residential Care Facilities, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Senior Specialist District Officer, Executive Officer Community Service Order Scheme.

Section 23 (1)(e)

Board out, place out or place as an adopted boarder, any ward (other than a ward who has been committed to an institution).

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Officer-in-Charge Adoption Branch, Second Officer Adoption Branch, Senior Specialist District Officer, Executive Officer, Community Service Order Scheme.

Section 23 (1)(f)

Approve of persons applying for the custody of wards and the homes of such persons.

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research), Director (Management Services), Director (Administration) Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Officer-in-Charge Adoption Branch, Second Officer Adoption Branch, Senior Specialist District Officer.



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Section 23 (1)(g)

Arrange the terms and conditions of the custody of any ward.

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Officer-in-Charge Adoption Branch, Second Officer Adoption Branch, Executive Officer Community Service Order Scheme, Senior Specialist District Officer.

Section 23 (1)(h)

Direct the restoration of any ward, other than a ward detained in an institution where:-

- (a) There is agreement of all parties involved including foster parents

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Senior Specialist District Officer.

- (b) Where there is no agreement.

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research), Director (Management Services), Director (Administration), Regional Directors.

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1599066

Section 23 (1)(i)

Direct the absolute discharge of any ward, other than a ward detained in an institution

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning & Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Specialist District Officer.

Section 23 (4)

Place a ward as an adopted boarder.

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Counsellors, Community Welfare Officers, Officer-in-Charge Adoption Branch, Second Officer, Adoption Branch, Senior Allotment Officer, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Executive Officer Community Service Order Scheme, Senior Specialist District Officer.



1599067

Section 48G (1)(b)

Pay foster parents of intellectually handicapped persons such rates as prescribed.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy, Planning and Research), Director (Management Services) Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Office Managers (District Offices), Graded Clerk, Senior Clerical Assistant (Country), Community Welfare Officers, Senior Executive Officer, (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge, Child Protection and Family Crisis Units, Community Counsellors, Senior Specialist District Officer.

Section 48G (1)(d)

Board out, place out, or place as an adopted boarder, any intellectually handicapped person.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge, Child Protection and Family Crisis Units, Officer-in-Charge, Adoption Branch, Second Officer, Adoption Branch, Community Counsellors, Senior Specialist District Officer.

Section 48G (1)(e)

Approve of persons applying for the care of intellectually handicapped persons, and of the accommodation to be made available by such persons.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge, Child Protection and Family Crisis Units, Officer-in-Charge, Adoption Branch, Second Officer, Adoption Branch, Senior Specialist District Officer.

Section 48G (1)(f)

Arrange the terms and conditions upon which persons may have the care of any intellectually handicapped person.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge, Child Protection and Family Crisis Units, Officer-in-Charge, Adoption Branch, Second Officer, Adoption Branch, Senior Specialist District Officer.



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Section 48G (3)

Place an intellectually handicapped person as an adopted boarder in the care of a foster parent.

Director General, Deputy
 Director General, Director
 (Operations), Director (Policy
 Development), Director (Policy
 Planning and Research), Director
 (Management Services), Director
 (Administration), Regional
 Directors, Operations Managers,
 District Managers, Assistant
 District Managers, Team Leaders,
 Community Welfare Offices,
 Community Welfare Officers, Senior
 Executive Officer (Montrose Child
 Protection and Family Crisis
 Service), Executive Officer
 (Montrose Child Protection
 Service), Executive Officer
 Executive Officer (Montrose Family
 Crisis Service), Senior Specialist
 District Officer, Officers-in-
 Charge, Child Protection and
 Family Crisis Units, Officer-in-
 Charge, Adoption Branch, Second
 Officer, Adoption Branch,
 Community Counsellors.

Section 65 (1)

Grant a licence for a male child to engage in street trading.

Director General, Deputy
 Director General, Director
 (Operations), Director (Policy
 Development), Director (Policy
 Planning and Research), Director
 (Management Services), Director
 (Administration), Regional
 Directors, Operations Managers,
 District Managers, Assistant
 District Managers, Team Leaders,
 Community Welfare Offices, Office
 Managers (Community Welfare
 Offices), Senior Specialist
 District Officer.

Section 65 (4)

Cancel a licence.

Director General, Deputy
 Director General, Director
 (Operations), Director (Policy
 Development), Director (Policy
 Planning and Research), Director
 (Management Services), Director
 (Administration), Regional
 Directors, Operations Managers,
 District Managers, Assistant
 District Managers, Team Leaders,
 Community Welfare Offices, Office
 Managers (Community Welfare
 Offices), Senior Specialist
 District Officer.



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Section 69 (1)

Grant a licence authorising any child over seven years of age to be employed in any place of public entertainment.

Director General, Deputy
Director General, Director
(Operations), Director (Policy
Development), Director (Policy
Planning and Research), Director
(Management Services), Director
(Administration), Regional
Directors, Operations Managers.

Section 69 (2)

Refuse a licence if the child is not fit to be employed in any such place and if no provision has been made to safeguard the health, welfare and education of the child.

Director General, Deputy
Director General, Director
(Operations), Director (Policy
Development), Director (Policy
Planning and Research), Director
(Management Services), Director
(Administration), Regional
Directors.

Section 69 (4)

Vary or cancel a licence.

Director General, Deputy
Director General, Director
(Operations), Director (Policy
Development), Director (Policy
Planning and Research), Director
(Management Services), Director
(Administration), Regional
Directors.

Section 70 (1)

Ensure that the restrictions and conditions of any licence under Section 69 are observed.

Director General, Deputy
Director General, Director
(Operations), Director (Policy
Development), Director (Policy
Planning and Research), Director
(Management Services), Director
(Administration), Regional
Directors, Operations Managers,
District Managers, Assistant
District Managers, Team Leaders,
Community Welfare Offices,
Community Welfare Officers, Senior
Specialist District Officer.

Section 70 (2)

Enter and inspect any circus or place or premises mentioned under Section 68 (1)(a) to determine whether any child is employed in contravention of Part XIII of the Act.

Director General, Deputy
Director General, Director
(Operations), Director (Policy
Development), Director (Policy
Planning and Research), Director
(Management Services), Director
(Administration), Regional
Directors, Operations Managers,
District Managers, Assistant
District Managers,
Community Welfare
Community Welfare
Specialist District

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Officers, Senior
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1599071

Section 73

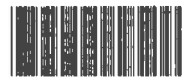
Lay a complaint that, having made due inquiry, he believes any child or young person to be neglected or uncontrollable.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Child Protection Officers, Crisis Care Workers, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge, Child Protection and Family Crisis Units, Executive Officer Community Order Scheme, Senior Specialist District Officer, Senior Counsellors, Youth Counsellors, Specialist Counsellors.

Section 74

Apprehend a child or young person for whose apprehension a warrant has been issued under Section 73 of the Act, although the warrant may not be in his possession at the time.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Child Protection Officers, Crisis Care Workers, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge, Child Protection and Family Crisis Units, Executive Officer Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Youth Counsellors, Specialist Counsellors.



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Section 76

Apprehend without a warrant, any child or young person who is in a brothel, a place where any drug is unlawfully manufactured, prepared, administered, consumed, used, smoked, distributed, or supplied and is in need of care, protection and control by reason of being in such a place, or who he has reason to believe is a neglected or uncontrollable child or young person.

Director General, Deputy
Director General, Director
(Operations), Director (Policy
Development), Director (Policy
Planning and Research), Director
(Management Services), Director
(Administration), Regional
Directors, Operations Managers,
District Managers, Assistant
District Managers, Team Leaders,
Community Welfare Offices,
Community Welfare Officers,
Community Counsellors, Child
Protection Officers, Crisis Care
Workers, Senior Executive Officer
(Montrose Child Protection and
Family Crisis Service), Executive
Officer (Montrose Child Protection
Service), Executive Officer
(Montrose Family Crisis Service),
Officers-in-Charge, Child
Protection and Family Crisis
Units, Senior Specialist District
Officer, Senior Counsellors,
Specialist Counsellors, Youth
Counsellors, Executive Officer
Community Service Order Scheme.

Section 81C (3)(b)

Be present at a Police Station during interrogation of a child or young person under the Minister's guardianship.

Director General, Deputy
Director General, Director
(Operations), Director (Policy
Development), Director (Policy
Planning and Research), Director
(Management Services), Director
(Administration), Regional
Directors, Operations Managers,
District Managers, Assistant
District Managers, Team Leaders,
Community Welfare Offices,
Community Welfare Officers,
Community Counsellors, Child
Protection Officers, Crisis Care
Workers, Senior Executive Officer
(Montrose Child Protection and
Family Crisis Service), Executive
Officer (Montrose Child Protection
Service), Executive Officer
(Montrose Family Crisis Service),
Officers-in-Charge, Child
Protection and Family Crisis
Units, Crisis Care Workers, Child
Protection Officers, Officers-in-
Charge, Residential Care
Facilities, Deputy
Superintendents, Residential Care
Facilities, Assistant Deputy
Superintendents, Residential Care
Facilities, Matrons,
Senior Youth Workers, Youth
Workers, Child Care Workers,
Executive Officer, Community
Service Order Scheme, Senior
Specialist District Officer,
Senior Counsellors, Specialist
Counsellors, Youth Counsellors.

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Section 81C (3).

Consent to a person as specified in the subsection, being present at an interrogation if the right conferred viz Section 81C (3)(b) cannot be exercised.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy, Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge, Child Protection and Family Crisis Units, Crisis-Care Workers, Child Protection Officers, Officers-in-Charge, Residential Care Facilities, Deputy Superintendents, Residential Care Facilities, Assistant Deputy Superintendents, Residential Care Facilities, Matrons, Managers, Executive Officer Community Service Order Scheme, Senior Specialist District Officer, Senior counsellors, Specialist Counsellors, Youth Counsellors.

Section 90 (1)(c)

Where a child has been dealt with under Section 82 (c), Section 83 (i)(b), to inspect the child and the premises wherein he resides.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Child Protection Officers, Crisis Care Workers, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors, Executive Officer Community Service Order Scheme.

Section 90 (2)(a)

Inspect a child or young person released on probation and the premises wherein he resides.



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Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Child Protection Officers, Crisis Care Workers, Executive Officer Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.

Section 91 (1)(a)

Apprehend a child or young person who is reasonably suspected of having broken the terms of conditions of his release on probation, or committal to the care of a person.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Crisis Care Workers, Child Protection Officers, Executive Officer, Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.

Section 91 (1)(b)

Apprehend a child or young person whose parents or another person are reasonably suspected of having broken any terms or conditions applicable to his release on probation or committal to their care.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Child Protection Officers, Crisis Care Workers, Executive Officer, Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.



Section 91 (1A)(a)

Make an oath, that having made due enquiry he believes that a child or young person has broken the terms and conditions of his release.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Crisis Care Workers, Child Protection Officers, Executive Officer, Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.

Section 91 (1A)(b)

Make an oath, that having made due enquiry, he believes the terms and conditions of release have been broken.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Crisis Care Workers, Child Protection Officers, Executive Officer, Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.

Section 91 (1B)

Although the warrant is not at the time in his possession, apprehend the person to whom a warrant, issued under Section 91 (1A)(b) relates.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Crisis Care Workers, Child Protection Officers, Executive Officer, Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.

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Section 91 (4)

Make an application to vary the order of a Court where a child or young person -

has been released on probation on condition that he remains in the care of a person named in the order;

or

has been committed to the care of a person named in the order.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Community Counsellors, Crisis Care Workers, Child Protection Officers, Executive Officer Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.

Section 125 (2) 48K

Appear and be heard at the hearing of any complaint, application, proceeding or information against any child, young person, or intellectually handicapped person or of any appeal in respect thereof.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Court Prosecutors, Legal Officers, Assistant Legal Officers, Child Protection Officers, Crisis Care Workers, Executive Officer Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.



1599077

Section 135

Take any child or young person to a shelter in respect of whom there is reason to believe that an offence has been committed, or who seeks refuge.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Child Protection Officers, Crisis Care Workers, Community Counsellors. Executive Officer Community Service Order Scheme, Senior Specialist District Officer, Senior Counsellors, Specialist Counsellors, Youth Counsellors.

Section 144 (1) 48K

Order that any child, young person or intellectually handicapped person admitted to an establishment be examined to determine his medical physical or mental characteristics or defects.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Court Prosecutors, Officers-in-Charge Residential Care Facilities, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge Child Protection and Family Crisis Units, Senior Specialist District Officer, Executive Officer Community Service Order Scheme.

Section 144 (2) 48K

Consent to any surgical or other operation.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Officers-in-Charge Residential Care Facilities, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge Child Protection and Family Crisis Units, Specialist Residential Care Manager, Supervisors Small Establishments, Senior Specialist District Officer, Senior Counsellors, Executive Officer Community Service Order Scheme.

Section 144 (3) 48K

Consent to any surgical or other operation on a person (not being a ward) who is a minor and has been admitted to an establishment or detained in a place of safety.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Officers-in-Charge Residential Care Facilities, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge Child Protection and Family Crisis Units, Specialist Residential Care Manager, Supervisors Small Establishments, Senior Specialist District Officer, Executive Officer Community Service Order Scheme.



1599079

Section 148C (3)

Present a child, in respect of whom a notice has been served in terms of Section 148C (1), to a medical practitioner at a hospital or another place for the purposes of a medical examination.

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy Planning and Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Community Welfare Officers, Officers-in-Charge Child Protection and Family Crisis Units, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Crisis Care Workers, Child Protection Officers, Officers-in-Charge, Residential Care Facilities, Senior Specialist District Officer, Executive Officer Community Service Order Scheme.

Discharges:-

(a) approval where not previously restored

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy, Planning & Research), Director (Management Services), Director (Administration), Regional Directors.

(b) approval where previously restored or marries

Director General, Deputy Director General, Director (Operations), Director (Policy Development), Director (Policy, Planning & Research), Director (Management Services), Director (Administration), Regional Directors, Operations Managers, District Managers, Assistant District Managers, Team Leaders, Community Welfare Offices, Senior Executive Officer (Montrose Child Protection and Family Crisis Service), Executive Officer (Montrose Child Protection Service), Executive Officer (Montrose Family Crisis Service), Officers-in-Charge (Child Protection and Family Crisis Units), Senior Specialist District Officer.



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APPENDIX 2
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Payment of Boarding Out
Allowance:

(a) standard rate

Director General,
Deputy Director General,
Director (Operations),
Director (Policy Development),
Director (Policy, Planning &
Research),
Director (Management Services),
Director (Administration),
Regional Directors,
Operations Managers,
District Managers,
Assistant District Managers,
Team Leaders, Community Welfare
Offices,
Community Welfare Officers,
Community Counsellors,
Office Managers (Community
Welfare Officers),
Graduated Clerks (Community
Welfare Offices),
Senior Clerical Assistant
(Country),
O.I.C. Residential Care
Facilities,
Senior Executive Officer
(Montrose Child Protection and
Family Crisis Service),
Executive Officer (Montrose
Family Crisis Service),
Officers-in-Charge, Child
Protection and Family Crisis
Units, Senior Specialist
District Officer.

**PUBLIC INSTRUCTION
(AMENDMENT) ACT, 1916**

Section 15

Accost any boy or girl who is
apparently not in attendance at
school as required by the Act and
accompany such boy or girl to his
or her home to verify the name and
address they have given.

Director General, Deputy Director
General, Director Operations,
Director (Policy Development),
Director (Policy Planning and
Research) Director (Management
Services), Director
(Administration), Regional
Directors, Operations Managers,
District Managers, Assistant
District Managers, Team Leaders,
Community Welfare Offices,
Community Welfare Officers, Child
Protection Officers, Crisis Care
Workers, Community Counsellors,
Senior Specialist District Officer.

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1599081

3 DELEGATIONS TO SPECIFIC OFFICERS WHO ARE EMPLOYED IN THE DEPARTMENT'S CHILD PROTECTION PROGRAM

3.1 Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service:

Particulars of powers, authority
duty or function delegated

Child Welfare Act, 1939

• Section 9

Act as surety in respect of any recognisance required to be entered into to secure the release from custody of any ward or other person subject to the Minister's guardianship.

• Section 23 (1) (b)

Provide for the accommodation and maintenance of any child or young person admitted to State Control until he is boarded out, placed out or placed as an accepted boarder.

• Section 23 (1) (c)

Pay foster parents such rates as may be prescribed.

• Section 23 (1) (d)

Direct removal or transfer of any ward (other than a ward who has been committed to an institution for a specified term),

• Section 23 (1) (e)

Board out, place out or place as an adopted boarder, any ward (other than a ward who has been committed to an institution).

• Section 23 (1) (f)

Approve of persons applying for the custody of wards and the homes of such persons.

• Section 23 (1) (g)

Arrange the terms and conditions of the customs of any ward.

• Section 23 (1) (h)

Direct the restoration of any ward, other than a ward detained in an institution where:-

- (a) There is agreement of all parties involved including the foster parents.

• Section 23 (1) (i)

Direct the absolute discharge of any ward, other than a ward detained in an institution.



1599082

• Section 23 (4)

Place a ward as an adopted boarder.

• Section 48G (1) (b)

Pay foster parents of intellectually handicapped persons such rates as prescribed.

• Section 48G (1) (d)

Board out, place out, or place as an adopted boarder, any intellectually handicapped person.

• Section 48G (1) (e)

Approve of persons applying for the care of intellectually handicapped persons, and of the accommodation to be made available by such persons.

• Section 48G (1) (f)

Arrange the terms and conditions upon which persons may have the care of any intellectually handicapped person.

• Section 48G (3)

Place an intellectually handicapped person as an adopted boarder in the care of a foster parent.

• Section 73

Lay a complaint that, having made due inquiry, he believes any child or young person to be neglected or uncontrollable.

• Section 74

Apprehend a child or young person for whose apprehension a warrant has been issued under Section 73 of the Act, although the warrant may not be in his possession at the time.

• Section 76

Apprehend without a warrant, any child or young person who is in a brothel, a place where any drug is unlawfully manufactured, prepared, administered, consumed, used, smoked, distributed, or supplied and is in need of care, protection and control by reason of being in such a place, or who he has reason to believe is a neglected or uncontrollable child or young person.

• Section 81C (3) (b)

Be present at a Police Station during interrogation of a child or young person under the Minister's guardianship.

• Section 81C (3)

Consent to a person as specified in the subsection, being present at an interrogation if the right conferred viz Section 81C (3) (b) cannot be exercised.



1599083

Section 144 (1) 48K

Order than any child, young person or intellectually handicapped person committed to an establishment be examined to determine his medical physical or mental characteristics or defects.

Section 144 (2) 48K

Consent to any surgical or other operation.

Section 144 (3) 48K

Consent to any surgical or other operation on a person (not being a ward) who is a minor and has been admitted to an establishment or detained in a place of safety.

Section 144C (3)

Present a child, in respect of whom a notice has been served in terms of Section 148C (1), to a medical practitioner at a hospital or another place for the purpose of a medical examination.

Discharges

Approval where previously restored or marries.

Payment of Boarding Out Allowances

Standard rate.

3.2 Executive Officer, 'Montrose' Child Protection Service

Particulars of powers, authority
duty or function delegated

Child Welfare Act, 1939

Section 9

Act as surety in respect of any recognisance required to be entered into to secure the release from custody of any ward or other person subject to the Minister's guardianship.

Section 23 (1) (b)

Provide for the accommodation and maintenance of any child or young person admitted to State Control until he is boarded out, placed out or placed as an accepted boarder.

Section 23 (1) (c)

Pay foster parents such rates as may be prescribed.

Section 23 (1) (d)

Direct removal or transfer of any ward (other than a ward who has been committed to an institution for a specified term).

Section 23 (1) (e)

Board out, place out or place as an adopted boarder, any ward (other than a ward who has been committed to an institution).



• Section 23 (1) (f)

Approve of persons applying for the custody of wards and the homes of such persons.

• Section 23 (1) (g)

Arrange the terms and conditions of the customs of any ward.

• Section 23 (1) (h)

Direct the restoration of any ward, other than a ward detained in an institution where:-

- (a) There is agreement of all parties involved including the foster parents.

• Section 23 (1) (i)

Direct the absolute discharge of any ward, other than a ward detained in an institution.

• Section 23 (4)

Place a ward as an adopted boarder.

• Section 48G (1) (b)

Pay foster parents of intellectually handicapped persons such rates as prescribed.

• Section 48G (1) (d)

Board out, place out, or place as an adopted boarder, any intellectually handicapped person.

• Section 48G (1) (e)

Approve of persons applying for the care of intellectually handicapped persons, and of the accommodation to be made available by such persons.

• Section 48G (1) (f)

Arrange the terms and conditions upon which persons may have the care of any intellectually handicapped person.

• Section 48G (3)

Place an intellectually handicapped person as an adopted boarder in the care of a foster parent.

• Section 73

Lay a complaint that, having made due inquiry, he believes any child or young person to be neglected or uncontrollable.

• Section 74

Apprehend a child or young person for whose apprehension a warrant has been issued under Section 73 of the Act, although the warrant may not be in his possession at the



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Section 76

Apprehend without a warrant, any child or young person who is in a brothel, a place where any drug is unlawfully manufactured, prepared, administered, consumed, used, smoked, distributed, or supplied and is in need of care, protection and control by reason of being in such a place, or who he has reason to believe is a neglected or uncontrollable child or young person.

Section 81C (3) (b)

Be present at a Police Station during interrogation of a child or young person under the Minister's guardianship.

Section 81C (3)

Consent to a person as specified in the subsection, being present at an interrogation if the right conferred viz Section 81C (3) (b) cannot be exercised.

Section 144 (1) 48K

Order that any child, young person or intellectually handicapped person committed to an establishment be examined to determine his medical physical or mental characteristics or defects.

Section 144 (2) 48K

Consent to any surgical or other operation.

Section 144 (3) 48K

Consent to any surgical or other operation on a person (not being a ward) who is a minor and has been admitted to an establishment or detained in a place of safety.

Section 144C (3)

Present a child, in respect of whom a notice has been served in terms of Section 148C (1), to a medical practitioner at a hospital or another place for the purpose of a medical examination.

Discharges

Approval where previously restored or married.

3.3 Executive Officer, 'Montrose' Family Crisis Service

Particulars of powers, authority
duty or function delegated

*Child Welfare Act, 1939*Section 9

Act as surety in respect of any recognisance required to be entered into to secure the release from custody of any ward or other person subject to the Minister's guardianship.

Section 23 (1) (a)

Provide for the accommodation and maintenance of any child or young person admitted to State Control until he is boarded out, placed out or placed as an accepted boarder.

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1599086

Section 23 (1) (c)

Pay foster parents such rates as may be prescribed.

Section 23 (1) (d)

Direct removal or transfer of any ward (other than a ward who has been committed to an institution for a specified term);

Section 23 (1) (e)

Board out, place out or place as an adopted boarder, any ward (other than a ward who has been committed to an institution).

Section 23 (1) (f)

Approve of persons applying for the custody of wards and the homes of such persons.

Section 23 (1) (g)

Arrange the terms and conditions of the customs of any ward.

Section 23 (1) (h)

Direct the restoration of any ward, other than a ward detained in an institution where:-

- (a) There is agreement of all parties involved including the foster parents.

Section 23 (1) (i)

Direct the absolute discharge of any ward, other than a ward detained in an institution.

Section 23 (4)

Place a ward as an adopted boarder.

Section 48G (1) (b)

Pay foster parents of intellectually handicapped persons such rates as prescribed.

Section 48G (1) (d)

Board out, place out, or place as an adopted boarder, any intellectually handicapped person.

Section 48G (1) (e)

Approve of persons applying for the care of intellectually handicapped persons, and of the accommodation to be made available by such persons.

Section 48G (1) (f)

Arrange the terms and conditions upon which persons may have the care of any intellectually handicapped person.



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Section 48G (3)

Place an intellectually handicapped person as an adopted boarder in the care of a foster parent.

Section 73

Lay a complaint that, having made due inquiry, he believes any child or young person to be neglected or uncontrollable.

Section 74

Apprehend a child or young person for whose apprehension a warrant has been issued under Section 73 of the Act, although the warrant may not be in his possession at the time.

Section 76

Apprehend without a warrant, any child or young person who is in a brothel, a place where any drug is unlawfully manufactured, prepared, administered, consumed, used, smoked, distributed, or supplied and is in need of care, protection and control by reason of being in such a place, or who he has reason to believe is a neglected or uncontrollable child or young person.

Section 81C (3) (b)

Be present at a Police Station during interrogation of a child or young person under the Minister's guardianship.

Section 81C (3)

Consent to a person as specified in the subsection, being present at an interrogation if the right conferred viz Section 81C (3) (b) cannot be exercised.

Section 144 (1) 48K

Order that any child, young person or intellectually handicapped person committed to an establishment be examined to determine his medical physical or mental characteristics or defects.

Section 144 (2) 48K

Consent to any surgical or other operation.

Section 144 (3) 48K

Consent to any surgical or other operation on a person (not being a ward) who is a minor and has been admitted to an establishment or detained in a place of safety.

Section 144C (3)

Present a child, in respect of whom a notice has been served in terms of Section 148C (1), to a medical practitioner at a hospital or another place for the purpose of a medical examination.

Discharges

Approval where previously restored or married.

Payment of Boarding Out Allowances

Standard rate.



3.4. Officers-in-Charge, Child Protection and Family Crisis Units

Particulars of powers, authority
duty or function delegated*Child Welfare Act, 1939*• Section 9

Act as surety in respect of any recognisance required to be entered into to secure the release from custody of any ward or other person subject to the Minister's guardianship.

• Section 23 (1) (b)

Provide for the accommodation and maintenance of any child or young person admitted to State Control until he is boarded out, placed out or placed as an accepted boarder.

• Section 23 (1) (c)

Pay foster parents such rates as may be prescribed.

• Section 23 (1) (d)

Direct removal or transfer of any ward (other than a ward who has been committed to an institution for a specified term),

• Section 23 (1) (e)

Board out, place out or place as an adopted boarder, any ward (other than a ward who has been committed to an institution).

• Section 23 (1) (f)

Approve of persons applying for the custody of wards and the homes of such persons.

• Section 23 (1) (g)

Arrange the terms and conditions of the customs of any ward.

• Section 23 (1) (h)

Direct the restoration of any ward, other than a ward detained in an institution where:-

- (a) There is agreement of all parties involved including the foster parents.

• Section 23 (1) (i)

Direct the absolute discharge of any ward, other than a ward detained in an institution.



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• Section 23 (4)

Place a ward as an adopted boarder.

• Section 48G (1) (b)

Pay foster parents of intellectually handicapped persons such rates as prescribed.

• Section 48G (1) (d)

Board out, place out, or place as an adopted boarder, any intellectually handicapped person.

• Section 48G (1) (e)

Approve of persons applying for the care of intellectually handicapped persons, and of the accommodation to be made available by such persons.

• Section 48G (1) (f)

Arrange the terms and conditions upon which persons may have the care of any intellectually handicapped person.

• Section 48G (3)

Place an intellectually handicapped person as an adopted boarder in the care of a foster parent.

• Section 73

Lay a complaint that, having made due inquiry, he believes any child or young person to be neglected or uncontrollable.

• Section 74

Apprehend a child or young person for whose apprehension a warrant has been issued under Section 73 of the Act, although the warrant may not be in his possession at the time.

• Section 76

Apprehend without a warrant, any child or young person who is in a brothel, a place where any drug is unlawfully manufactured, prepared, administered, consumed, used, smoked, distributed, or supplied and is in need of care, protection and control by reason of being in such a place, or who he has reason to believe is a neglected or uncontrollable child or young person.

• Section 81C (3) (b)

Be present at a Police Station during interrogation of a child or young person under the Minister's guardianship.

• Section 81C (3)

Consent to a person as specified in the subsection, being present at an interrogation if the right conferred viz Section 81C (3) (b) cannot be exercised.



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• Section 144 (1) 48K

Order than any child, young person or intellectually handicapped person committed to an establishment be examined to determine his medical physical or mental characteristics or defects.

• Section 144 (2) 48K

Consent to any surgical or other operation.

• Section 144 (3) 48K

Consent to any surgical or other operation on a person (not being a ward) who is a minor and has been admitted to an establishment or detained in a place of safety.

• Section 144C (3)

Present a child, in respect of whom a notice has been served in terms of Section 148C (1), to a medical practitioner at a hospital or another place for the purpose of a medical examination.

Discharges

Approval where previously restored or marries.

Payment of Boarding Out Allowances

Standard rate.

3.5 Child Protection Officers (Specialist District Officer, Child Protection); Specialist Officer, Child Protection (Child Protection Worker))

Particulars of powers, authority
duty or function delegated.

Child Welfare Act, 1939

• Section 73

Lay a complaint that, having made due inquiry, he believes any child or young person to be neglected or uncontrollable.

• Section 74

Apprehend a child or young person for whose apprehension a warrant has been issued under Section 73 of the Act, although the warrant may not be in his possession at the time.

• Section 76

Apprehend without a warrant, any child or young person who is in a brothel, a place where any drug is unlawfully manufactured, prepared, administered, consumed, used, smoked, distributed, or supplied and is in need of care, protection and control by reason of being in such a place, or who he has reason to believe is a neglected or uncontrollable child or young person.

• Section 81C (3) (b)

Be present at a Police Station during interrogation of a child or young person under the Minister's guardianship.

Government Information (Public Access) Act 2009

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• Section 81C (3)

Consent to a person as specified in the subsection, being present at an interrogation if the right conferred viz Section 81C (3) (b) cannot be exercised.

• Section 90 (1) (c)

Where a child has been dealt with under Section 82 (c), Section 83 (i) (b), to inspect the child and the premises wherein he resides.

• Section 90 (2) (a)

Inspect a child or young person released on probation and the premises wherein he resides.

• Section 91 (1) (a)

Apprehend a child or young person who is reasonably suspected of having broken the terms of conditions of his release on probation, or committal to the care of a person.

• Section 91 (1) (b)

Apprehend a child or young person whose parents or another person are reasonably suspected of having broken any terms or conditions applicable to his release on probation or committal to their care.

• Section 91 (1A) (a)

Take an oath, that having made due inquiry he believes that a child or young person has broken the terms and condition of his release.

• Section 91 (1A) (b)

Make an oath, that having made due inquiry, he believes the terms and conditions of release have been broken.

• Section 91 (1B)

Although the warrant is not at the time in his possession, apprehend the person to whom a warrant, issued under Section 91 (1A) (b) relates.

• Section 91 (4)

Make an application to vary the order of a Court where a child or young person -

- has been released on probation on condition that he remains in the care of a person named in the order;

or

- has been committed to the care of a person named in the order.



Section 125 (2) 48K

Appear and be heard at the hearing of any complaint, application, proceeding or information against any child, young person, or intellectually handicapped person or of any appeal in respect thereof.

Section 135

Take any child or young person to a shelter in respect of whom there is reason to believe that an offence has been committed, or who seeks refuge.

Section 148C (3)

Present a child, in respect of whom a notice has been served in terms of Section 148C (1), to a medical practitioner at a hospital or another place for the purposes of a medical examination.

Public Instruction (Amendment) Act, 1916

Section 15

Accost any boy or girl who is apparently not in attendance at school as required by the Act and accompany such boy or girl to his or her home to verify the name and address they have given.

3.6 Crisis Care Workers 'Montrose' Child Protection and Family Crisis Service

Particulars of powers, authority
duty or function delegated

Child Welfare Act, 1939

Section 73

Lay a complaint that, having made due inquiry, he believes any child or young person to be neglected or uncontrollable.

Section 74

Apprehend a child or young person for whose apprehension a warrant has been issued under Section 73 of the Act, although the warrant may not be in his possession at the time.

Section 76

Apprehend without a warrant, any child or young person who is in a brothel, a place where any drug is unlawfully manufactured, prepared, administered, consumed, used, smoked, distributed, or supplied and is in need of care, protection and control by reason of being in such a place, or who he has reason to believe is a neglected or uncontrollable child or young person.

Section 81C (3) (1)

Be present at a Police Station during interrogation of a child or young person under the Minister's guardianship.

Government Information (Public Access) Act 2009

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1599093

• Section 81C (3)

Consent to a person as specified in the subsection, being present at an interrogation if the right conferred viz Section 81C (3) (b) cannot be exercised.

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Where a child has been dealt with under Section 82 (c), Section 83 (i) (b), to inspect the child and the premises wherein he resides.

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• Section 91 (1) (a)

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Take an oath, that having made due inquiry he believes that a child or young person has broken the terms and condition of his release.

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Make an oath, that having made due inquiry, he believes the terms and conditions of release have been broken.

• Section 91 (1B)

Although the warrant is not at the time in his possession, apprehend the person to whom a warrant, issued under Section 91 (1A) (b) relates.

• Section 91 (4)

Make an application to vary the order of a Court where a child or young person -

- has been released on probation on condition that he remains in the care of a person named in the order;

or

- has been committed to the care of a person named in the order.



• Section 125 (2) 48K

Appear and be heard at the hearing of any complaint, application, proceeding or information against any child, young person, or intellectually handicapped person or of any appeal in respect thereof.

• Section 135

Take any child or young person to a shelter in respect of whom there is reason to believe that an offence has been committed, or who seeks refuge.

• Section 148C (3)

Present a child, in respect of whom a notice has been served in terms of Section 148C (1), to a medical practitioner at a hospital or another place for the purposes of a medical examination.

Public Instruction (Amendment) Act, 1916

• Section 15

Accost any boy or girl who is apparently not in attendance at school as required by the Act and accompany such boy or girl to his or her home to verify the name and address they have given.



DECLARATION OF THE RIGHTS OF THE CHILD

The Declaration of the Rights of the Child was adopted by the United Nations in 1959. However, the Rights were first formulated in 1923, and adopted in 1924 by the League of Nations. The 1959 declaration is an expanded and slightly amended version of the original 1923 charter.

The rights apply to children everywhere, but they were first formulated by a movement which began in Britain in 1919 — to assist children from war torn Europe, and on the home front — regardless of race, nationality, or creed.

The outstanding figure of the early movement was Eglantine Jebb — author of the Rights.

She formed an organisation called "Fight the Famine Council" (now "Save the Children Fund"), which protested against the European blockade, and later organised relief for nations which only a few months before had been the enemies of Britain. She wrote: "It is impossible for the normal human being to watch children starve to death."

Preamble

Whereas the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights, and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom..

Whereas the United Nations has, in the Universal Declaration of Human Rights, proclaimed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.

Whereas the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child of 1924, and recognized in the Universal Declaration of Human Rights and in the statutes of specialized agencies and international organizations concerned with the welfare of children.

Whereas mankind owes to the child the best it has to give.

Now therefore.

The General Assembly

Proclaims this Declaration of the Rights of the Child to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon parents, upon men and women as individuals and upon voluntary organizations, local authorities and national governments to recognize these rights and strive for their observance by

legislative and other measures progressively taken in accordance with the following principles:

Principle 1

The child shall enjoy all the rights set forth in this Declaration. All children, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

Principle 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration.

Principle 3

The child shall be entitled from his birth to a name and a nationality.

Principle 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

Principle 5

The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

Principle 6

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security, a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Assistance of state and other assistance toward the maintenance of children of large families is desirable.

Principle 7

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education

which will promote his general culture, and enable him on a basis of equal opportunity to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right.

Principle 8

The child shall in all circumstances be among the first to receive protection and relief.

Principle 9

The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

Principle 10

The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

Publicity to be given to the Declaration of the Rights of the Child

The General Assembly

Considering that the Declaration of the Rights of the Child calls upon parents, upon men and women as individuals, and upon voluntary organizations, local authorities and national governments to recognize the rights set forth therein and strive for their observance.

1. Recommends governments of member states the specialized agencies concerned and the appropriate national governmental organizations to disseminate as widely as possible the text of this Declaration;

2. Requests the Secretary-General to have this Declaration disseminated and, to that end, to use every means at his disposal to publish and distribute texts in all languages possible.

Government Information (Public Access) Act 2009
This document has been released by
Open Government, Information and Privacy
The Secretary-General to
NSW Department of Communities and Justice, Legal



GLOSSARY OF MEDICAL TERMS AND LEGAL TERMS

1 MEDICAL TERMS

. Abdominal Distention

Swelling of the abdomen. The distention may be caused by internal injury, obstruction, or by malnutrition.

. Abrasion

A wound in which an area of the body surface is scraped of skin or mucous membrane.

. Alopecia

Baldness, absence of the hair from skin areas where it normally is present. May be due to disease, e.g., fungal infection or mechanical hair pulling.

. Anorexia

Lack or loss of the appetite for food.

. Atrophy

Wasting of tissue, flesh, cell or organ. Seen in inactive children.

. Avitaminosis

A condition due to complete lack of one or more essential vitamins. Hypovitaminosis - partial lack of vitamins.

. Bilateral

Affecting, or pertaining to, both sides of the body.

. Bonding

The psychological attachment of mother to child which develops during and immediately following childbirth. Bonding, which appears to be crucial to the development of a healthy parent/child relationship, may be studied during and immediately following delivery to help identify potential families-at-risk. Bonding is normally a natural occurrence but it may be disrupted by separation of mother and baby or by situational or psychological factors causing the mother to reject the baby at birth.

. Bruise

An injury that does not break the skin but causes ruptures of small underlying vessels with resultant discolouration of tissues. Other organs can be bruised e.g. brain, kidney, and bones. See Haemorrhage for classification of bruises.

. Burn

A wound produced by mechanical means - such as heat, cold, electricity, or chemicals.

- 1st degree: Scorching or redness and tender skin
- 2nd degree: Blisters
- 3rd degree: Destruction of outer layer of the skin

**Calcification**

Formation of bone. The amount of calcium deposited can indicate via x-ray the degree of healing of a broken bone or the location of an old fracture.

Callus

New bone formed during the healing process of a fracture.

Cartilage

The hard connective tissue that is not bone, but, in the unborn, preterm and growing child is the forerunner of bone before calcium is deposited in it.

C.A.T. Scan

Computerised Axial Tomography - uses a collection of x-rays to build up a 3 dimensional picture of part or all of the body and is more detailed than simple x-rays.

Central Nervous System

The system controlling those bodily functions of, relating to, comprising or originating in the brain and spinal cord.

Cervical

Pertaining to the neck.

Chip Fracture - See Fracture**Clinical Photographs**

Photographs taken of injuries, often useful as evidence.

Clotting Factors

Factors that cause blood to clot or coagulate. Deficiencies of clotting factors are a cause of internal or external bleeding and/or bruising. Bruises or bleeding caused by diseases can be mistaken as abuse.

Clotting Studies

The tests done to diagnose or rule out possible diseases of clotting factors. These include such tests as Prothrombin time (PT), partial thromboplastin time (PTT), bleeding time, etc. these tests measure the clotting factor system.

Colon The large intestine**Comminuted Fracture** See **Fracture****Compound Fracture** See **Fracture****Concussion**

An injury to the brain as a result of impact, violent shaking



1599098

. **Congenital**

Refers to conditions that are present at birth, regardless of their cause.

. **Conjunctiva**

Transparent lining covering the white of the eye and eyelids. Bleeding beneath the conjunctiva can occur spontaneously or from accidental or non-accidental injury.

. **Contra indication** Reason for not giving a particular drug or treatment as it may do more harm than good.

. **Contusion** - See BRUISE

. **Cortex**

The outer layer of an organ or other body structure, as distinguished from the internal substance, e.g., the cortex of bone, brain cortex, etc. (cortical)

. **Cot death** - Also known as Sudden Infant Syndrome (SIDS)

A condition which may be confused with child abuse. Cot death is an unexplained death in a baby or infant who has been healthy except for minor respiratory infection.

. **Cranium** - Referring to the skull

. **Cystic Fibrosis** - a disease of the exocrine system involving the lungs, pancreas, liver and bowel. Preliminary symptoms in an infant or child are increased appetite, weight loss, recurrent pneumonias.

. **Diaphysis**

The shaft of a long bone.

. **Differential Diagnosis**

A medical term referring to the process of listing different conditions and doing the appropriate test to establish which disease may be responsible for the symptoms that a child may have.

. **Dislocation**

Displacement of a bone from a joint. This may accompany a fracture or may occur alone.

. **Distal**

Part of an extremity relatively farther from the trunk. Opposite to proximal.

. **Duodenum**

The first portion of the small intestine which emerges from the stomach. This can be one of the injury sites from a blow to the abdomen, often associated with obstruction.



• **Eccymosis** See Haemorrhage

• **Encopresis**

The involuntary passage of faeces. This is usually a psychological symptom and has been described as a presenting complaint in incest or other emotional disorders.

• **Enuresis**

The involuntary passage of urine. This is a common condition of children which may or may not be of psychological origin.

• **Epiphysis**

The growth centre near the end of a long bone. The epiphyses eventually join to the main portion of the bone in later life.

• **Failure to Thrive Syndrome (FTT)**

A serious medical condition most often seen in children under one year of age. An FTT child's height, weight, and motor development fall significantly short of the average growth rates of normal children. In about 10% of FTT cases, there is an organic cause such as serious heart, kidney, or intestinal disease, a genetic error of metabolism, or brain damage. All other cases are result of a disturbed parent-child relationship manifested in severe physical and emotional neglect of the child. In diagnosing FTT as child neglect, certain criteria should be considered:

- 1) The child's weight is below the third percentile, but substantial weight gain occurs when the child is properly nurtured, such as when hospitalized.
- 2) The child exhibits developmental retardation which decreases when there is adequate feeding and appropriate stimulation.
- 3) Medical investigation provides no evidence that disease or medical abnormality is causing the symptoms.
- 4) The child exhibits clinical signs of deprivation which decrease in a more nurturing environment.
- 5) There appears to be a significant environmental psycho-social disruption in the child's family.

• **Foetal Alcohol Syndrome**

Condition in baby due to interuterine affects of alcohol. The eyes are very close together, the face has a "pixie" appearance and there is usually physical and intellectual retardation.

• **Fontanel**

The "soft spots" of an infant's skull where the bones of the skull have not yet grown together. When a child has increased pressure in the head from a number of causes the fontanel may be described as a "bulging fontanel". This usually implies increased pressure inside the skull.



1599100

Fracture

A broken bone, which is one of the most common injuries found in abused children. The fracture may occur in several ways:

- Chip Fracture

A small piece of bone is flaked from the major part of the bone.

- Comminuted Fracture

Bone is crushed or broken into a number of pieces.

- Compound fracture

Fragment(s) of broken bone protrudes through the skin causing a wound.

- Simple fracture

Bone breaks without wounding the surrounding tissue.

- Spiral fracture

Twisting causes the line of the fracture to encircle the bone like a spiral staircase.

Frontal

Referring to the front portion of the body, e.g., the forehead.

Fundoscopic Examination

Ophthalmic examination to determine if eye irregularities or injuries exist.

Gluteal

Relating to the buttocks.

Gonorrhoea - See Venereal Disease

Haematemesis

Vomiting of blood from the stomach. May be the result of internal injuries.

Haematoma

The swelling caused by collection of blood in a space such as under the skin or under the skull.

Haematuria

Blood in the urine which may be due to renal injuries or other diseases.

Haemoglobin - a common measurement of the level of red blood cells in the blood.



- **Haemophilia**

An hereditary blood-clotting disorder characterised by internal or external bleeding. Usually the external bleeding is around joints.

- **Haemoptysis**

Spitting or coughing blood from the windpipe or lungs.

- **Haemorrhage**

The escape of blood from vessels; bleeding. Bruises due to haemorrhage are usually classified by size:

- **Petechiae**

Very small bruises caused by broken capillaries. Petechiae may be traumatic in nature or may be caused by clotting disorders.

- **Purpura**

Petechiae occurring in groups, or a small bruise (up to 1 cm. in diameter).

- **Echymosis**

Larger bruise

- **Herpes** - See Venereal Disease.

- **Hyper** - prefix meaning excessive.

- **Hyperactive Child**

- **Hyperactive Child**

Any behavioural activity which is considered more than normal for a child at a given developmental age. The causes are numerous and may be due to disorders of the body, environmental stimulation, or a behavioural adaptation pattern.

- **Hyperthermia**

Condition of high body temperature.

- **Hyphema**

Hemorrhage within the anterior chamber of the eye often appearing as a blood-shot eye. This can be due to a blow, injury or sudden acceleration followed by sudden deceleration as in tossing a baby up and down or shaking it.

- **Hypo** prefix meaning deficient.

- **Hypoactive**

Less active than is considered normal.

- **Hypothermia**

Condition of low body temperature.



1599102

• **Hypovitaminosis**

Condition due to the deficiency of one or more essential vitamins.
(See also AVITAMINOSIS)

• **Ileum**

The final portion of the small intestines which lies between the colon and jejunum.

• **Impetigo**

A highly contagious skin disorder usually in infants and small children, characterised by red blisters.

• **Internal Injuries**

A general term referring to a whole range of injuries to internal organs.

• **Intraocular**

Inside the eye.

• **Jejunum**

The middle portion of the small intestine between the duodenum and the ileum.

• **Kwashiorkor**

A severe form of protein-calorie malnutrition in which the body has lost proteins, thus the child has considerable oedema fluid.

• **Laceration**

A wound which is characterised by being torn, ragged, or sharp-edged. A laceration can be caused by a knife or other instrument which cuts or tears the skin.

• **Lateral**

Toward the side.

• **Lesion**

A general term for any injury to any part of the body from any cause that results in damage or abnormal appearance of the body tissue involved. A lesion may be caused by poison, infection, dysfunction or violence.

• **Leukemia**

A malignant disease of blood forming elements. These children can present with petechiae or bleeding manifestations which has to be considered in the differential diagnosis of children who bruise easily.

• **Long Bone**

General term applied to the bones of leg or arm.



1599103

• **Lumbar**

Referring to the part of the back between the ribs and the upper portion of the pelvis.

• **Mal** - Prefix meaning "bad"

• **Malnutrition**

Failure to receive adequate nourishment. This may be the result of an inadequate diet or an imbalanced diet where certain foods are withheld. A general term indicating a deficiency of a normal diet. (See KWASHIORKOR, MARASMUS).

• **Marasmus**

Protein-calorie malnutrition which occurs during the first years of life characterised by retardation of growth, progressive wasting of subcutaneous fat and muscle. It is usually accompanied by retention of appetite and mental alertness.

• **Medial**

Toward the middle or mid-line.

• **Mesentery**

The membranes which cover abdominal organs and attach the bowel to the abdominal wall. The mesentery may be injured in interabdominal trauma or inflamed as with peritonitis.

• **Metaphysis**

The part of the shaft of the long bone which is next to the epiphyseal growth center. Chip fractures or avulsion fractures often occur to the metaphysis as a result of shaking.

• **Mongolian Spots**

A birthmark of increased pigmentation usually found on the lumbar or buttocks region. Generally these birthmarks are found in non-whites but also may be present in whites. They disappear or atrophy with time and can be confused with bruising. The history of being present at birth and not changing with observation leads one to the correct assessment. Mongolian spots may also be present on the limbs of the child.

• **Moribund**

Dying or near death.

• **Non-Accidental Injury**

An injury which occurs other than by chance (an accident). Legally this refers to an injury which is inconsistent with the stated cause.

• **Non-Organic Failure to Thrive See Failure to Thrive**

• **Occipital**

Referring to the back of the head.

• **Oedema**

The presence of increased fluid in the tissues of the body.



1599104

• **Osification**

Formation of bone.

• **Osteogenesis Imperfecta**

An inherited condition of bone which may be present at birth or become apparent in early childhood. The bones are abnormally brittle and subject to fracture. This condition is extremely important to rule out in suspected cases of child abuse.

• **Paralysis**

Complete or partial loss of function usually involving motor function in a part of the body.

• **Pathologic Fracture**

A fracture due to a disease and not trauma; for example, as seen in osteogenesis imperfecta.

• **Perinatal**

This refers to the period of time including before birth, at birth, and for the month after birth.

• **Perineum**

The area between anus and the scrotum or vagina.

• **Periosteal Elevation (hemorrhage)**

The ripping or tearing of the surface of a bone and the resultant hemorrhage occurring when a bone is broken.

• **Periosteum**

The connective tissue covering bones.

• **Peritonitis**

Inflammation of the lining of the abdomen (peritoneum). This may be caused by infection.

• **Percentile**

A number relating to the normal distribution for a particular variable; for example, a child who is below the 3rd percentile in height is among the 3% shortest children for a particular age. Percentiles are particularly relevant for height, weight, and head circumference. Ideally the height, weight and head circumference should be close to the same percentile. When percentiles are in disonance, it is of concern.

• **Petechiae**

Small pin-point haemorrhages of the skin which do not blanch (whiten) on pressure. - See haemorrhage.

• **Platelet Count**

Measurement of a type of blood cell important in blood

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1599105

Seizures

An abnormal electrical discharge from the brain which may or may not be associated with uncontrollable muscular contractures. There are various types of seizures depending upon the area of the brain involved. Seizures can be the result of injury to the brain.

Sequelae

After effects. Usually medical events following an injury or disease. In child abuse, sequelae is used to refer to psychological consequences of abusive acts and the perpetuation of abusive behaviour across generations, as well as specific after-effects such as brain damage, speech impairment, and impaired physical and/or psychological growth.

S.I.D.S. - see Cot death**Simple Fracture - See Fracture****Skeletal Survey**

A series of x-rays that studies all bones of the body. Such a survey should be done in all cases of suspected abuse to locate any old, as well as new, fractures which may exist.

Spiral Fracture - See Fracture**Sprain**

Injury by sudden traction to muscles or ligaments, causing swelling.

Subcutaneous beneath the skin.**Subdural Haematoma**

A bruise or collection of blood just beneath the outer layer of the brain - common following severe injury or shaking.

Suffocation

Interference with breathing causing deprivation of air.

Suture

This may refer to an immovable joint such as occurs between the adjoining bones of the skull. Also it may refer to "stitches" which are used in closing a wound.

Syphilis

One of the venereal diseases. One of the manifestations in its congenital form which may be confused with child abuse. Generally the bilateral characteristic of the bone lesions and blood tests will help confirm this condition. See Venereal disease.

Temporal

This refers to the lateral or side region of the head.

Torus Fracture - See Fracture.



Trauma

An internal or external injury or wound brought about by an outside force. Usually trauma means injury by violence, but it may also apply to the wound caused by any surgical procedure. Trauma may be caused accidentally or, as in a case of physical abuse, non-accidentally. Trauma is also a term applied to psychological discomfort or symptoms resulting from an emotional shock or painful experience.

Turgor

Usually referring to the state of elasticity and tension of the skin. Lack of normal turgor is often seen in dehydration and malnutrition, and especially in the child presenting with non-organic failure to thrive.

Unilateral

Affecting one side of the body.

Urticaria Pigmentosa

A skin disorder characterised by histamine type cells in the skin. This disease is present in prepubertal children and looks like bruises. Cases have been reported where it is confused with child abuse, because there is no history of how the lesions were obtained. Rubbing the lesions will produce a skin response of reddening oedema of the skin ("wheal and flare" response).

Vascular

Of the blood vessels.

Venereal Disease

Any disease transmitted by sexual contact. Presence of a venereal disease in a child may indicate that the mother was infected with the disease during pregnancy, or it may be evidence of sexual abuse.

Visceral

Referring to the inner cavity of the abdomen, e.g., visceral injury, visceral organs (liver, spleen, bowel, etc).

Vital Signs

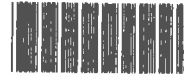
The measurements of temperature, pulse, blood pressure, and respiratory rate, and eye responses.

Vitreous

The material which is enclosed in the major portion of the eye. This is normally clear. With eye injury one may have a vitreous hemorrhage.

Welt

A raised area of the skin of the body which is usually the result of blood in the tissue as well as oedema fluid from injured blood vessels.



1599107

Whiplash Shaken Infant Syndrome (WSIS)

This refers to the condition described by Dr Caffey which may cause subdural haematoma, interocular haemorrhage and avulsion fractures of the metaphyses.

X-Rays

Photographs made by means of X-rays. X-rays are one of the most important tools available to physicians in the diagnosis of physical child abuse. With X-rays, or radiologic examinations, physicians can observe not only the current bone injuries of the child, but also any past injuries that may exist in various stages of healing. This historical information contributes significantly to the assessment of a suspected case of child abuse. Radiological examination is also essential to distinguish organic diseases that may cause bone breakage from physical child abuse. Skeletal surveys can be criticised in that they expose a child to radiation. However, a child with undetected fractures is often a child at risk of further severe physical abuse. When there are suspicions that a child has been abused, negative results from x-rays can be important.

2 LEGAL TERMS

Abuse

Abuse in relation to a child means assault, or ill-treat the child, or subject the child to behaviour that psychologically harms him, or is likely to psychologically harm him, whether or not, in any case, with the consent of the child. (*Section 4 (1), Community Welfare Act, 1982*).

Assessor

Assessor - a person, chosen by the Senior magistrate, to sit with and to advise, the magistrate. (*Section 78, 79 of the Act*).

Application

Application - term used to seek an inquiry by the court into the case of a child believed to be in need of care.

Care

Care - child in need of:

- a) adequate provision is not being, or is likely not to be, made for his proper care;
- b) he is being, or is likely to be abused;
- c) he is being, or is likely to be abused as a consequence of:
 - i) his behaviour, or
 - ii) the conduct of any person with whom he is residing or the conditions in which he is residing; or



- d) he is not under competent and proper guardianship.
(Section 44 (4) of the Community Welfare Act 1982).

Child

Person up to 18 years of age. For the purpose of child abuse notification, a 'child' is a person up to 16 years of age.

Custody

For the purpose of care proceedings, custody means "care" of the child. Custody does not give as much responsibility or rights as guardianship.

Ethnic Group

For the purpose of this section of the Community Welfare Act, "ethnic" includes Aboriginal.

Evidence

Evidence - In child protection cases the rules of evidence under the *Community Welfare Act, 1982* are relaxed to the extent that the court is not bound by the rules of evidence. However, it should be kept in mind that it is the weight of the evidence that is crucial.

Expert Testimony

Witnesses with various types of expertise may testify in a child abuse or neglect case. Experts are usually questioned in court first about their education or experience which qualifies them to give opinions about certain matters. Only after the magistrate decides that the witness is sufficiently expert in the subject matter and that he or she can offer testimony which is beyond the common knowledge of an ordinary person, may the witness proceed to state his or her opinions. Doctors and psychologists are the most common expert witnesses in abuse cases.

Guardian ad litem

An adult who is appointed by a court to act in the child's behalf.

Guardianship

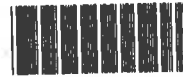
In children's courts, guardianship is given a wide interpretation beyond the definition of legal custody of the child.

Guardianship-incompetent

The guardians do not or cannot comply with normal standards of household management or child care and present an unacceptable standard of physical, emotional and psychological care of the child.

Guardianship-improper

Guardians do not or will not carry out their obligations according to the ordinary mores of society - usually applies in cases of



1599109

• **Intellectually Handicapped (Part XI)**

Means a condition characterised by:

- a) inadequate social adjustments;
- b) a retarded rate of maturation or;
- c) a significant limitation of learning capacity,

due to arrested or limited development of intellectual functioning.

• **Medical Examination Order**

An order which is served on the caregiver of the child, to present the child to a doctor or a hospital for medical examination.

• **Officer**

Officer means temporary or permanent employee in the Department of Youth and Community Services.

• **Offence**

Offence means an offence punishable summarily or on indictment under this or any other act at common law.

• **Parent**

Parent means:

- a) a guardian of the child, or
- b) a person who has custody of the child but does not include the Minister or the Director-General.

• **Person Responsible**

Person responsible in relation to a child means:

- a) a parent of the child
- b) a person (not the Minister or Director-General) who has the care of the child
- c) where the child is in the care of the Minister or Director-General, any person who had the care of the child, immediately before the child came to be in the care of the Minister or Director-General.

• **Place of Safety**

A place where a child is safe from further abuse or neglect. A place of safety can include a hospital, a foster home, or a departmental or non-Government establishment.

• **Prescribed Person (Section 102 of the Community Welfare Act 1932)**

At present the only group of people prescribed under the Act are doctors.

• **Premises**

Premises includes any land, building, vehicle or vessel



• **Private Fostering Agency**

Private fostering agency means a person who performs (whether or not for fee, gain or reward) private fostering services with respect of children other than children of whom that person is a parent.

• **Subpoena**

A document issued by a court clerk, usually handed by a process server or police officer to the person subpoenaed, requiring that person to appear at a certain court at a certain day and time to give evidence in a specified case. If a subpoena is disobeyed a warrant may be issued for the person to be brought before the Court and it is possible that he/she could be held in custody until the hearing of the case.

• **Very highly probable**

The standard of proof in care proceedings is higher than the civil standard (on the balance of probabilities) but not as high as the criminal standard (beyond reasonable doubt).

• **Warrant**

A document issued by a magistrate authorising the arrest or detention of a person, or the search of a place and seizure of specified items in that place. The magistrate must be given 'reasonable cause to believe' that the warrant is necessary.

• **Witness**

A person who has seen or heard something. A person called upon to testify in a court proceeding.



Prothrombin Time - See Clotting Studies

Proximal

Part of an extremity located relatively closer to the trunk.

Purpura

Bleeding into the skin to form a small bruise.

Radiological

Of, or relating to the use of x-ray or radioactive substances in diagnosing medical conditions.

Rarefaction

Loss of density. On an x-ray, an area of bone which appears lighter than normal is in a state of rarefaction indicating a loss of calcium.

Retina

The inside lining of the eye. Injury to the head can cause bleeding or detachment of the retina possibly causing blindness.

Rickets

A condition caused by deficiency of vitamin D, which disturbs the normal development of bones.

Rubella

A viral infectious disease which may affect new-born infants. One of the early manifestations may be petechiae or easy bruising. There may be associated bone lesions which may be confused with child abuse cases.

Rx Ordered

Sacral Area

The lower part of the back, from the lumbar area down to the perineum.

Scar

The dense fibrous tissue that is left by the healing of injured tissue.

Sclera

The tough white outer layer of the eyeball. As a result of a blow to the eye one may see scleral haemorrhage.

Scurvy

A condition caused by Vitamin C deficiency. The child is usually lethargic, anorectic and has swollen gums.



1599112

CHILD AT RISK NOTIFICATION FORMS

ATTACHED ARE:

- Page 1 Child at Risk Notification Form - Form 1
- Page 2 Child at Risk Notification Form - Form 2
- Pages 3 Child at Risk Notification Form -
and 4 Form 3, Parts A and B
- Page 5 Procedures associated with Form 3
- Page 8 Sample Form, local office Register - C.A.R.
Notifications.
- Page 9 Sample, Child at Risk local office card
system



1. CHILDREN

Child at risk

Surname: k/a Given name:

Home Address: Post Code:

Date of Birth: Sex Perceived Nationality

Present whereabouts of child

Other children in household

Table with columns: Child, Given name only, D o B, Sex. Rows 1-6.

No. of children in household

2. PARENT(S) or SUBSTITUTE PARENT(S)

Mother D o B Father D o B

Surname:

Given Name:

Also Known As:

Mother's Maiden Name:

Relation to Child:

Perceived Nationality:

Need for Interpreter (Circle appropriately) Yes No Yes No

Address:

Post Code: Post Code:

tel: tel:

3. SOURCE OF REPORT

Name: Status time am/pm

Address: Phone No. date day of week

Notification received by at DO/CPU

4. GROUNDS FOR NOTIFICATION (Circle the appropriate number; if applicable, circle more than one number)

- 1. Physical abuse 2. Other drug abuse
3. Sexual abuse 4. Parent unable to cope
5. Emotional abuse 6. Neglect
7. Alcohol abuse 8. Failure to thrive
9. Other specify

Brief description of grounds

5. KNOWN AGENCY INVOLVEMENT (including school or pre-school)

Agency Contact Person tel:

6. ACTION (Circle the appropriate number; if applicable, circle more than one number)

(For a circled number, indicate whether "Done" or "To be done")

(An uncircled number means that the item does not apply)

Table with columns: Done, To be done. Rows 1-15.

Describe any other action

7. CHILD PROTECTION UNIT/LOCAL OFFICE INFORMATION

Notification phoned to at DO/CPU

By time am/pm

8. YACS CASE CO-ORDINATOR

Name at DO/CPU

Grid 1

Grid 9 1, 11, 17, 23

Grid 28, 46

Grid 50, 56, 62, 68

Grid 1, 9, 21

Grid 13, 17, 21, 23, 31

Grid 33, 47

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1 [] [] [] [] [] [] [] [] [] []

SURNAME: Given Name:

1. GROUNDS FOR REGISTRATION (Circle appropriate number; if applicable circle more than one number)

PHYSICAL

- 1. No visible injuries
2. Skull fracture
3. Shaking
4. Fracture (other than skull)
5. Facial/head bruising
6. Internal injuries
7. Other bruising
8. Attempted suffocation
9. Lacerations/Welts
10. Attempted strangulation
11. Burns
12. Deceased (indicate cause if possible)
13. Dislocations/Sprains/Twisting
14. Other (Specify



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SEXUAL

- 1. Sexual intercourse - blood relative
2. Other sex behaviour - non blood relative
3. Sexual intercourse - non blood relative
4. Other sex behaviour - non household member
5. Sexual intercourse - non household member
6. Child exploited (prostitution/pornography)
7. Other sex behaviour - blood relative
8. Other (Specify

EMOTIONAL

- 1. Severe verbal abuse
2. Social/physical isolation used as punishment
3. Frequent scapegoating/rejection
4. Other (Specify

ALCOHOL

- 1. Mother dependent during pregnancy
2. Child supplied with alcohol
3. Child born with foetal alcohol syndrome
4. Other (Specify

DRUGS

- 1. Intentional overdose of child by parent/other
2. Mother drug dependent during pregnancy
3. Overdose of child by parent/other
4. Child drug dependent at birth
5. Fail to control access to drugs/poisons
6. Other (Specify

PARENTS UNABLE TO COPE

- 1. Behaviour management difficulty
2. Needs short break from children
3. Needs long break from children
4. Threats to harm child
5. Other (Specify

NEGLECT

- 1. Neglect of physical needs
2. Failure to thrive
3. Malnutrition
4. Consistent Neglect of medical care
5. Other (Specify



1 [] [] [] [] [] [] [] [] [] []

2. RISK FACTORS - CHILD

- 1. Complicated birth history
2. Approaches parents infrequently
3. Mental/physical handicap
4. Relates to adult indiscriminately
5. Significant separation from parents
6. Significant behaviour problems
7. Abused more than siblings
8. Frequent hospital/G P presentation
9. Disappointed at sex of baby
10. Adopted
11. Described as different
12. Fostered
13. Clings to parents
14. Other

Specify/describe:

3. RISK FACTORS - PARENTS "M" denotes mother; "F" denotes father.

- M F
1 1 Victim of violence as child
2 2 Adopted as child
3 3 Rigid harsh punishment as child
4 4 Wardship as child
5 5 Unhappy as child
6 6 Other substitute care as child
7 7 Ignorant re child care skills
8 8 Drug use contributes to risk
9 9 Inappropriate expectations of child
10 10 Alcohol use contributes to risk
11 11 Limited intellectual ability
12 12 Other

Specify/describe:

4. RISK FACTORS - FAMILY STRESS

- 1. Unemployment
2. Health factors
3. Change to family structure
4. Financial problems
5. Accommodation
6. Recent separation/death
7. Few social contacts
8. Literacy problem
9. Severe relationship difficulties
10. Unsupportive family
11. Recent crisis
12. Other.

Specify/describe:

5. ACTION (FROM DATE OF NOTIFICATION TO DATE OF COMPLETION OF FORM 2)

- 1. No action
2. Doctor consulted
3. Home visit
4. Admission to hospital
5. Med. surveys complete
6. Family aware notif. has been made.
7. Med. Exam. ordered
8. Police informed
9. Referral to other agency
10. Clinical Photos
11. Child apprehended
12. Crisis Care; voluntary admission.
13. Court Action
14. Other

Specify/describe:

ANY OTHER DETAILS:

YOUR RECOMMENDATION RE REGISTRATION:

Completed by: date: decision:

Prime Worker: phone: date:

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CHILD AT RISK/CHILD ABUSE NOTIFICATION
CASE PLAN AND PROVISION FOR REVIEW

NOTIFICATION / REGISTRATION

--	--	--	--	--	--	--	--

IF THE CASE HAS BEEN REGISTERED, THIS SECTION MUST BE COMPLETED AND SENT TO THE MONTROSE CHILD PROTECTION AND FAMILY CRISIS SERVICE WITHIN 28 DAYS OF ORIGINAL NOTIFICATION.

SUBJECT CHILD:

Surname: _____ Given name: _____



CASE CONFERENCE DETAILS

Reason for case conference:

.....

.....

Place of case conference:

.....

Date of case conference:

Chairperson: Agency:

Persons present and agencies represented:

.....

.....

2. CASE PLAN (include short and long term actions to be taken in regard to both child and family; state who will be responsible for each action)

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3. DATE FOR CASE REVIEW:

NOTED BY SENIOR OFFICER CHILD PROTECTION AND FAMILY CRISIS SERVICE

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1599116

12.00 hrs RAHC Casualty Registrar, after discussing his concerns about Brett's safety with Denise, and the results of the X-rays, telephoned 'Montrose' Child Protection and Family Crisis Service to notify Brett as a child at risk (Section 102 under of the Community Welfare Act, 1982). The Registrar also informed Montrose that Brett had been seen at RAHC on previous occasions for growth failure, and had been diagnosed as a child who non-organically failed to thrive (FTT). He was also known to the Department of Youth and Community Services and by the Departmental Psychiatrist following the previous notification as a FTT child. Brett was also known to the Wiley Park Centre.

12.30 hrs Staff of 'Montrose' Child Protection and Family Crisis Service telephoned the Police Child Mistreatment Unit and arranged for a Police Officer to interview Miss Denise Glum at the RAHC, together with a 'Montrose' Family Crisis Worker - Mr Tom Scott.

14.30 hrs Denise Glum interviewed at RAHC by Judith Anderson of the Police Child Mistreatment Unit and Tom Scott from 'Montrose' Family crisis service. Evidence taken by Judith Anderson.

Tuesday 08.00 hrs
March 7

Case Conference at RAHC involved:

Dr	RAHC Casualty
Judith Anderson	Police
Tom Scott	'Montrose' Family Crisis Service
Sandra Jones	Child Protection Worker, Hurstville
Dr Phillips	RAHC
Sister Charity	RAHC Ward Sister
Mary Smith	Community Welfare Officer, Hurstville

Conference recommendation:

1. Court action to be taken to protect Brett. An application, that Brett is in need of care, to be made at Yasmar Children's Court.
2. Sandra Jones and Mary Smith of Hurstville office to home visit both parents
3. RAHC Dr will be subpoenaed to Court, together with all medical records, x-rays and clinical photography.

14.00 hrs Case for mention at Yasmar Children's Court. Application that child is in need of care.

Friday 14.00 hrs
March 9

Brett taken before the Magistrate Children's Court after an application that he is a child in need of care (Section 44(4) Community Welfare Act, 1982).

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1599117

Casualty Department
9th March, 1984

The Court Officer,
Yasmar Children's Court
185 Parramatta Road
HABERFIELD NSW 2045 10

Dear Sir,

RE: Brett GLUM - D.O.B. 20/9/78 - Aged 5 years 6 months

I first saw Brett at 6.30 am on Sunday, 4th March, 1984, in the Casualty Department. I subsequently saw him on 8 occasions in Edgar Hoover Ward, and my Resident Medical Officer saw him on other occasions.

On initial examination Brett had bilateral "black eyes" (periorbital haematomas) soft tissue swelling over the occipit. There were no other abnormalities found on this examination. I ordered a skull x-ray which demonstrated a fracture. The next morning, Monday 5th March, 1984 a CAT scan was ordered and this demonstrated bilateral subdural haematomas.

On examining Brett's old notes I noted that he had 2 previous admissions for non-organic Failure to Thrive (FTT). On this occasion he is still non-organically FTT on the basis of his length, weight, being below the 3rd percentile and his head circumference on the 10th percentile.

Brett can briefly attend the Metropolitan Children's Court today on a gate-pass but should return to Royal Alexandra Hospital for Children for further observation.

My assessment is that Brett's injuries are inconsistent with a child falling out of bed. He is failing to grow appropriately without demonstratable organic cause.

Yours faithfully

Medical Registrar



New South Wales Police

STATEMENT in matter of:

Place: Child Mistreatment Unit
BANKSTOWN

Date: 4 March, 1984

Name: Anderson Judith
Address: Child Mistreatment Unit, CIB
Occupation: Detective Senior Constable STATES:

1. About 2.00 p.m. on 4 March, 1984 I went with Tom Scott, Family Crisis Worker to the Edgar Hoover Ward of the Royal Alexandra Children's I then had a conversation with Dr. the Registrar.
2. As a result of that conversation I went to Bed 4 in that Ward with Sister SMART and Tom SCOTT and I said to Brett GLUM, "Brett, I am a Policewoman and my name is Detective Judith Anderson. This is Mr Scott. Can you tell me how you got your black eyes please?". He said; "Mummy was cranky, she was yelling at Daddy and when he left I was naughty and she hit me in the eye and I fell over and hit my head against the edge of the little table". I said, "When did Mummy hit you?". He said, "Last night, I woke up and my head was hurting and I woke Mummy up and told her and she brought me to the hospital." I said, "O.K. Brett, we'll see you later on. We're going to have a talk with Mummy now".
3. I then went with Eric Scott to an Interview Room in the Edgar Hoover Ward where I saw Denise GLUM. I said, "I am Detective Anderson from the Police Child Mistreatment Unit and this is Tom Scott a Crisis Worker from the Department of Youth and Community Services. Are you Brett's mother? She said, "Yes". I said, "How old is Brett" She said, "He's five". I said, "I have been informed that Brett was presented to the Hospital early this morning and at that time he had two black eyes. I want to ask you some questions about how Brett got the black eyes." She said, "Fire away, I've got nothing to hide. I've already told them all what happened".
4. I said, "Can you tell me what caused the bruising to Brett's eyes?" She said, "About eight o'clock last night I was watching T.V. and I heard a thud come from his room. I thought Brett had fallen out of bed. I went into this room and he was on the floor. I picked him up and put him back into his bed". I said, "What happened then". She said, "He's always falling out of bed, so I wasn't worried". I said, "There are no other marks on Brett's face, and I have been informed that the black eyes are not consistent with having fallen out of bed. Can you give me any other explanation as to how this could have happened?". She said, "I don't know. I didn't hit him if that's what you think". I said, "Can you tell me what made you decide to bring Brett to the hospital at six o'clock this morning?". She said, "I don't really know. I just thought I'd take him in for a check up". I said, "I understand that you are not married, would you care to tell me where Brett's father is?" She said, "I don't know, he came around on Saturday and all he did was cause trouble as usual". I said, "Does he normally live with you and Brett" she said, "no, I live by myself". I said, "was any other person staying at your home on Saturday night when you say that Brett fell out of bed and sustained these injuries?" She said, "No". I said, "I have also been informed that since Brett was admitted to hospital he has been examined and they have found that he is also suffering from a fractured skull and a subdural haematoma."

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Can you give me any explanation as to how these injuries occurred?" She said, "I don't know, it must have been when he fell out of bed otherwise I don't know". I said, "Before I came to see you this morning, I spoke to your son Brett. Brett told me that on Saturday night, after he was naughty, you hit him in the eye and he fell over and hit his head against the edge of a little table. What do you have to say about that?" She said, "That's not true, I don't know why he'd tell you that". I said, "I am of the opinion that Brett has been abused and intend to make an application to the Yasmar Children's Court, that Brett is a child in need of care. Do you understand that?" She said, "I didn't do anything to him."

5. I then accompanied Mrs Glum and Brett with Mr Scott to the Yasmar Children's Court where the application was made.



1599120

3. ASSESSMENT OF RISK TO BRETT

On the basis of the above assessment a case conference was held at 'Montrose' on 7 March, 1984 involving relevant staff from Wiley Park Centre; Youth and Community Services, Community Welfare Office, Hurstville; 'Montrose' Family Crisis Service; and the Police Child Mistreatment Unit. Brett is considered as a child who is seriously at risk of both physical and emotional damage for the reasons set out below:

- . Current injuries are of a serious nature and are not consistent with mother's explanation;
- . Current paediatric assessment of Brett indicates that he is not thriving;
- . Observations by staff at Wiley Park Centre in the last six months seem to indicate that Brett has been seriously depressed;
- . Mother's attitude to Brett has been consistently negative since before his birth;
- . Mother's response to counselling has been limited in terms of behavioural change towards Brett;
- . There has been some growth in Denise's perception of herself and her relationship with her family although basically they remain unsupportive;
- . Denise is very isolated and has not been able to develop supportive friendships;
- . There is continuing financial stress which Denise expresses as anger towards Brett for putting her in that situation.

RECOMMENDATIONS

On the basis of the above assessment, it was considered by all members of the case conference held on 7.3.84 to recommend for consideration by the Court:

1. That Brett be removed from his mother's care and alternative long-term arrangements be made for his care.
2. That Brett be remanded to 'Montrose' Child Protection Unit for a further two weeks so that enquiries can be made in relation to the alternatives for his future care.
3. That Brett continue at Wiley Park School until his future situation becomes clear.
4. That Denise continue to be seen by the Community Welfare Officer (Hurstville) and Child Protection Worker (Hurstville) and that her access to Brett be negotiated with the Housemother, 'Montrose' Child Protection Unit and be consistent with Brett's emotional wellbeing.

Sandra Jones
Child Protection Worker
Hurstville Community Welfare Office

9th March, 1984

Mary Smith
Community Welfare Officer
Hurstville Community Welfare Office

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1.4 RELATIONSHIP WITH TODD McHUGH

Denise has never lived with Todd. Todd maintains that initially he wanted to look after Denise and Brett but that Denise did not want him around. Todd visits Denise and Brett from time to time but does not contribute financially to the home and does not take Brett out. Todd feels that Denise has 'done something' to Brett. He thinks Brett is a strange child and not really like his son should be.

Denise maintains that she has never loved Todd and that he does not care at all for Brett. Todd visits Denise every few months and their contacts usually end up in violent arguments. The night before Brett's admission to R.A.H.C. was one such occasion. Denise maintains there was no physical violence but that they argued and she told him never to come back. Todd describes their recent argument as 'the finish to everything' and says that he will never see either Denise or Brett again. Todd does not contribute financially to Brett's care.

2. STRENGTHS AND PROBLEM AREAS

Denise presents as an intelligent verbal woman. She is motivated at this point to seek employment, and is skilled at typing and clerical work. Employment may change some negative features of her and Brett's current situation, such as providing better housing, food, less financial stress, and improved sense of worth for Denise.

In discussing the recent injuries to Brett, Denise has consistently maintained, despite the medical diagnosis, that Brett fell out of the bed and hit his face on some toy cars. She does, however, at this point acknowledge that Brett and she may be happier if they did not live together. She is, therefore, prepared to some extent for foster care should that be the direction of the Court.

Although there has been some improvement in Denise's feelings about herself and the future, there remain serious problems in her attitude and behaviour towards Brett which are long term and have been well documented by the Department of Youth and Community Services and the Wiley Park Centre. There has been very little evidence of past physical abuse although minimal facial and body bruising has been noted by Wiley Park Centre on a number of occasions. The major concern is that Brett has continued to deteriorate both physically and emotionally. During Brett's recent admission to R.A.H.C. he was fully assessed paediatrically and by a child psychiatrist. He was diagnosed as a child who was experiencing severe failure to thrive that had no organic cause. It was considered that his extreme growth retardation and developmental delay were caused by emotional deprivation and abuse, and physical neglect and deprivation. His current injuries were diagnosed as non-accidental injury.

Although Denise has received a range of professional supports in the past few years and has been co-operative in her contacts it appears that she is unable to change her behaviour towards Brett or more fundamentally her feelings about Brett. Denise has been encouraged to develop friendships with other parents and become involved in community activities. She has resisted these potentially supportive contacts because she believes Brett would ruin any friendship for her. As well as the stress of isolation Denise has had consistent financial problems which contribute significantly to the tensions of the family situation.

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1.2 CONTACT WITH THE DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

Denise and Brett first became known to Hurstville Community Welfare Office when Brett was about six months old. Denise approached the office for financial assistance on a number of occasions. During the next twelve months home visits were made by me and by Mary Smith, Community Welfare Officer in an effort to support Denise and involve her in local mothers' groups. During this period Brett always appeared well cared for and Denise was talkative and co-operative. It was noted, however that Denise's expectations of Brett were not appropriate to his developmental level and that she often smacked him for 'normal' toddler behaviour, such as pulling saucepans from a cupboard that she had left open. Denise also believed that Brett cried to punish her.

When Brett was 2 yrs 3 months Mrs Smith, the Community Welfare Officer, notified Brett to 'Montrose' as a Child at Risk. Mary Smith was concerned at the degree of anger, expressed by Denise towards Brett, that she had observed. Extreme problems in eating behaviour had also developed and Brett did not appear to be thriving. The outcome of this notification was that Brett was referred to Wiley Park Centre for three-days-a-week-attendance and Denise agreed for Brett's physical development to be regularly monitored by Wiley Park staff and their consultant paediatrician. The Primary Worker on the management of Brett's case remained as the Community Welfare Officer, Hurstville with support from the Social Worker, Wiley Park and the Child Protection Worker, Hurstville.

1.3 WILEY PARK

From discussion with the teacher and Social Worker, Wiley Park, it appears that Brett has been of constant concern since his admission to the preschool at 2 yrs 6 mths. He initially reacted very negatively to meal time but has in the last year been able to accept the mealtime situation, although he eats little. Brett is interested in riding bikes and climbing but has poor concentration and finds puzzles, and tasks requiring fine motor skills, very difficult. Brett's comprehension and language appear delayed. Brett has not formed any particular friendships at Wiley Park school although he is close to his teacher. Brett is very dominating in his play and at times aggressive. When confronted, however, Brett typically dissolves into tears. Of great concern in recent months is that Brett has been observed weeping on a number of occasions and has begun to bite himself in times of frustration. Wiley Park staff believe that Brett has been quite seriously depressed in the last six months. Any efforts at discussing home with Brett have met with resistance - he either walks off or asks a quite unrelated question.

Although Denise has been open with Wiley Park staff in relation to her own problems, finances, Todd, her parents and sisters, she is guarded about Brett. From observation, however, it has been noted that she shows little interest in Brett's activities and ignores his demands and spontaneous shows of affection. Quite often, Denise refers to Brett as 'the runt' and her verbal interactions with Brett are consistently negative and derogatory. Denise continued to talk about Brett in a way that indicates a lack of understanding of his developmental level and that is inappropriate for his age.



REPORT FOR YASMAR CHILDREN'S COURT 9th March, 1984

Brett GLUM, D.O.B. 20.9.78
2 Pont Street, Wiley Park (currently a patient at the Royal Alexandra
Hospital for Children Camperdown)

1. FAMILY COMPOSITION

MOTHER: Denise GLUM, 2 Pont Street, Wiley Park
FATHER: Tod MCHUGE, 7 Bridge Road, Lakemba
CHILD : Brett GLUM, D.O.B. 20. 9.78

REASON FOR REFERRAL

Brett was notified to Montrose Child Protection and Family Crisis Service by the Casualty Registrar at R.A.H.C. Camperdown on 4.3.84. Brett was brought to Casualty by his mother - two black eyes were noted and on further examination a fractured skull, and bilateral subdural haematoma were noted. The mother's explanation, that Brett had fallen out of bed, was considered not consistent with Brett's injuries. The purpose of this report is to:

1. Present relevant family history
2. Outline current problems and strengths in the family
3. Assess the degree of risk to Brett in his mother's care
4. Make recommendations for the consideration of the Court.

Denise was seen on a number of occasions by myself and Ms Mary Smith, Community Welfare Officer (Hurstville) for the purposes of the current assessment: there has, however been a long history of our involvement with Denise and Brett, as described in Para 1.2. Todd McHuge was seen on one occasion. Information from discussions with the Social Worker and teacher at Wiley Park have also been included in this report.

1.1 FAMILY BACKGROUND

Denise is the third and youngest child in the family. She describes her childhood as happy although she remembers periods when her mother seemed depressed and stayed in bed much of the day. Her father was often away from home with friends and Denise believes he had a drinking problem although he was not violent towards her or her two sisters.

Denise fell pregnant with Brett after her first sexual encounter when she was 19 years of age. She had known Todd McHuge, Brett's father, some months but she describes their relationship as casual. Denise was ambivalent about her pregnancy, but did not seek termination. Her family reacted with anger but when Brett was born pressured her to keep the child although she was planning adoption.

Denise describes Brett's neonatal period as being very difficult. She was living by herself and felt totally unsupported by both her family and Todd. Denise visited Bankstown Baby Health Centre when Brett was three weeks old and it was noted that Brett presented as a normal infant, whose height, weight and head circumference were in the seventy-fifth percentile. Denise visited weekly until Brett was two months old. At that time Denise describes her relationship with Brett as being automatic. She felt that different from other mothers, in that she was unmarried and did not feel love for Brett. For the first six months of Brett's life, Denise stayed at home and punctuated the daily routine by taking long walks with Brett. Denise felt very lonely and resentful at that time as she received no support either financially or emotionally from her family or Todd.

POLICE DEPARTMENT CHILD MISTREATMENT UNIT AND
JUVENILE CRIME SQUAD

1599124

1 ROLE OF UNITS

- 1.1 Both the Child Mistreatment Unit and the Juvenile Crime Squad have a dual role in relation to crimes committed upon juveniles.

1.2 It is the practice within the police department that where an offence has been committed upon a juvenile, whether this be sexual or physical, and it has been committed by a member of the family, or someone within the family unit, the matter is handled by the Child Mistreatment Unit. Where the crime is committed by a stranger or a family friend the matter is the responsibility of the Juvenile Crime Squad. The age of the child makes little difference and both squads work in close co-operation with each other. Matters that are the responsibility of the Child Mistreatment Unit are sometimes referred to the Juvenile Crime Squad by the Child Mistreatment Unit because of staffing problems and locality.

- 1.3 The officers of both Units provide a consultative and backup role to officers of their own department and provide the following services to health and welfare workers:

- a) Assistance in crisis work in the field of child protection;
- b) Assistance in investigative work;
- c) Provision of guidance and expertise in evidence and procedures in court matters;
- d) Consultation with other workers to decide whether legal action should be taken and in that way.

- 1.3.1 A specialist officer is available for consultation, and, if necessary, for assistance.

2 POLICE CHILD MISTREATMENT UNIT

- 2.1 The Unit is situated at:

Meriton House
2nd Floor
432 Chapel Road
Bankstown

Telephone (02) 709 5716
After Hours: 20966 ext. 3162

- 2.2 The Unit specifically deals with emotional, physical and sexual abuse of children within the family unit: the family unit being defined as 'where members of the family are residing in the same dwelling or in those cases where access is provided between separated couples and includes de facto parents, and relatives within the child's household.'



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- 2.3 Although the Unit does not offer a 24-hours service, on-call duty officers are available; procedure for contacting these officers is known to the Department of Youth and Community Services Crisis Care Workers at 'Montrose' Family Crisis Service.
- 2.4 Community Welfare Officers in the country may also consult with the Unit, particularly in cases of sexual abuse of a child.
- 2.5 Contact with the Unit should be made through the Officer-in-Charge.

3 JUVENILE CRIME SQUAD

- 3.1 The Juvenile Crime Squad was formed as a unit of the Criminal Investigation Branch in 1981. The squad has three separate units operating within the Sydney Metropolitan area:

- . The headquarters of the squad is located at:

Criminal Investigation Branch
5th Floor
Remington Building
169 Liverpool Street
Sydney NSW 2000 00

Telephone (02) 20966 ext. 388

- . A unit is attached to the Regional Crime Squad at Penrith - 317 High Street
Penrith 2750

Telephone (047) 322 699

and

- . A unit is attached to the Regional Crime Squad at Miranda - 30 Gibbs Street
Miranda NSW 2228 62

Telephone (02) 525 8488

- 3.2 The duties of the squad are:

- a) To deal with crimes committed by juveniles;
- b) To deal with crimes committed upon juveniles;
- c) To deal with the exploitation of juveniles by others;
- d) The tracing of missing persons believed to be in the metropolitan area;
- e) Tracing of absconders from institutions;
- d) To assist in the investigation of arson offences committed upon schools.

CHILDREN'S REVIEW PANEL AND
CHILDREN'S BOARDS OF REVIEW

1599127

1 ESTABLISHMENT OF PANEL AND BOARD

1.1 Section 118 (1) and (2) of the Community Welfare Act, 1982 states

'There shall be a Children's Review Panel'

and that the Panel is to be constituted as set out Schedule 4, 2(1) of the Act.

1.2 'Board of Review' means a board of review established under Schedule 4.

2 CONSTITUTION OF THE CHILDREN'S REVIEW PANEL

2.1 The Children's Review Panel (Schedule 4, Section 2(1)) of the Act:

'shall consist of persons appointed by the Minister -

a) at least 1 of whom is an officer* and who, in his opinion, have knowledge of or experience in administration, education, psychology or social work; and

b) the remainder of whom are persons who, in the opinion of the Minister, have suitable qualifications or experience warranting their appointment as a member of the children's Review Panel'

2.1.1 A person above the age of 65 years may not be appointed as a member (Section 2(3), Schedule 4).

*an 'officer' means a officer or temporary employee, within the meaning of the Public Service Act, 1979, employed in the Department.

2.2 The purpose of the Children's Review Panel is to provide a pool of persons who can be called upon to serve on a Children's Board of Review.

3 FUNCTION OF A CHILDREN'S BOARD OF REVIEW

3.1 Boards of Review may be established, by the President of the Children's Review Panel, generally for the purpose of carrying out reviews of children under Division 8 of Part VII of the Community Welfare Act, 1982.

3.1.1 Each Board of Review consists of two members of the Panel, not more than one of whom is an 'officer' - see Para 2.1.1

3.2 Application for a review may be made to the President of the Children's Review Panel, as set out in Section 119, Part VII, Division 8 of the Act, as follows:



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- 1 (a) by the licensed manager of a licensed residential child care centre, where the licence for the centre is subject to a condition requiring him to make the application;
- (b) by a ward in respect of himself;
- (c) by the father or mother or a foster parent of a ward in respect of the ward; or
- (d) by a visitor for a facility, in respect of a ward residing in that facility or by any other person in respect of a ward, where the person deems himself to have a sufficient interest in the welfare of the ward.
- 2 The President -
 - (a) may of his own motion request a Board of Review to carry out a review of a ward or of a child residing in a residential child care centre; and
 - (b) shall, if he receives an application for a review under subsection (1), request a Board of Review to carry out the review.
- 3 Notwithstanding subsection (2)(b), the President is not required to make a request, referred to in that paragraph, with respect to a ward in respect of whom an application was made by a person (not being a visitor) referred to in subsection (1) (d), unless the President considers the person to have a sufficient interest in the welfare of the ward.
- 4 A Board of Review shall, when requested by the President to carry out a review of a ward or a child
 - (a) review the welfare, status, progress and circumstances of the ward or child; and
 - (b) make a written report which shall -
 - (i) inform the Minister as to the welfare, status, progress and circumstances of the ward or child; and
 - (ii) advise the Minister as to whether any change (and if so, what change) in the circumstances or status of the ward or child would, in its opinion, promote the welfare and interests of the ward or child.
- 5 In the exercise of its functions under subsection (4) in relation to a review of a ward or a child, a Board of Review may inspect files, records or papers kept by the Department or by a licensed residential child care centre in respect of the ward or child and may hear or receive submissions from any person, including the ward or child.



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4 BOARD OF REVIEW REPORTS

4.1 *Section 120* of the Act provides that where a Board of Review has made a report to the Minister relating to a ward or a child *under Section 119(4) of the Act*, - the Board:

- ' (a) *shall give a copy of the report to the person, if any, who applied for the review of the ward or child; and*
- (b) *may give a copy of the report to any person who it considers has a sufficient interest in the welfare of the ward or child (including the ward or child, if he is of or above the age of 10 years and the Board considers it in the best interests of the ward or child to give a copy of the report to him).'*

OFFICIAL VISITORS



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1. APPOINTMENT OF VISITORS

- 1.1 Section 6 of the Community Welfare Act, 1982 provides the statutory base for appointment of visitors to the Department's facilities.
- 1.2 Facilities, for purposes of the Act, are defined in Section 9 of the Act as follows:
- (1) Premises to which this section applies are -
 - (a) premises which belong to or are under the control of the Crown or a person acting on behalf of the Crown; and
 - (b) where the person to whom premises belong or who has control of premises, by an instrument in writing given to the Minister, agrees to the premises being premises to which this section applies - those premises.
 - (2) The Minister may establish and maintain, or may maintain, on premises to which this section applies by virtue of subsection (1) (a), such facilities as he considers necessary for the purpose of carrying out the provisions of this Act.
 - (3) The Minister may, by order published in the Gazette, declare any premises specified for described in the order, being premises to which this section applies by virtue of subsection (1), to be -
 - (a) a special facility;
 - (b) a facility for the accommodation of, or the provision of services for, children;
 - (c) a facility for intellectually handicapped persons;
 - (d) a prescribed centre;
 - (e) a shelter;
 - (f) a remand centre;
 - (g) a children's training centre;
 - (h) a training centre for intellectually handicapped persons; or
 - (i) a facility for such other purposes as he considers necessary for the purpose of carrying out the provisions of this Act.



- 1.3 The Minister may appoint eligible persons to be visitors and an 'eligible person' - as defined in Section 6(2) (a) and (b) of the Act is a member of any advisory body 'constituted by or under this Act; or in the opinion of the Minister, he is expert in any branch of community welfare and has demonstrated concern for persons in need of community welfare services; but not if he is an officer' (that is, an officer or temporary employee within the meaning of the Public Service Act, 1979, employed in the Department)
- 1.4 Subject to Section 30(b) of the Interpretation Act, 1897, a visitor 'shall hold office as such for 2 years and is eligible for reappointment' (Section 6 (3) of the Community Welfare Act 1982).

2 FUNCTION OF OFFICIAL VISITORS

- 2.1 Section 6(4) of the Act states that 'A visitor may, in respect of the facility for which he is a visitor -
- (a) enter and inspect the facility at any reasonable time;
 - (b) confer privately with any person resident, employed or detained in the facility;
 - (c) furnish to the Minister advice or reports on any matters relating to the conduct of the facility;
 - (d) make an application under section 119(1)* in respect of a child resident or detained in the facility; and
 - (e) exercise such other functions as may be prescribed.'

*see Para 3.2 Appendix 23, 'Functions of a Children's Board of Review.'



LIST OF ABORIGINAL AND BILINGUAL WORKERS
NEW SOUTH WALES DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

1 BILINGUAL COMMUNITY WELFARE OFFICERS

- 1.1 These officers have the same Statement of Duties and delegations as Generalist Community Welfare Officers; see Appendix 2 and 38b. Qualifications required by these officers are described in Appendix 31 (Section 6.6).
- 1.2 Community Welfare Offices with an establishment of officers are listed as follows:

ARABIC SPEAKING

- . Auburn
- . Campsie
- . Hurstville
- . Merrylands
- . Minto

GREEK SPEAKING

- . Campsie
- . Marrickville
- . Stanmore

INDO-CHINESE SPEAKING

- . Blacktown
- . Cabramatta
- . Campbelltown
- . Fairfield
- . Liverpool

MALTESE SPEAKING

- . Blacktown

SPANISH SPEAKING

- . Cabramatta
- . Minto

TURKISH SPEAKING

- . Auburn

YUGOSLAV SPEAKING

- . Fairfield
- . Liverpool
- . Marrickville
- . Merrylands

2 ABORIGINAL REGIONAL COMMUNITY PROGRAM OFFICERS

These officers were first employed for the Aboriginal Community Welfare Officers' Government funded program, as from May 1984, under an agreement between the State Government and the Federal Government Department of Aboriginal Affairs. A Statement of Duties of these officers is given at Appendix 34C.

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2.2 Officers are established at the following Regional Offices:

- . Central Metropolitan Region (Parramatta)
- . North Coast Region (Lismore)
- . New England Region (Armidale)
- . Western Region (Dubbo)
- . Riverina Region (Wagga Wagga)

3 ABORIGINAL COMMUNITY WELFARE OFFICERS AND ABORIGINAL COMMUNITY WORKERS

3.1 Aboriginal Community Workers positions will become Aboriginal Community Welfare Officer positions as a result of the Departments re-structure. At present these community workers are operating under a Statement of Duties shown at Appendix 38 f).

3.2 The Statement of Duties, and Qualifications required of Aboriginal Community Welfare Officers are at Appendix 38 b) and Appendix 31 (Section 6.5).

3.3 Officers are established at the following Community Welfare Offices:

COUNTRY

.. Hunter Region

- . Cardiff *
- . Taree *
- . Raymond Terrace +

.. North Coast Region

- . Lismore *
- . Coffs Harbour *
- . Kempsey
- . Casino *
- . Grafton +

.. New England Region

- . Moree *
- . Tamworth *
- . Tamworth
- . Narrabri *
- . Inverell +
- . Armidale +

.. Western Region

- . Dubbo *
- . Condoblin *
- . Coonamble *
- . Bourke *
- . Bourke
- . Broken Hill *
- . Walgett *
- . Wellington +



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CHILD PROTECTION POLICY AND PROCEDURE MANUAL

Appendix 25

Page 3

.. Riverina Region

- . Dareton *
- . Griffith +
- . Wagga Wagga +
- . Albury +

.. Illawarra Region

- . Wollongong +
- . Nowra *
- . Batesman Bay *
- . Queanbeyan *

METROPOLITAN

.. Central Metropolitan Region

- . 'Gullama' Aboriginal Services Centre (3* and 1)

.. North West Metropolitan Region

- . Mt. Druitt *

.. South West Metropolitan Region

- . Minto
- . Campbelltown *

* Aboriginal Community Workers

+ Aboriginal Community Welfare Officers to be employed for a 3-year Commonwealth Government funded program, as from May 1984, under an arrangement between the State Government and the Federal Government Department of Aboriginal Affairs.

ETHNIC AFFAIRS COMMISSION (PREMIER'S DEPARTMENT,
NEW SOUTH WALES GOVERNMENT) COMMUNITY INTERPRETER AND
INFORMATION SERVICE

The Community interpreter and Information Service operates from the Ethnic Affairs Commission's offices in Sydney, Hurstville, Liverpool, Wollongong and Newcastle.

The interpreters can assist:

- in matters such as court activities, with the police; in Worker's Compensation cases; and with Solicitors
- in dealings with government departments
- providing information and arranging contact with helpful people in government and voluntary organisations
- advising about welfare matters

MOST OF THESE SERVICES ARE FREE

The Ethnic Affairs Commission also has a **Translation Unit** which can arrange the translation of official and personal documents and correspondence: in many cases, this service is also free.

The Commission assists commercial enterprises, whenever possible, with interpreters and translators at a fee.

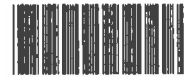
(The above information is provided in a multi-language pamphlet produced by the Ethnic Affairs Commission - the pamphlet is available in English, Arabic, Italian, Spanish, Portuguese, Greek, Vietnamese, Serbian/Croatian, Turkish)

LISTING OF LANGUAGES SPOKEN BY OFFICERS EMPLOYED FULL-TIME, PART-TIME, OR ON A CASUAL BASIS IN THE COMMUNITY INTERPRETER AND INFORMATION SERVICE OFFICES:

SYDNEY OFFICE:

10th Floor ADC Building
189 Kent Street Sydney 2000
Telephone 237 6500

Arabic
Cantonese
Croatian
Czechoslovakian
French
German
Greek
Italian
Mandarin
Polish
Portuguese
Russian
Serbian
Spanish
Vietnamese



HURSTVILLE OFFICE:
34 McMahon Street
Hurstville
Telephone 570 1444

Arabic
Croatian
Czechoslovakian
French
Greek
Macedonian
Serbian
Spanish

LIVERPOOL OFFICE:
161 Bigge Street
Liverpool
Telephone 601 3166

Arabic
Croatian
Czechoslovakian
Greek
Italian
Macedonian

NEWCASTLE OFFICE:
456 Hunter Street
Newcastle
Telephone (049) 24 191

Croatian
Italian
Macedonian
Polish
Serbian
Spanish

and 7 other interpreters on call

WOLLONGONG OFFICE:
176 Keira Street
Wollongong
Telephone (042) 284 588

Arabic
Polish
Spanish
Vietnamese

and Part-time interpreters
in Croatian, Italian, Greek,
Serbian, Turkish

and 22 other interpreters
on call



(copy of a pamphlet produced by the Ombudsman's Offices: pamphlets are also available in Greek, Serbian, Turkish and Vietnamese, providing similar information)

NEW SOUTH WALES OMBUDSMAN

1 Who is the Ombudsman?

The Ombudsman is an independent and impartial person appointed by the Governor under an Act of Parliament to investigate complaints about the administrative conduct of New South Wales Public and Local Government Authorities. The present Ombudsman is Mr George Masterman Q.C. His powers are derived from the Ombudsman Act, 1974 and the *Police Regulation (Allegations of Misconduct) Act, 1978*.

2 Why have an Ombudsman?

To allow you an informal means:

- of airing a grievance;
- of having an impartial inquiry conducted at a high level;
- of seeking a solution to your problem if you consider you have been in any way unfairly or unjustly treated.

3 What is a Public Authority?

With few exceptions, all New South Wales Government Departments, New South Wales Public Servants, New South Wales Statutory Bodies and everybody in the service of any new South Wales Statutory Body are Public Authorities.

4 What is a Local Government Authority?

All New South Wales City, Municipal, Shire and County councils, Urban Committees and all employees of those instrumentalities are Local Government Authorities.

5 What may be complained about?

You may complain to the Ombudsman about any action - or inaction - relating to a matter of administration by New South Wales Public and Local Government Authorities. In addition you may complain about the conduct of a member of the Police force. If this occurred before 19th February, 1979, the conduct must be other than when acting as a constable. After that date any conduct can be complained about.

6 What cannot be investigated?

Parliament places some limits on the Ombudsman's jurisdiction. Here are some examples of conduct he cannot investigate:

- conduct of Public Authorities which took place before 19th October, 1974;
- conduct of Local Government Authorities which took place before 1st December, 1976;

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- . conduct of Local Government Authorities which is subject to a right of appeal or review unless there are special circumstances;
- . Commonwealth Departments or Authorities;
- . Judges, Magistrates or Officers of the Courts;
- . acts of legal advisers to the Crown;
- . employer-employee relationships;
- . private persons, business or companies

7 What may he refuse to investigate?

The Ombudsman may refuse to investigate when, for example:

- . the complaint is frivolous, vexatious or not in good faith or the subject matter is trivial;
- . the conduct is in discharge of a function which is substantially a trading or commercial one;
- . the conduct occurred at too remote a time;
- . there is available an alternative and satisfactory means of redress;
- . the complainant has no interest or an insufficient interest in the conduct complained of

8 Who may use the Ombudsman's services?

Any individual, company, firm or organisation, who consider they have not been properly or fairly dealt with, or feel they have suffered an injustice as the result of any administrative act by a new South Wales Public or Local Government Authority, or its employees.

9 How do you make a complaint?

Complaints must be made in writing. However if for some reason you are not able to submit a written complaint you can either telephone or call at the Ombudsman's Office where you will be assisted in preparing your complaint.

A complaint in respect of the conduct of a member of the Police Force may be made by:

- . delivering it to a member of the Police Force personally or by post;
- . lodging it at the Office of the Ombudsman while it is open for business or delivering it to his Office by post;
- . addressing it to the Ombudsman and lodging it at the Office of a Court of Petty Sessions whilst it is open for business.

10 What does it cost you?

There is no charge.

11 What powers does the Ombudsman have?

the Ombudsman has wide powers of investigation under the Ombudsman Act. He may:

- . enter the premises of Public and Local Government Authorities;
- . inspect and copy the records, files and documents of those Authorities.



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If he conducts an inquiry, he has most of the powers of a Royal Commissioner.

Under the Police Regulation (Allegations of Misconduct) Act his powers are limited to referral of the complaint to the Commissioner of Police for investigation and consideration of his reports when received.

12 Are his investigations made in private?

Most definitely. Privacy of communication also extends to persons detained in custody, i.e., in gaols or psychiatric hospitals.

13 What happens after the investigation?

The Ombudsman will make progress reports to you, where appropriate. If he finds that the conduct is wrong, he reports:

- . to the responsible Minister;
- . to the head of the Authority; and
- . in some cases to the Public Service Board.

14 What happens if the complaint is sustained?

Where the Ombudsman finds that the conduct complained of is wrong he may recommend:

- . that the conduct be reconsidered by the Authority;
- . that action be taken to rectify, mitigate or change the conduct or its consequences;
- . that reasons be given for the conduct;
- . that any law or practice involved be changed; or,
- . that any other step be taken.

If the Ombudsman is not satisfied that sufficient steps have been taken following a recommendation made by him, he may make a report to the Premier for presentation to Parliament.

15 What other reports does the Ombudsman make?

He makes annual reports to Parliament and is empowered to make special reports to Parliament.

16 Where is the Ombudsman's Office?

14th Floor,
175 Pitt Street,
SYDNEY, N.S.W. 2000 00
AUSTRALIA
(On corner of King Street)
Telephone (2) 235 4000

The office is open to the public from 9 a.m. to 5 p.m. daily from Monday to Friday, public holidays excepted.

If you are in any doubt about procedure,
do not hesitate to call, phone or write to the Ombudsman.



New South Wales Department of Youth and Community Services

YOU AND THE OMBUDSMAN

THE LAW

- * The Law in New South Wales provides that you can complain to the Ombudsman about anything that affects you while you are in the care of the Department of Youth and Community Services.

THE OMBUDSMAN

The Ombudsman is an independent and impartial person appointed by the Governor under an Act of Parliament to investigate complaints about the administration conducted by New South Wales Public and Local Government Authorities.

HOW TO CONTACT THE OMBUDSMAN

Complaints must be in writing. Your letter will be sent unopened by your Supervisor to:

The Ombudsman, 14th Floor
175 Pitt Street, Sydney NSW 2000
Telephone: 235 4000

Replies received from the Ombudsman will be handed to you unopened.

WHAT HAPPENS WHEN YOU CONTACT THE OMBUDSMAN?

Each complaint is investigated by the Ombudsman. If the complaint you make is found to be correct then the Ombudsman will consult the Director-General of the Department of Youth and Community Services and take action to put the matter right. If the complaint you make is found to be unjustified the Ombudsman may reject your complaint.

If you are in doubt about any procedure, or power of the Ombudsman, do not hesitate to ask your Supervisor.

* *Section 12 of the Ombudsman Act, 1974*

ISSUED BY: NEW SOUTH WALES DEPARTMENT OF YOUTH AND
COMMUNITY SERVICES
31-39 Macquarie Street,
Parramatta 2150 Telephone 689 8111

(Copy of a leaflet produced by the Department for the information of children in the Department's residential facilities. Note that on the original pamphlet - a yellow and red leaflet - that the telephone number of the Ombudsman is 235 4000 and that the address and telephone number of the Department is incorrect.)

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NSW Department of Communities and Justice, Legal

WESTHEAD CENTRE, CHILD PROTECTION TEAM
GUIDELINES FOR CASE CONFERENCE PROCEDURES

1599142

1 BACKGROUND TO ESTABLISHMENT OF GUIDELINES

1.1 During 1983 there were some interagency difficulties experienced in the management of child protection cases in the Department's North West Region. Guidelines set out in this paper have been written to attempt to overcome some of these concerns. Generally, the problems were:

- a) Failure to notify promptly;
- b) Case conferences not necessarily being convened on a formal level;
- c) Case conference decisions altered, without a re-conference;
- d) Insufficient procedural structure in case conferences;
- e) Workers attended conferences without adequate preparation and without existing documentation nor with written reports of their intervention;
- f) Children - particularly newborn babies of drug-dependant mothers, and who had gone through a withdrawal process in their neonatal period - had been discharged home to/or with a (drug-dependant) parent. The case was subsequently conferenced: when the conference recommendation was to place the matter before the Children's Court under *Section 72(j) of the Child Welfare Act, 1939 (Section 44 (4) of the Community Welfare Act, 1982)*, the hospital, by discharging the child had - in essence - said to the Court that the child was not in need of care. This interpretation of the hospital's action not only applied to babies of drug-dependant parents, but also to children who had been sexually and physically abused by a parent(s), and children who were non-organically failing to thrive, who were discharged home to a parent; and
- g) There have been occasions when Community Welfare Officers have declined to attend a conference convened by the hospital thus negating the opportunity to formulate a workable case plan.

1.1.1 It is important to state that these concerns did not arise in all cases, but they did occur.



- 1.2 Children's Court action should always be a consideration in child protection matters. Putting a matter before a Court does not mean that the child will necessarily be removed from the parent's care; the child can be returned to the parents with protective conditions imposed to ensure the care of the child. In order to put a matter before a Court a wide range of evidence has to be collated. As a result of a cooperative interagency working relationship, that has taken time to develop, Westmead Centre has been able to contribute to the presentation of a case to the Court and to react promptly in the preparing of medical evidence.
- 1.3 The purpose of the Regional guidelines was to:
- a) Develop a team concept in the management of child protection cases, as opposed to a committee concept. This means that a case conference is convened to consider the needs of the child and the family, rather than supporting the worker(s) involved in the case management;
 - b) Further develop a workable structure for inter-departmental co-operation;
 - c) Re-design guidelines for Westmead Centre that could eventually be implemented with other hospitals in the region.

2 CASE CONFERENCE PROCEDURES, WESTMEAD CENTRE

- 2.1 Since the implementation of the Interdepartmental Child Protection Guidelines, signed by the Ministers for Youth and Community Services, Police and Health, in June 1982, major metropolitan hospitals have re-designed the functions of their Child Protection Committees. These committees attached to paediatric hospitals or units are now functioning as Child Protection Teams. One of the functions that the team carries out is the co-ordination of case conferences.
- 2.2 The following protocol was proposed for consideration, support and subsequent implementation for all children where abuse and neglect is suspected, who are presented at - or admitted to - Westmead Centre. It was recommended that the guidelines should be reviewed six months after implementation:
- 2.3 Arranging the Case Conference
- 2.3.1 A child who is in need of care is to be promptly notified to 'Montrose' Family Crisis Service prior to the conference.
- 2.3.2 The Westmead Centre representative then contacts the Regional Community Program Officer, Child Protection requesting a chairperson for a case conference. A case conference is held for every child referred to the child protection team; however, this does not negate the responsibility as per the Interdepartmental Committee guidelines to convene a conference after registration.



2.3.3 In the event of the Regional Program Officer, Child Protection being nominated as the Chairperson, the Program Officer must negotiate with the Regional Operations Manager; if it is decided that the Program Officer is unavailable then it is the responsibility of the Operations Manager to delegate a Chairperson. The Chairperson need not be a member of the Department's staff, but should have an adequate knowledge of and commitment to child protection principles as well as the ability to chair conferences.

2.4 Case Conference Structure

2.4.1 The nominee of the Department's Regional Office Operations Manager chairs the conference.

2.4.2 The Community Welfare Officer/Child Protection Worker from the relevant Community Welfare Office should attend the conference - if either of the workers is the primary worker: if the Community Welfare Officer, Child Protection or the Child Protection Worker is the Case Co-ordinator, that officer should attend if the primary worker is not a Departmental Officer. If the primary worker is from another agency, then that person should also attend the conference.

2.4.3 When decisions are likely to be made that require the approval of the District Manager then the conference must be attended by that officer, particularly if the primary worker is not a Departmental Officer and the District Manager is the Case Co-ordinator.

2.4.4 When a District Manager is requested to attend a conference and declines to attend, then the matter should be promptly referred to the relevant Operations Manager or Regional Director.

2.4.5 Westmead Centre representatives are responsible for arranging a conference venue at the hospital and for inviting relevant personnel to attend, together with their records and written reports.

2.4.6 The only persons who attend case conferences should be as designated in Paras 2.4.1 to 2.4.5, as well as personnel who can/are directly contributing to case management and case consultation.

2.4.7 Case conference decisions should not be altered without a re-conference.

2.5 Case Conference Process

2.5.1 Introductions are carried out between those persons present at the conference.

2.5.2 The Westmead Centre Social Worker presents the background information in regard to the notification.

2.5.3 The medical services representative presents the medical report, which includes documentation of any injuries; findings of medical examination - including height, weight and head circumference percentiles; the facts of the child's skin and hair condition, and test results - that is, coagulation studies, clinical photography and skeletal surveys.



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- 2.5.4 The Department of Youth and Community Services representative presents a report.
- 2.5.5 Other workers, including community-based services representatives present additional reports to the conference.
- 2.5.6 The case is then opened for discussion.
- 2.5.7 The case conference personnel formulate a case plan.
- 2.5.8 Children's Court Action must always be a consideration in child protection matters. One of the roles of the Chairperson is to resolve - in the child's interest - any disagreement in regard to Children's Court Action.
- 2.5.9 In contentious or difficult matters it may be necessary to seek the advice of officers of the Department of Youth and Community Services Legal Branch or the Children's Court Prosecutor. When disagreements occur either within a Department, or inter-departmentally it may require referral to the Department's Regional Director for a decision.
- 2.5.10 A clerical assistant is responsible for hand recording the case decisions on a face sheet. The conference decisions should outline the case plan and the workers designated to implement the plan. The conference notes should be typed, numbered and circulated in a sealed envelope clearly marked CONFIDENTIAL MATTER. The numbered distribution list should remain with the original copy on file at Westmead Centre. A copy should always be forwarded to the Executive Officer, 'Montrose' Family Crisis Service, marked for the Child at Risk file.
- 2.5.11 Before the conference is closed the case plan should be read back to the conference by the Chairperson to ensure that there is agreement and that decisions are clarified.
- 2.5.12 A review date and venue is set. When the venue is not Westmead Centre, then the responsibility should be designated to an appropriate agency worker prior to the closure of the conference and recorded on the conference notes.

4 OTHER HOSPITALS IN THE REGION

- 4.1 The guidelines set out in Sections 2.3, 2.4 and 2.5 have been developed from the existing Case Conference Guidelines for Royal Alexandra Hospital for Children and the Department of Youth and Community Services, and as endorsed by the Department's Policy and Planning Group.
- 4.2 Although the guidelines have been developed for the Westmead Centre, it is proposed that, during 1984, they will be implemented in all regional hospitals in the Department of Youth and Community Services North West Region; that is, at Blacktown, Mt. Druitt, Nepean, Windsor and Blue Mountains Hospitals.

5 OTHER FUNCTIONS OF A CHILD PROTECTION TEAM



5.1 Team Member representation:

- . Paediatrician or delegate
- . Paediatric Social Worker
- . Regional Community Program Officer, (or. delegate),
Department of Youth and Community Services
- . Westmead Hospital Occupational Therapist
- . Hospital Paediatric Nurse
- . Hospital Obstetric/Neonatal Nurse
- . Sexual Assault Referral Centre representative
- . Police Department representative
- . Education Department representative
- . Community-based health services representative
- . Westmead Centre, Drug and Alcohol Unit representative
- . Westmead Centre, Neonatal services representative
- . Westmead Centre, Obstetric services representative

these representatives form the Policy and Procedure Review Committee of the Child Protection Team, which meets on a three-monthly basis to formulate and review policy and procedures.

- 5.2 Child abuse intervention programs must be delivered by professional and informed personnel who have had interdisciplinary and inter-agency backgrounds and responsibilities. The Child Protection Team has the responsibility to educate other departmental staff and the public - both on an informal and formal level - about the programs. Regular, planned, continuing education programs should be organised and be well co-ordinated. Thus, 'child protection' education should be an incorporated responsibility of a Child Protection Team.
- 5.3. If child abuse intervention programs are to be delivered appropriately then there is a need to lobby for adequate resources. Also, a hospital-based team should be constantly identifying resources within each Region that are available, and developing and educating resource people, as well as identifying the needs of a Region that are not adequately resourced.
- 5.4 When needs are identified - for example, a day program for abused children and their families, then it is essential that a Child Protection Team work towards preparing a submission to the Department for funding and/or other assistance to establish such a resource.
- 5.4.1 The Team should consult and liaise with the appropriate Departmental Regional Community Program Officers, such as the Community Program Officer, Family and Children's Services, in relation to funding proposals.

Alison A. Davis,
Child Protection,
North West Metropolitan Region



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ROYAL ALEXANDRA HOSPITAL FOR CHILDREN, CHILD ABUSE UNIT

Bridge Street Pyrmont
Telephone (02) 51 0466

- 1 The Royal Alexandra Hospital for Children has four child abuse teams, each composed of a physician and social worker. These teams - which provide a 24-hour service - accept referrals where both medical and social work intervention is required - on either an in-patient or out-patient basis - for physically or sexually abused children and severely neglected children who present to the hospital. Team members and other specialist staff are also available for consultation. Although the teams offer, primarily, a crisis intervention service, some long-term follow up service is available, depending on each individual case.

- 2 Referrals to the service usually occur from within the hospital, but outside agencies may also discuss referrals directly with one of the specialist child abuse team members.

- 3 If personnel from community agencies wish to refer an abused child and the child's family to the hospital, the referring officer should telephone the Senior Social Worker for Child Abuse. If that officer is not available, or if it is outside normal working hours, ask for the team member on call.
 - 3.1 Discussion with the Social Worker/team member can help clarify the appropriateness and nature of the hospital's intervention. However, because this is a hospital-based service the child's medical needs must be clearly apparent to those personnel referring the child to the Child Abuse Unit.



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A LETTER OF REQUEST FOR EXEMPTION FROM CORPORAL PUNISHMENT



TO THE PARENT,

This form letter is available throughout Australia for use by parents of schoolchildren in both public and private schools. Whereas it is not binding on those institutions or in those states that do not expressly provide for such a request, it is reasonable to expect that most school authorities will honour it; and parents are wholly within their rights in using it.

Additional copies of this form letter are available free of charge by writing to PARENTS AND TEACHERS AGAINST VIOLENCE IN EDUCATION, P.O. Box 355, Double Bay, N.S.W. 2028. When requesting copies be sure to specify Letter No. 2. Also available is a form letter intended for use by parents of children afflicted with asthma (Letter No. 3) and a form letter requesting exemption from punishment to the hands of children engaged in the study of musical instruments (Letter No. 4).

It is recommended to every user of a PTAVE form letter that a duplicate copy be filled out and sent to the Director-General of Education of the state in which the child attends school.

The association PARENTS AND TEACHERS AGAINST VIOLENCE IN EDUCATION has one explicit goal: to speed the progress of Australian education toward an acceptable level, by world standards, of quality and humaneness. Ultimately, if that objective is to be reached, it can only be by means of the total prohibition under law of the physical abuse of children in all institutions of learning. Until that time, PTAVE will attempt to provide as much protection as possible to as many children as possible by the distribution of form letters such as this one.

Letter No. 2

Retain the upper portion of this form letter

DEAR SCHOOL PRINCIPAL,

I wish to express my feelings on a matter of great concern to me--the well-being of my child. By that I mean the physical and mental well-being essential to the learning process which takes place at school.

It is with special regard to corporal punishment that I am writing to you.

I do not believe that deliberately inflicted pain, or the threat of it, is desirable or necessary to the educational process. My child is not physically punished at home and it is my wish that he/she not be physically punished at school. There are better means of communication available; and I am hopeful that my efforts to rear my child in an atmosphere of reasonableness, patience and mutual trust can be continued under your supervision at school.

In the event that a problem arises with regard to my child's scholastic progress or conduct, please do not hesitate to contact me. You may be assured of my full cooperation.

Signature of Parent or Legal Guardian

Name of Child

Name of School

ENDORSED BY:

The University of New South Wales Staff Association / Sydney Association of University Teachers / University of Newcastle Staff Association

A duplicate copy of this correspondence has been sent to the Director-General of Education of this state.

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NSW Department of Communities and Justice, Legal



QUALIFICATIONS REQUIRED BY STAFF EMPLOYED IN THE
PROVISION OF THE DEPARTMENTS CHILD PROTECTION AND
RESIDENTIAL CARE PROGRAMS (INCLUDING DUTIES OF STAFF).

1 'MONTROSE' CHILD PROTECTION AND FAMILY CRISIS SERVICE

1.1 Senior Executive Officer, 'Montrose' Child Protection and Family
Crisis Service

Essential: Tertiary qualifications in the Social or Behavioural Sciences. Demonstrated ability in the planning of co-ordinated service delivery to children and families. Experience in the areas of child protection and family crisis. Proven managerial skills in a multi-disciplinary service. Current driver's licence. Awareness of Equal Employment Opportunity principles.

Desirable: Ability to liaise with other government departments at a senior level. Ability to make policy recommendations in relation to child protection and family crisis.

Duties: Responsible for overseeing programs, service delivery and co-ordination of the Child Protection and Family Crisis Service based at 'Montrose' Burwood: this includes the Specialist Unit facility for children at risk and their families, and After Hours Crisis Service.

1.2 Executive Officer, Family Crisis Service

Essential: Tertiary qualifications in the Social or Behavioural Sciences. A demonstrated capacity to lead and motivate staff and demonstrated experience in staff supervision and management. Casework experience and current driver's licence. A knowledge and understanding of the area of child protection. Awareness of Equal Employment Opportunity principles.

Desirable: Experience in planning and implementation of innovative social welfare programs. A working knowledge of general welfare and crisis services in the Sydney Metropolitan area. Experience in crisis intervention.

Duties: In conjunction with other personnel, responsible for the functioning of the 'Montrose' Family Crisis Service which provides a 24-hour, 7-day a week intake and intervention service in situations of family crisis, particularly in relation to the care and protection of children and in other areas of the Department's statutory responsibility. Supervision and support of the Family Crisis staff. Liaison with other agencies and the Department's field staff. Involvement in research projects in relation to the Service.



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1.3 Executive Officer, Child Protection Unit

Essential: Recognised tertiary qualifications in Social or Behavioural Sciences. Experience in planning and provision of social welfare services. Experience in planning and implementing family and child centre programs. Current driver's Licence. Awareness of Equal Employment Opportunity principles.

Desirable: Experience in working with 'at risk' children and families. Experience in working in a multi-disciplinary setting.

Duties: Responsible for the overall operation of the 'Montrose' Child Protection Unit, supervision of staff, continual development of the Unit's multi-disciplinary child protection programs and for support and consultation to Departmental and agency personnel involved in the provision of specialist child protection services.

1.4 Co-ordinator, 'Family Crisis Service'

Essential: Tertiary qualifications in the Social or Behavioural Sciences.

Desirable: Experience in supervision and support of staff in a multi-disciplinary service.

Duties: To assist the Executive Officer, Family Crisis Service, in the continuing provision of services to children and families in crisis, and provide some direct services, as required. Assist in the provision of support to Crisis Care Workers.

1.5 Psychologist, Child Protection Unit

Essential: Honours degree or equivalent in psychology; clinical skills and orientation for work with children and families in a short-term residential and day program centre.

Desirable: Post-graduate degree or diploma in clinical psychology.

Duties: Assessment and therapeutic intervention with children and families in crisis: development of preschool, residential and community programs in conjunction with Unit staff.

1.6 a) Crisis Care Worker (Specialist)

Essential: Degree or qualifications in Social or Behavioural Sciences.

Desirable: Experience in Crisis intervention and recognised casework skills with families and children at risk.

Duties: Involved in the provision of intake and initial intervention with children and families in crisis especially in relation to the area of child protection. To work in co-operation with Crisis Care Workers.



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1.6 b) Crisis Care Worker (Generalist)

Essential: Completion of District Officer's Training Course

Desirable: Experience in crisis intervention and recognised casework skills with families and children at risk.

Duties: Involved in the provision of intake and initial intervention with children and families in crisis, especially in relation to the area of child protection. To work in co-operation with Specialist Crisis Care Workers.

1.7 a) Preschool Director

Essential: Degree/Diploma or equivalent in Early Childhood Education. Experience in the planning and implementation of preschool programs for children. Knowledge and understanding of child protection theory. Ability to work in a multidisciplinary team.

Duties: Plan, develop and implement special programs for Children at risk and their parents. Accept and assess referrals. Liaison and consultation with community personnel.

1.7 b) Preschool Teacher, Child Protection Unit

Essential: Experience with abused children and their families. Ability to develop, implement and monitor preschool programs. Multi-disciplinary team experience. Current driver's licence.

Desirable: Experience in providing assessment reports and working individually with children and parents.

Duties: Development and maintenance of programs for preschool children and families. Provide assessment reports. Community consultation on programs and services for children at risk.

1.8 Social Worker, Child Protection Unit

Essential: Degree in Social Work from a recognised tertiary institution. Assessment experience and experiences in working with children/families at risk. Ability to work in a multidisciplinary team. Knowledge of child development.

Duties: Assessment of children at risk and their families in a residential setting. Liaison with Community Welfare Officers and other agencies. Follow-up support work.

1.9 Occupational Therapist, Child Protection Unit

Essential: Degree or Diploma in Occupational Therapy. Group work experience with adults and children. Ability to plan and implement a Day Program.



Desirable: Experience in working with children/families at risk.

Duties: Program planning. Provision of individual and group experiences for families at risk.

1.10 Group Therapist

Essential: Degree or Diploma in Social Work, Psychology or Occupational Therapy. Group work experience with children and adults. Ability to plan, implement and evaluate group programs. Knowledge of child development and experience with families at risk.

Duties: Develop and evaluate 'Montrose' and community-based group programs which will benefit children at risk.

1.11 Housemother, Child Protection Unit

Essential: Experience working in a residential setting.

Desirable: Experience in working with children from birth to years of age, and their parents.

Duties: Responsible for the overall quality of care for children and parents admitted to the unit for residential assessment, and children admitted for short term crisis care. In conjunction with other unit personnel, participates in case conference and provides family assessment reports as required. (The position is a live-in situation and allows the husband to follow his normal employment. The home is fully maintained by the Department, but a nominal weekly deduction is made for board and lodgings.)

1.12 Child Care Worker (Youth Worker), Child Protection Unit

Essential: Previous experience in child care and child management. Experience in working with disadvantaged children in need and in residential care.

Desirable: A genuine concern for children and ability to communicate effectively with children as well as able to meet children's individual needs.

Duties: Assist the Housemother in the care of children admitted to the Unit.

2 Hunter and Illawong Child Protection Unit and Family Crisis Services

2.1 Executive Officer

Essential: Recognised tertiary qualification in Social or Behavioural Sciences. Experience in planning and provision of social welfare services. Experience in planning and implementing family and child-centred programs. Current driver's licence. Awareness of Equal Employment opportunity principles.



Desirable: Experience in working with children at risk and their families. Experience in working in a multi-disciplinary setting.

Duties: Responsible for the overall operation of the Unit, supervision of staff and continuing development of the Unit's multi-disciplinary child protection programs, and for support and consultation to Departmental and agency personnel involved in the provision of specialist child protection services.

3 REGIONAL STAFF

3.1 Community Program Officer, Child Protection

Essential: Experience in working with children at risk and their families, and with a range of agencies and disciplines, at a direct and consultative level. Over half completion of degree/diploma or equivalent in social or behavioural sciences.

Desirable: Experience in social planning and community development; experience in funding community projects.

Duties: Recommend on funding application; organise community consultations; implement regional program objectives; support and evaluate community projects; contribute to regional funding budget preparation. Assist in training Government and non-Government staff; work with non-Government sector in planning regional services.

3.2 Community Program Officer, Substitute Care

Essential: Tertiary qualifications in one of the Social Sciences or related areas, or equivalent: practical experience and supervisory experience in working with wards/children in other forms of substitute care.

Desirable: Develop and interpret policy on wards and substitute care programs.

3.3 Community Program Officer, Aboriginal

Essential: Aboriginal descent. Work experience with Aboriginal communities.

Duties: Identify needs/liaise with Aboriginal communities, government and other agencies. Prepare reports. (In this position an applicant's race is a genuine occupational qualification and is authorised by Section 14, Anti-Discrimination Act, 1977.)

3.4 Planning and Research Co-ordinator

Essential: Appropriate tertiary qualifications together with relevant work experience in one or more of the following areas: Social planning or research, physical planning, community development, health services.



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Duties: Assess regional resources and needs in co-operation with Regional Community Program Officers; assist the Regional Director in the development of community welfare planning and research priorities, initiate and develop a regional data base; assist local offices in the development of service delivery arrangements; where appropriate, in conjunction with the Community Program Officers and the Department's Planning and Research Unit, monitor the impact of Government and non-Government policies and programs in community welfare.

4 SPECIALIST SERVICES

4.1 Specialist Officer, Children of Prisoners

Essential: Degree, Diploma - or equivalent in Social Studies Social Work, Psychology or other related disciplines. An understanding of the needs of children and families; substitute care systems; community-based family support agencies; and the problems faced by prisoners and their children - as well as a commitment to advocacy on behalf of clients.

Desirable: Experience in working with children 'at risk', as well as experience in working with community-based agencies and in interdepartmental negotiation.

4.2 Children's Employment Officer

Essential: An understanding of the needs of children and families, as well as a commitment to advocacy on behalf of clients; a knowledge of the entertainment industry in developing guidelines for acceptable standards relating to employment of children.

Desirable: Degree, Diploma - or equivalent - in social Studies, Social Work, Psychology or other related disciplines: a knowledge of information, administrative and retrieval systems, and legislation and licensing regulations pertaining to the employment of children.

5 CENTRAL OFFICE

5.1 Program Officer, Child Protection, Family and Children's Services Policy Unit.

Essential: Degree, Diploma or equivalent in social, behavioural sciences or related disciplines. Ability to analyse social policy.

Desirable: Knowledge of social welfare service delivery system.

Duties: Research/identify alternatives in service to child protection; Review policies/co-ordinate policy developments with Departmental Regional and Liaise with relevant State/Commonwealth and voluntary organisation.

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NSW Department of Communities and Justice, Legal



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6 COMMUNITY WELFARE OFFICE STAFF**6.1 Community Welfare Officer, Child Protection**

- Essential:** Degree, Diploma or equivalent in Social Sciences or related discipline. Understanding of needs of children at risk and their families.
- Desirable:** Ability to make family assessments. Experience in working with children, families and community agencies. Knowledge of child development.
- Duties:** Provide a wide range of services to community in relation to children/adolescents/families in need or 'a risk' with a particular emphasis on child protection. Includes counselling and developing/liasing with community networks: training provided.

6.2 Child Protection Worker (Specialist Officer, Child Protection)

- Essential:** Degree, Diploma or equivalent in Social Studies, Social Work, Psychology or related disciplines. Understanding of the needs of children at risk and their families; knowledge of child-rearing practices in different cultures.
- Desirable:** Experience in working with children/families and community agencies. Knowledge of child development.
- Duties:** Responsible for assessment/casework management/consultation and support to Departmental and agency staff.

6.3 Community Welfare Officer

- Essential:** Experience in the provision of welfare services in a paid or voluntary capacity or working with children/adolescents/families. Commitment to welfare needs of disadvantaged groups and Government policy on non-discrimination.
- Desirable:** Sensitivity to specific needs of ethnic communities. Ability to make family assessments, diagnose problems and form relationships to effect change. Experience in liaising with welfare personnel and agencies. Effective communication; maturity.
- Duties:** Provide a wide range of services to community in relation to children/adolescents/families in need or 'at risk'. Includes counselling and developing/liasing with community networks. Training provided.



6.4 Alternate Care Officer

- Essential: Successful completion of a District Officer's training course or acceptable for such a course. Experience in dealing with wards, foster parents and natural families. A working knowledge of the Policy and Procedure Manual - Wards. An ability to formulate and execute case plans. Ability to use a diverse range of methods including case work and network building. Ability to work as part of a team.
- Desirable: Appropriate tertiary qualifications in the social sciences or substantial completion of studies leading to such qualifications.
- Duties: Responsible to the District Manager for the delivery of a co-ordinated service to wards and their families irrespective of the location of the members of the family. Successful applicants will be responsible for a maximum caseload of twenty families, with particular emphasis on new committals.

6.5 Community Welfare Officer (Aboriginal)

- Essential: Aboriginal descent. Sensitivity to needs of Aboriginal community. Experience in provision of welfare services on paid or voluntary capacity or working with children/ adolescents/families. Ability to liaise with Aboriginal and non-Aboriginal agencies.
- Desirable: Ability to make family assessments, diagnose problems and use available assistance to effect change. Effective communicator; maturity. In this position an applicant's race is a genuine occupational qualification and is authorised by Section 14 of the Anti-Discrimination Act, 1977.
- Duties: Provide wide range of services to community in relation to children/adolescents/families in need or 'at risk'. Includes counselling and developing/liasing with community networks. Training provided.

6.6 Bilingual Community Welfare Officer

- Essential: Ability to communicate effectively both orally and in writing in and English. Experience in the provision of welfare services on a paid or voluntary capacity or working with non-English-speaking children or adolescents or families. Sensitivity, awareness and commitment to needs of ethnic communities. Knowledge of and commitment to Government policy on non-discrimination.

In this position an applicant's race is a genuine occupational qualification and is authorised by Section 14 of the Anti-Discrimination Act, 1977.



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Duties: Provide a wide range of services to Community in relation to children/adolescents/families in need or 'at risk'. Includes counselling and developing/liasing with community networks. Training provided.

7 RESIDENTIAL FACILITIES

7.1 Superintendent, (Unit for Young Offenders)

Essential: Half completion of degree/diploma or equivalent, or Behavioural Sciences or related discipline. Ability to administer a unit caring for needs of youths. Implement/supervise programs for staff. Awareness of Equal Employment Opportunity principles.

Duties: Responsible for executive managerial, administrative program functions in a unit for young-offenders.

7.2 a) Manager, (Hostel)

Essential: Proven experience in working with adolescents in a residential setting. Experience in the supervision and evaluation of staff. Administrative experience and an ability to prepare submissions and reports. Awareness of Equal Employment Opportunities principles.

Duties: Responsible for overall administration and development of the unit.

7.2 b) Manager, Young Offenders Services

Essential: Tertiary qualifications in the Social Sciences or related discipline. Experience in area of staff and financial management. Extensive involvement in developing, implementing and evaluating programs for young offenders. An awareness of Equal Employment Opportunity principles.

Desirable: Experience in relation to community groups.

Duties: Management of centre which will involve developing program: ability meet needs of young offenders in centre/community.

7.3 Houseparents - Family Group Home

Experience in fostering children and some formal training in the care and education of children. Applicants should have no more than two children of their own who would need to be able to accept other children into their family. Families selected will be part of a team of professionals working with children towards the resolution of their future.

Houseparents are expected to provide a caring family setting in which the children can grow and mature. (See also Appendix III, Policy and Procedure Manual, Family Group Homes.)



1599158

7.4 Chief Youth Worker (Unit for Young Offenders)

Essential: Qualified in terms of Regulation 33A, or possess qualifications deemed equivalent. Must be permanent officer. Experience in residential care and the supervision of staff in a residential unit. Awareness of Equal Employment Opportunity principles.

Desirable: Previous experience in report writing and the preparation and implementation of programs for young offenders.

Duties: The Chief Youth Worker is part of an administrative team responsible for the maintenance of staff morale and the care of young offenders. Allocation of duties and supervision of staff. Assist in the overall management of the institution and maintain standards and discipline. Maintain rosters and prepare fortnightly overtime and penalty rates payable to General Division employees.

7.5 Senior Youth Worker (Unit for Young Offenders)

Essential: Must be qualified in terms of Regulation 33A, and be a permanent officer. Awareness of Equal Employment Opportunity principles.

Desirable: Ability to demonstrate an understanding of programs for children in residential care situations. Previous experience in supervision of staff and children.

Duties: Responsible for the supervision of programs, staff and residents. Responsible for the functioning of the unit when rostered for night duty.

7.6 Youth Worker (Hostel for adolescents)

Desirable: Experienced in working with adolescents, preferably in a residential setting.

Duties: To be part of a team providing care, support and guidance to adolescent (male/female) persons under the guardianship of the Minister in a hostel. Required to work week-ends and shifts on a rostered basis.

7.7 Youth Worker (General)

Essential: Previous experience in child care and child management. Experience in working with disadvantaged children in need of residential care.

Desirable: A genuine concern for children and ability to communicate effectively with children and adults, and a demonstrated ability to work with a wide age range of children - boys and girls 5-15 years - on a group basis, as well as being able to meet children's individual needs. Ability to work as part of a team in promoting the general welfare of children.



Duties: Provide day-to-day care of up to 20 children in a cottage situation. Assist the Manager/Matron in implementing child management plans for each child in care. Required to work week-ends and shifts on a rostered basis.

7.8 a) Youth Worker (Young Offenders)

Essential: Ability to establish effective relationships with young people in a residential care setting, and care for their needs. Ability to work as part of a team.

Duties: Supervision, care and assessment of young offenders (male and female). Shift work, working weekends and public holidays.

7.8 b) Youth Worker (Female) Remand Centre

Essential: Ability to establish effective relationships with young people in a residential care setting, and care for their needs. Ability to work as part of a team.

Duties: Supervision, care, guidance and assessment of young people in a residential care setting. Shift work, and working weekends and public holidays.

In this position an applicant's sex is a genuine occupational qualification and is authorised by Section 31 of the Anti-Discrimination Act, 1977.

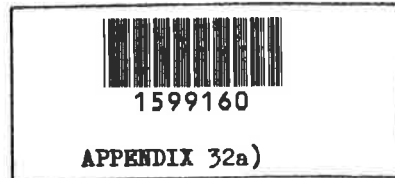
7.9 Program Supervisor

Essential: Tertiary qualifications or equivalent in social/behavioural sciences or related discipline. Experience in working with juveniles. Ability to liaise with staff at all levels within a team concept.

Desirable: Ability to design/implement programs for residents and co-ordinate/augment staff development programs.

Duties: Develop/co-ordinate/evaluate programs.

STATEMENT OF DUTIES



Title under Award or Agreement Senior Executive Officer Code No. _____

Departmental Title Senior Executive Officer
Child Protection and Family Crisis Service Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town 'Montrose'

Responsible to: Director, Central Metropolitan Region

Responsible for:

1. Planning and direction of the overall operation of the 'Montrose' Child Protection and Family Crisis Service.
2. Liaison with senior Departmental and non-Departmental personnel on matters concerning protection and out-of-hours crisis services. Acts as consultant in the planning and development of child protection services and family crisis services.
3. Oversighting the planning and delivery of training and development programs for Departmental and non-Departmental personnel engaged in the provision of child protection and crisis intervention services.
4. Under delegation, receives notifications and exercises the Director's powers under Sections 148(B) and 148(C) of the Child Welfare Act and otherwise acts as an authorised officer within the meaning of the Act.
5. Liaison with statutory and community agencies and represents the Unit and the Department as required.
6. Providing consultations after hours, as appropriate.
7. Overviewing all notifications of children at risk.
8. Continuing monitoring of registered cases of children at risk.
9. Chairing of case conferences as required.
10. Undertaking other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



APPENDIX 32b)

Title under Award or Agreement _____ Code No. _____
Executive Officer Family Crisis Service (Child Protection)
Departmental Title _____ Grade or Class of Position _____
Department _____ Youth and Community Services
Division of Department _____ Field _____ Branch or Town _____ 'Montrose'
Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service
Responsible to: _____

Responsible for:

1. Planning and direction of the overall operation of the Family Crisis Unit, its programs and personnel.
2. Under delegation receives information and exercises the discretionary powers under Sections 148(B) and 148(C) of the Child Welfare Act and otherwise acts as an authorised officer within the meaning of the Act.
3. Exercising delegations applicable to District Managers
4. Liaising with other Departmental Units and statutory and voluntary agencies.
5. Participating in the development and delivery of state training and development programs as required.
6. Providing direct services as appropriate.
7. Acting as after-hours consultant as necessary.
8. Undertaking other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

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STATEMENT OF DUTIES



APPENDIX 32c)

Title under Award or Agreement _____ Code No. _____

Departmental Title Executive Officer, Child Protection Unit Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch 'Montrose'
Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service
or Town _____

Responsible to: _____
Responsible for: The efficient organisation and effective operation of 'Montrose' Child Protection Unit.

1. Plans and directs specialised day and residential programs of the Unit and supervises Unit personnel.
 2. Overviews specialist volunteer program and specialist family support services.
 3. Under delegation receives notifications and exercises the Director's powers under Sections 148(B) and 148(C) of the Child Welfare Act and otherwise acts as an authorised officer within the meaning of the Act.
 4. Under delegation, admits, restores, and discharges children in Unit programs from State control as appropriate and exercises other delegations applicable to District Managers and other delegations as approved from time to time.
 5. Liaise with senior Departmental and agency personnel on child protection matters and acts as consultant in planning and development of child protection services and training programs.
 6. Chairs/participates in Case Conferences and other case planning and review activities.
 7. Provides direct service to a small number of Unit Clients as appropriate.
 8. Provides consultation in regard to specialist child protection matters and is available for consultation out of hours as appropriate.
- Other duties as required.*

STATEMENT OF DUTIES



APPENDIX 32d

Title under Award or Agreement _____ Code No. _____

Departmental Title Co-ordinator, Family Crisis Service, (Child Protection) Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town 'Montrose'

Responsible to: Executive Officer (Family Crisis Service)

Responsible for:

1. Assisting the Executive Officer in the planning and direction of the Service.
2. Assisting in the supervision and guidance of Crisis Care Workers.
3. Participating in the development and delivery of staff training and development programs as required.
4. Providing direct services as appropriate.
5. Relieving as Executive Officer (Family Crisis Service).
6. Maintaining roster system and manpower allocation.
7. Overseeing Central Register and Notification System.
8. Participating in policy and planning.
9. Liaising with professional and community groups.
10. Liaising with and provides consultation for Departmental Officers.
11. Providing country education and publicity (public relations etc.).
12. Providing after hours consultation by way of "on-call".
13. Undertaking other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

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STATEMENT OF DUTIES



APPENDIX 32e)

Title under Award or Agreement Generalist Crisis Care Worker Code No. _____
Child Protection, Family Crisis Service

Departmental Title _____ Grade or Class of Position _____

Department Youth and Community Services

Field Montrose Branch _____

Division of Department Executive Officer 'Montrose' (Family Crisis Service)

Responsible to: _____

Responsible for:

1. Provision of a 24-hours per day intake and intervention service in situations of personal and family crisis, particularly where the welfare or protection of children is involved, and in other areas of the Department's statutory responsibility.
2. Initial assessment and necessary initial protective action in relation to notifications of child neglect or abuse in terms of Section 148(B) of the Child Welfare Act.
3. Initial assessment and appropriate referral of persons seeking Departmental assistance, particularly in times of crisis and outside normal working hours.
4. Emergency and crisis casework intervention in support of generalist field personnel as required.
5. Exercise of delegations, authorities and powers applicable to District Officers, (Community Welfare Officers) and such other delegations as may be approved from time to time for the effective performance of these duties, including financial delegations.
6. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

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STATEMENT OF DUTIES



APPENDIX 32f)

Title under Award or Agreement _____ Code No. _____
Child Protection Worker
Family Crisis Service
Departmental Title _____ Grade or Class of Position _____
Youth and Community Services
Department _____
Division of Department _____ Field _____ Branch or Town 'Montrose'
Executive Officer, 'Montrose' Family Crisis Service
Responsible to: _____

Responsible for:

1. Assessment and management of a small caseload of child protection cases.
2. Joint assessment and related case planning activity with generalist field and agency staff as appropriate.
3. Convening of local representative committee, in conjunction with Senior District Officer (District Manager) and Community Program Officer, Child Protection to monitor and review all notified children at risk.
4. Developing community and professional awareness and mobilising community resources relevant to the identification, management and prevention of physical, sexual and emotional abuse of children.
5. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

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STATEMENT OF DUTIES

APPENDIX 32g)



Title under Award or Agreement Psychologist Code No. _____

Departmental Title Psychologist, Residential Program, Child Protection Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town 'Montrose'

Executive Officer 'Montrose' Child Protection Unit

Responsible to: _____

Responsible for:

1. Undertaking initial assessment and continuing review of children and parents referred or admitted to the Unit.
2. Consultation with program staff, to develop and implement programs appropriate to the special needs of children referred to the Unit, either within the preschool environment or on an individual basis.
3. Undertaking individual counselling of parents where appropriate. Undertakes individual therapy with children where appropriate.
4. Consulting and liaising with other agencies providing follow-up to children initially referred to the Unit.
5. Involvement in the training of Unit Residential Care Staff and volunteers.
6. Undertaking research and evaluation projects as appropriate.
7. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

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STATEMENT OF DUTIES



APPENDIX 32h)

Title under Award or Agreement Social Worker Code No. _____
Social Worker Residential Program, Child Protection Grade or Class of Position _____
Departmental Title _____
Department Youth and Community Services
Division of Department Field Branch or Town 'Montrose'
Executive Officer, 'Montrose' Child Protection Unit
Responsible to: _____

Responsible for:

1. Co-ordination of placement and associated arrangements for parents and/or children admitted to, or discharged from, the Unit.
2. In-depth assessment of children/parents admitted to the Unit in consultation with psychologist, resided program staff and other personnel.
3. Introduction of parents/children in residence into day programs.
4. Liaises with Departmental and agency personnel re admission/discharge/follow up arrangements.
5. Assists with training, consultation and support for residential program staff.
6. Involvement in support programs for families of children at risk in the community, where appropriate.
7. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES

APPENDIX 32i)



1599168

Title under Award or Agreement Social Worker/Psychologist Code No. _____

Departmental Title Group Therapist, Child Protection Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town 'Montrose'

Responsible to: Executive Officer, 'Montrose' Child Protection Service

Responsible for:

1. Planning and conduct of adult therapy group in consultation with Occupational Therapist and senior staff.
2. Planning and conduct of children's therapy groups in consultation with Unit staff.
3. Assistance in planning and conduct of integrated parent/child program.
4. Assists in training of special support staff attached to the unit and assists with other staff development and training as required.
5. Provides training and consultation to appropriate Departmental field staff regarding group program for children and parents at risk.
6. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



1599169

APPENDIX 32j)

Title under Award or Agreement Occupational Therapist Code No. _____
Occupational Therapist, Residential Program,
Child Protection Grade or Class of Position _____

Departmental Title _____
Department Youth and Community Services

Division of Department Field Branch or Town 'Montrose'

Responsible to: Executive Officer, 'Montrose' Child Protection Unit

Responsible for: a range of occupational therapy and related services to the Unit, and for consultative services to special support personnel and others involved with child abuse cases.

1. In consultation with senior staff of the Unit, plans, develops and implements a range of occupational therapy and related programs for the Unit's residential and day care facilities.
2. Conducts groups and other activities for parents in residence or attending the Unit day centre, and for parents and children as appropriate.
3. Assists in training of special support staff attached to the Unit and with other staff development and training as required.
4. Provides consultative services to special support staff and others involved with child abuse cases as required.
5. Undertakes other duties in the Unit as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

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STATEMENT OF DUTIES



APPENDIX 32k)

Title under Award or Agreement _____ Code No. _____
Preschool Director, Residential Program,
Child Protection

Departmental Title _____ Grade or Class of Position _____
Youth and Community Services

Department _____
Youth and Community Services

Division of Department _____ Branch or Town _____
Field Senior Executive Officer, 'Montrose' Child Protection
and Family Crisis Service

Responsible to: _____

Responsible for: Administration and overall implementation of Unit Preschool
programme, and for consultation and liaison with persons involved in
the delivery of preschool and Early Childhood Services Programs in
the community at large.

Detailed Statement of Duties:

1. Plans, develops and implements innovative re-socialisation program for preschool children in the unit.
2. Directs and administers unit preschool facility in accordance with the overall goals of the unit.
3. Plans and supervises the work of persons assisting in the preschool program.
4. Interviews and recommends on applications from local families for placement of children in the Unit preschool program.
5. Participates in case conferences and other case planning for children participating in the unit preschool facility.
6. Participates in overall planning and implementation of Day Program at the Child Protection Unit.
7. Negotiates placements in community preschool programs for unit clients as required.

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The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

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Date _____

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8. Consults, liaises with, and advises preschool and other Early Childhood Services personnel in the community on services and programs for abused and at risk children.
9. consults with and provides education for community agencies.
10. Undertakes other duties as required.

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STATEMENT OF DUTIES



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APPENDIX 321)

Title under Award or Agreement _____ Code No. _____
Preschool Teacher, Residential Program,
Child Protection

Departmental Title _____ Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town 'Montrose'

Responsible to: Preschool Director, 'Montrose' Child Protection Unit

Responsible for:

1. Assisting the Preschool Director with the implementation of the Unit Preschool Program.
2. Assisting in the planning, development and implementation of innovative re-socialisation programs for preschool children in the unit.
3. Participating in case conferences and other case planning for children participating in the unit preschool facility.
4. Participating in overall planning and implementation of Day Programs at the Child Protection Unit, with particular reference to preschool children.
5. Negotiating placements in community preschools for unit clients, as required.
6. Consulting, liaising with and advising preschool and other Early Childhood Services personnel in the community, on services and programs for abused and at risk children.
7. Undertakes other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



APPENDIX 32m)

Title under Award or Agreement _____ Code No. _____
Housemother, Residential Program, Child Protection
Departmental Title _____ Grade or Class of Position _____
Youth and Community Services

Department _____ Youth and Community Services

Division of Department _____ Field _____ Branch 'Montrose'
~~Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service~~

Responsible to: _____
Responsible for: crisis care and planned short-term residential care of children or families receiving services from the Unit, and for receiving out-of-hours telephone enquiries and necessary action thereon.

1. Residential Care Services:

- a) Receives and accommodates children and/or families approved to receive such service by senior staff of the unit.
- b) Organises the overall operation of the residential care services to promote the health, social, and emotional well being of persons in residence.
- c) Ensures that the residential facilities of the unit are maintained in clean and tidy condition and maintains internally a homely atmosphere at all times.
- d) Requisitions clothing and other stores required for the unit's residential services.
- e) Maintains appropriate records and books of account in relation to provisioning, maintenance and material aspects of the unit's residential facilities.
- f) Co-operates with senior and specialist staff of the unit in development and implementation of treatment plans for children and families in residence.
- g) Participates in case conferences and reviews as appropriate.
- h) Carries out such other duties in relation to the unit's residential service as may be required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



APPENDIX 32n)

Title under Award or Agreement _____ Code No. _____

Departmental Title _____
Child Care Worker Residential Program, Child Protection Grade or Class of Position _____

Department _____ Youth and Community Services

Division of Department _____ Field _____ Branch or Town _____ 'Montrose'

Responsible to: _____
Housemother, 'Montrose' Child Protection Unit

Responsible for:

1. Providing physical care and emotional support for children and parents admitted to the Unit.
2. Providing physical care and emotional support for children admitted to the Unit without parents.
3. Planning and implementing play activities for children.
4. Planning and implementing outings for parents and children.
5. Assisting parents in caring for their children in residence.
6. Providing guidance for parents in child management, in consultation with other staff.
7. Preparing reports and attends cases conferences as required.
8. Undertaking domestic duties as required.
9. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



1599175

APPENDIX 32o)

Title under Award or Agreement _____ Code No. _____

Departmental Title _____ Training Officer, Child Protection Unit _____ Grade or Class of Position _____ 8

Department _____ Youth and Community Services

Division of Department _____ Field Branch 'Montrose' _____
~~Senior Executive Officer 'Montrose' Child Protection~~
and Family Crisis Service

Responsible to: _____

Responsible for:

1. Eliciting the needs in the Department for training in the field of child abuse and neglect and child protection.
2. Designing, implementing and evaluating programs within the Department to fulfill those needs.
3. Maintaining a special responsibility to orientation and continuing education of specialist child protection staff in the Child Protection Units and/or Family Crisis Services, and the field-based support services.
4. Maintaining and updating a resource centre at 'Montrose', specific to the field of child abuse.
5. Working in coordination with the Education Officer; this may include involvement in programs for multi-disciplinary groups.
6. Other duties as required.

STATEMENT OF DUTIES



1599176

APPENDIX 32p)

Title under Award or Agreement _____ Code No. _____

Departmental Title Education Officer, Child Protection Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch 'Montrose'
~~Senior Executive Officer 'Montrose' Child Protection and~~
Family Crisis Service.

Responsible to: _____

Responsible for:

1. Heightening of community awareness of the problem of child abuse and neglect and to provide appropriate community education programs.
2. Liaising and consulting with educational establishments and the Staff Development sections of other Government Departments in order to provide programs to heighten professional awareness and to develop expertise in the treatment and prevention of child abuse and neglect.
3. Involvement in data collection and research programs associated with child abuse and neglect and child protection services.
4. Consultation with other senior staff of 'Montrose' Child Protection and Family Crisis Service, to liaise with Government Departments and non-Government agencies so that an integrated approach to child abuse and neglect and child protection can be attained within the framework of the Department's legal responsibilities and policies.
5. Working in co-ordination with the Training Officer, Child Protection.
6. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

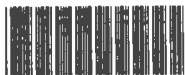
Name _____

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STATEMENT OF DUTIES



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APPENDIX 32q)

Title under Award or Agreement Clerk Code No. _____

Departmental Title Executive Officer, Child Protection and Family Crisis Centre Grade or Class of Position 8

Department Youth and Community Services

Division of Department Regional Branch or Town Hunter

Operations Manager

Responsible to: _____

Responsible for: the efficient organisation and effective operation of the Child Protection and Family Crisis Unit and related community services in co-operation with relevant statutory and voluntary agencies.

1. Plans and directs the overall operation of the Centre, its programs and personnel.
2. Under delegation, received notifications and exercises the Director General's powers under Sections 148(B) and 148(C) of the Child Welfare Act, 1939 and otherwise acts as authorised officer within the meaning of the Act.
3. Under delegation, admits, restores and discharges children, in Centre programs, from State control as appropriate and exercises other delegations applicable to District Manager and executive staff, Child Protection and Family Crisis Centres.
4. Liaises with statutory and voluntary agencies and represents the Centre and the the Department as required.
5. Participates in development and delivery of staff training and development programs as required for Departmental and agency personnel.
6. Provides direct services as appropriate, including extended hours services.
7. Undertakes other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Robert Reid Permanent Head _____

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



Appendix 33a)

Title under Award or Agreement Clerk Code No. _____

Departmental Title Executive Officer, Child Protection and Family Crisis Centre Grade or Class of Position 8

Department Youth and Community Services

Division of Department Regional Branch or Town Hunter

Responsible to: Operations Manager

Responsible for: the efficient organisation and effective operation of the Child Protection and Family Crisis Unit and related community services in co-operation with relevant statutory and voluntary agencies.

1. Plans and directs the overall operation of the Centre, its programs and personnel
2. Under delegation, receives notifications and exercises the Director-General's powers under Sections 148(B) and 148(C) of the Child Welfare Act, 1939 and otherwise acts as authorised officer within the meaning of the Act.
3. Under delegation, admits, restores and discharges children, in Centre programs, from State control as appropriate, and exercises other delegations applicable to the District Manager and executive staff, Child Protection and Family Crisis Centres.
4. Liaises with statutory and voluntary agencies and represents the Centre and the Department as required.
5. Participates in development and delivery of staff training and development programs as required for Departmental and agency personnel.
6. Provides direct services as appropriate, including extended hours services.
7. Undertakes other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



APPENDIX 33b)

Title under Award or Agreement Clerk Code No. _____

Departmental Title Executive Officer, Child Protection and Family Crisis Centre, Illawong Grade or Class of Position B

Department Youth and Community Services

Division of Department Regional Branch or Town Illawarra

Operations Manager

Responsible to: _____
Responsible for: the efficient organisation and effective operation of the Child Protection and Family Crisis Centre and community services in co-operation with relevant statutory and voluntary agencies.

1. Plans and directs the overall operation of the Centre, its programs and personnel.
2. Under delegation, receives notifications and exercises the Director's (Director General) powers under Sections 148(B) and 148(C) of the Child Welfare Act, 1939, and otherwise acts as an authorised officer within the meaning of the Act.
3. Under delegation, admits, restores and discharges children in Centre programs from State control as appropriate and exercises other delegation applicable to District Managers and executive staff, Child Protection and Family Crisis Centres.
4. Liaises with statutory and voluntary agencies and represents the Centre to the Department as required.
5. Participates in development and delivery of staff training and development programs as required for Departmental and agency personnel.
6. Provides direct services as appropriate, including extended hours services.
7. Undertakes other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



APPENDIX 34a)

Title under Award or Agreement _____ Code No. _____
Community Program Officer,
Child Protection
Departmental Title _____ Grade or Class of Position 4-7
Youth and Community Services
Department _____
Division of Department _____ Branch or Town Various
Regional
Regional Director
Responsible to: _____

Responsible for:

1. Oversight implementation of programs for the identification, management and systematic review of services to all notified children in need of care and protection. Responsible for convening Regional Review of cases where there has been a death of a child; serious re-injury of a child and public concern/criticism in relation to the Department's management of a child abuse case.
2. Encourage development of close co-operation between the Department and other statutory and voluntary groups, in relation to regional planning for servicing to children in need of care and protection.
3. Provide information from the regional perspective for the development of budgets.
4. Establish consultancy within the region to advise on allocation of resources and rationalisation of services to children in need of care and protection.
5. Oversight and promote community and staff participation in development of project.
6. Consult with and actively support field staff, to ensure prompt identification, management and review of services to children in need of care and protection.
7. Assist Operation Managers and District managers with the orientation, basic training and continuous support of field staff, with respect to service delivery in this area.
8. In conjunction with Operation Manager, assist field staff in development of community education programs to heighten awareness of children in need of care and protection.

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The statement of responsibilities should not exceed the space provided.
The above is a brief statement of the duties of the position as at _____
Branch Head _____ Permanent Head _____
Date _____ Date _____

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9. Advise staff of this Department and other statutory and voluntary agencies on legal matters in relation to care and protection of children.
10. Liaise with Central Office Program Officer, Child Protection and arrange for relevant policy changes and review within the program area of care and protection of children.
11. In conjunction with the Planning and Research Unit, and other consultants, develop local and regional evaluation and monitoring procedures.
12. Support and report to Regional Advisory Committees as set up by the Regional Director.
13. To provide professional support to Child Protection Workers.

STATEMENT OF DUTIES



APPENDIX 34b)

Title under Award or Agreement Community Program Officer, Substitute Care Code No. _____
Grade or Class of Position 4-7
Departmental Title _____
Department Youth and Community Services
Division of Department Regional Branch or Town Various
Regional Director
Responsible to: _____
Responsible for: the assessment, co-ordination and promotion of the quality of substitute care on a regional basis.

1. Advising Departmental staff on the development and rationalisation of casework services to wards and children in other forms of substitute care
2. Oversighting the consistent interpretation of policy and casework practice throughout their areas.
3. Providing a consultancy service in relation to issues arising out of children in care.
4. Providing professional support, guidance and development of field staff dealing with children in care.
5. Attending case conferences in relation to families, including such conferences arranged prior to admission or Court action.
6. Developing regional resources in connection with substitute care in conjunction with other Departmental Officers.
7. Oversighting special projects in relation to children in substitute care.
8. Evaluating ward and substitute care programs in conjunction with the Cent Office, Planning and Research Unit.
9. Oversighting the rationalisation of services, within the region, available to children who are assessed as being in need of substitute care - either within the Government sector or otherwise.
10. Advising groups on funding available and the means of access.

The statement of responsibilities should not exceed the space provided.
The above is a brief statement of the duties of the position as at _____
Branch Head _____ Permanent Head _____
Date _____ Date _____

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Appendix 34c)

Title under Award or Agreement _____ Code No. _____

Departmental Title Community Program Officer, Aboriginal Grade or Class of Position 4.7

Department Youth and Community Services

Division of Department Regional Branch or Town Various

Responsible to: Regional Director

Responsible for:

1. Advising the Central Office, Program Officer (Aboriginal) on policy issues relevant to the Region.
2. Liaising with Regional staff, Federal and Local Government on program effectiveness and program development.
3. Working with local groups on setting goals and objectives for their projects and the integration of local project development with the Department's broad program in matters concerning Aboriginals.
4. Provision of consultative and evaluation methods of the departmental program areas, specifically substitute care and community development, adoption and fostering of Aboriginal children.
5. Liaising with Staff Development and other relevant bodies with the identification of a specific area of need.
6. Development of management structures for community-based programs, and voluntary organisations funded by the Department.
7. Providing a consultancy service for program management, program development, program implementation and evaluation of the departmental program for Aboriginal communities.
8. Providing a consultancy service arising from issues of Aboriginal children in care.
9. Providing professional support, guidance and development of field staff dealing with Aboriginal children in care.
10. Preparation of budget estimates and proposals in matters concerning Aboriginals.
11. Oversight of the administration of funded projects and the maintenance of adequate accountability systems.
12. Preparation of funding recommendations submitted to the Department.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

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Date _____

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APPENDIX 34a)

Title under Award or Agreement _____ Code No. _____

Departmental Title Planning and Research Co-ordinator Grade or Class of Position 7-8

Department Youth and Community Services

Division of Department Regional Branch or Town Various

Regional Office

Responsible to: _____

Responsible for:

1. Documentation and evaluation of regional resources and needs in co-operation with Regional Community Program Officers. Interpretation of regional reports and studies.
2. Assisting the Regional Director in the development of community welfare planning and research priorities in a region.
3. Initiating and developing a regional data base and co-ordinating inputs to the Integrated Data Systems; contributing to the design of community access to research and planning information.
4. Providing and developing access by staff to research and planning information on services and funding in a region.
5. Assisting local and regional officers in planning activities and the development of the Department's Corporate Plan.
6. In conjunction with Regional Community Program Officers and the Department Planning and Research Unit, monitoring the impact of Government and non-Government policies and program in community welfare; assisting the Regional Director in assessing trends.
7. Design and execution of research and planning projects in the region.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

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STATEMENT OF DUTIES



Appendix 35

Title under Award or Agreement Social Worker/Psychologist Code No. _____

Departmental Title Specialist Officer (Children of Prisoners) Grade or Class of Position 3-6

Department Youth and Community Services

Division of Department Central Metropolitan Region Branch or Town 'Montrose'

Responsible to: Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service

Responsible for:

1. Co-ordination of supportive services and financial assistance to children and families affected by parental imprisonment.
2. Ensuring that children who are separated from their primary caregiver as a consequence of parental imprisonment receive the most appropriate, planned care and continuing management.
3. Ensuring that all aspects of parent access, the care situation and restoration are managed with sensitivity and openness to both parent and children.
4. Ensuring advocacy by direct or indirect involvement in the parental court case, when the child's interests should be considered in relation to bail or sentencing.
5. Ensuring that imprisoned parents have equal access to the provisions of the Family Law Act, 1975 and the Child Welfare Act, 1939.
6. In-service training of Youth and Community Services and Corrective Services staff on the problems faced by children of imprisoned parents and their families.
7. Development of community-based and institution-based family support programs.
8. Development of co-operative policies and service delivery mechanisms between the Department of Corrective Services, Department of Youth and Community Services and the Police Department, on issues affecting children and imprisoned parents.
9. Policy advice to Child Protection and Substitute Care Program staff within the Department of Youth and Community Services, as well as - on request - to the Department of Corrective Services Commission.
10. Continuous evaluation of the needs of children and families affected by parental imprisonment and the services they will require.

The statement of responsibilities should not exceed the space provided.
The above is a brief statement of the duties of the position as at _____
Branch Head _____ Permanent Head _____
Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

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Signature _____
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STATEMENT OF DUTIES



APPENDIX 36

Title under Award or Agreement _____ Code No. _____

Departmental Title Children's Employment Officer Grade or Class of Position 3-6

Department Youth and Community Services

Division of Department Central Metropolitan Region Branch or Town City

Responsible to: Operations Manager

Responsible for:

1. Executing licensing procedures for all applications for a Children's Employment Licence, including monitoring of scripts in line with guidelines as described in Paragraph 4.
2. Developing administrative systems and retrieval systems in relation to Children's Employment Licences.
3. Providing an information service on employment of children; licensing and conditions of employment.
4. Consultation with sections of the industry to develop guidelines in relation to acceptable standards for scripts and conditions of employment of children in the entertainment industry.
5. Carrying out regular review of practices of production companies in relation to children employed in the entertainment industry.
6. Through regular discussion with all sections of the entertainment industry, raise industry's awareness in relation to children's physical and emotional needs.
7. Recommending and carrying out prosecutions as appropriate.
8. Monitoring areas where there is a potential for exploitation of children in entertainment or sales, or where legislative provisions are not comprehensive
9. Monitoring the implementation of the new provisions in relation to employment of children, particularly in reference to areas from which applications for licensing are not being received.
10. Providing policy advice to the Program Officer, Child Protection, Central Office Family and Children's Services Policy Unit.
11. Preparing reports, submissions and correspondence (including Ministerials) in relation to aspects of children's employment, industry administration and policy, as appropriate.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

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APPENDIX 37

Title under Award or Agreement _____ Code No. _____

Departmental Title Program Officer, Child Protection Grade or Class of Position 4 - 7

Department Youth and Community Services

Division of Department Family and Children's Services Policy Unit Branch or Town Central Office

Responsible to: Assistant Director, Family and Children's Services Policy Unit

Responsible for:

1. Policy development, programs and related projects on child protection matters.
2. Monitoring, in conjunction with Regional staff, the operational effectiveness of policies and procedures and submit reports on performance objectives
3. Monitoring and evaluating - in conjunction with Regional and Central Office personnel, policy effectiveness in the context of client need.
4. Reviewing and making recommendations about the distribution, adequacy and allocation of resources.
5. Reviewing existing policies and procedures at least annually and co-ordinating policy development, including implementation design.
6. Assisting in the development of forward plans and the specification of performance criteria.
7. Consolidation of existing policies and procedures in the process of developing comprehensive policy and procedure manuals
8. Interpreting and analysing, from a policy perspective, and circulating research and evaluative work, reports and initiatives from local, State, national and international levels which affect the specified area.
9. Research and administrative services to Standing Committees, Project Teams and Task Forces that may be formed, and preparing policy issue or discussion papers for such bodies
10. Development of working relationships with relevant State and Commonwealth authorities, voluntary agencies and advisory bodies where appropriate.
11. Preparing Ministerial correspondence, reports and other correspondence
12. Establishment and maintenance, in conjunction with Regional and Central Office staff, a data base relevant to the policy area or program.
13. Examination of funding applications to ensure that Departmental policies and priorities are reflected in the proposals.
14. Assist in the preparation of budget estimates.
15. Formulation and review of the criteria for funding, covering eligibility, evaluation and accountability factors.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

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STATEMENT OF DUTIES



APPENDIX 38a)

Title under Award or Agreement _____ Code No. _____

Departmental Title District Manager Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Various

Responsible to: Operations Manager

Responsible for:

1. Oversighting the implementation of the Department's programs as reflected in the Corporate Plan as they relate to the Community Welfare Office.
2. The direction, development and management of all direct services - to individuals, families, young persons and children, provided from a Community Welfare Office.
3. Overall supervision and management of all staff attached to the office, including professional staff providing a variety of functions using a range of disciplinary skills.
4. Maintaining optimal quality of service by reviewing and appraising casework and community development work of the office.
5. Encouraging the professional development of multi-functional staff, utilising resources of the Department's Staff Development Centre.
6. Preparation of estimates and control of budget allocations.
7. Responsible for the registration - on the Central Register, of 'at risk' children - within the District Manager's area.
8. Exercising authorities as delegated.
9. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

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STATEMENT OF DUTIES



APPENDIX 38b)

Title under Award or Agreement District Officer Code No. _____

Departmental Title District Officer (Community Welfare Officer) Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town various

Responsible to: District Manager

Responsible for: the provision of a range of welfare services in the community in accordance with relevant legislation and policies; the position requires the exercise of sensitivity to the multicultural nature and complexities of modern society. DUTIES INCLUDE:

1. Assessing individuals and families in crisis situations and determining the appropriate course of action.
2. Providing emergency assistance to persons in need.
3. Working with families to promote the welfare of the family and mitigate the effect of any disruption of family relationships.
4. Counselling families, adolescents and children on a variety of matters ranging from foster care and family support to child abuse situations.
5. Laying complaints at Courts in respect of children and young people 'at risk'.
6. Preparation of court reports for Children's Courts, Court of Appeal etc.
7. Advocacy on behalf of children, families and individuals involving contact with Solicitors, Doctors, teachers, other government bodies, community groups and other interested parties.
8. Supervision and support to children, young people and families after the making of Court Orders.
9. Recruiting, training and assessing short-term and long-term foster parents.
10. Assessing families who wish to adopt children (including adoptions from overseas).
11. Liaison with other staff of the Department and with agencies to assist individuals, families and groups.
12. Assisting with the development of local community projects and groups.
13. Exercising authorities as delegated.
14. Bilingual and Aboriginal Community Welfare Officers : provision of a cultural consultancy/advisory role in relation to the management of children at risk (ethnic/Aboriginal children) and the placement of children in alternate care facilities.
15. Such other duties as may from time to time be directed.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

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APPENDIX 38c)

Title under Award or Agreement District Officer Code No. _____

Departmental Title District Officer (Community Welfare Officer), Child Protection. Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Various

District Manager

Responsible to: _____

Responsible for:

1. The co-ordination, under the supervision of the District Manager, of service delivery to all children registered as 'at risk' in the Community Welfare Office area.
2. Joint assessments and related case planning with other generalist or specialist field staff and the staff of other agencies as appropriate.
3. The assessment and management of a caseload of child protection cases.
4. The development of community and professional awareness programs through consultation with or assisting the Regional Community Program Officer (Child Protection) or District Manager.
5. The development of Children at Risk Committees to strengthen co-operation of agencies involved in child protection - to be undertaken in consultation with or assisting the Regional Community Program Officer (Child Protection) or District Manager.
6. The development of family support programs or other innovative intervention strategies in consultation with or assisting the Regional Community Program Officer (Child Protection) or District Manager.
7. Exercise of delegations, authorities and powers applicable to Community Welfare Officers and such other delegations as may be approved from time to time for effective performance of these duties.
8. Performance of the duties of a Community Welfare Officer as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

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STATEMENT OF DUTIES



APPENDIX 38d)

Title under Award or Agreement Social Worker/Psychologist Code No. _____

Departmental Title Child Protection Worker (Specialist Officer, Child Protection Services) Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town various

Responsible to: District Manager

Responsible for:

1. Assessment and management of a small caseload of child protection cases.
2. Joint assessments and related case planning activity with generalist field staff and agency staff as appropriate.
3. Development of group work programs for child protection cases as appropriate.
4. Developing community and professional awareness and mobilising community resources relevant to the prevention and management of child abuse.:
5. Participation in Children at Risk Committees and strengthening co-operation and co-ordination of agencies involved in child protection.
6. Provision of out-of-hours on-call roster service.
7. Exercise of delegations, authorities, and powers applicable to District Officers, and such other delegations as may be approved from time to time for the effective performance of these duties.
8. Other duties as required.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

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APPENDIX 38e

Title under Award or Agreement _____ Code No. _____

Departmental Title _____ Alternate Care Officer _____ Grade or Class of Position _____

Department _____ Youth and Community Services _____

Division of Department _____ Field _____ District Manager _____ Branch or Town _____ Various _____

Responsible to: _____

Responsible for:

1. Working as part of a team delivering face-to-face service to families who have been separated through a child or children entering substitute care.
2. Developing and execute casework plans in relation to such families.
3. The recruitment and continuing development of foster parents for a range of care including:
 - . Temporary care
 - . Short term care
 - . Long term care
 - . Part-time care
 - . Boarding placements
 - . Family Group Homes
4. Development and maintainance of a local register of all applications to care for children.
5. Assisting in the development of a sense of identity for children in care.
6. Liaising with other Alternate Care Teams and Generalist Teams in the transfer of cases upon committal.
7. Undertaking adoption work in relation to special cases; that is, overseas, mixed race, older age and handicapped children.
8. Developing supportive community networks for foster parents, adoptive parents and natural parents.
9. Liaising with the voluntary sector in the develop ent of a co-ordinated regional approach to substitute care.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

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APPENDIX 38f

Title under Award or Agreement Community Worker Code No. _____

Departmental Title Aboriginal Community Worker Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town various

Responsible to: District Manager

- Responsible for:
1. Implementation of Departmental policies for the development of Aborigines.
 2. Initiating and maintaining regular personal contact with Aborigines with particular emphasis on work:
 - a) with children and young persons, especially those in substitute care; and
 - b) with families.
 3. Co-ordinating and developing community resources to improve services for Aborigines and assisting with submissions for funding of existing and new projects.
 4. Organising and conducting group programs for the development of Aboriginal youth in conjunction with local resources.
 5. Liaising closely with other staff of the Department, particularly as a resource person where Aboriginal expertise is required.
 6. Counselling clients concerning matters directly related to the Department's statute-based activities; liaising with and making referrals to other authorities.
 8. Exercising statutory and financial delegations.
 9. Assisting and reporting on various applications under relevant legislation.
 10. Assisting and reporting on individuals and families for the information of courts and tribunals.
 11. Submitting regular reports in relation to:
 - a) current work activities; and
 - b) projected Departmental involvement in Aboriginal issues
 12. Performing such other relevant duties as may, from time to time, be assigned.

The statement of responsibilities should not exceed the space provided.
The above is a brief statement of the duties of the position as at _____
Branch Head _____ Permanent Head _____
Date _____ Date _____

As occupant of this position, I have noted this Statement of Duties.

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APPENDIX 39a)

Title under Award or Agreement Superintendent Code No.

Departmental Title Superintendent Grade or Class of Position

Department Youth and Community Services

Division of Department Field Branch or Town Remand Centre

Responsible to: Regional Director

Responsible for: the quality of professional care provided to meet the needs of children or young persons atin accordance with acceptable standards, regulations and departmental policies, and the general management, organisation and control ofRemand Centre. DUTIES INCLUDE:

- 1. Maintenance of overall administrative control of all managerial aspects of the institution for the economical and efficient care of the material needs of those in residence.
2. Accepting responsibility for general care, maintenance, repair and development of property, plant and equipment.
3. Accountability for responsible expenditure of departmental funds by regular review of expenditure in accordance with determined procedures.
4. Devises and implements program to help residents to develop their potential to become acceptable integrated members of the community.
5. Motivates staff by leadership and free communication to develop their potential and to accept delegated responsibility.
6. Responsible for arranging the training and development of all staff under the control of the superintendent to ensure effective efficient management and professional standards in care. Report on their conduct and services.
7. Ensuring periodic evaluation of current programs to assess their effectiveness.
8. Maintaining rapport and liaison with other Departments, including Magistrates, Courts, Education, Police and Department of Health within the complex.
9. Arrange for the interviewing and selection of staff to fill vacant positions.
10. Undertake other duties as required

The statement of responsibilities should not exceed the space provided. The above is a brief statement of the duties of the position as at Branch Head Permanent Head Date Date

As occupant of this position, I have noted this Statement of Duties.

Name Signature Date

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APPENDIX 39b)

Title under Award or Agreement Manager Code No. _____

Departmental Title Manager Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town various

Responsible to: Operations Manager

Responsible for: the supervision, training, and the general welfare of the children places in care, in accordance with Departmental policy. Supervision and direction of staff in their every day activities.

A. Children

1. Train and assist children to perform normal domestic functions and promote standards of harmony, hygiene and general social requirements.
2. Attend to medical needs of the boys.
3. Organise, supervise, and help the children in recreational and social activities.
4. Ensure proper standards of dress, conduct and general behaviour of children.
5. Organise and supervise all other functions associated with children's activities.

B. Staff

1. Allot duties to staff, and supervise the manner in which duties are performed.
2. Prepare and submit reports on the conduct and service of staff.
3. Prepare staff rosters and recommend periods of leave.
4. Answer verbal inquiries on conditions of employment, awards, agreements and other related matters.
5. Ensure prompt and proper attention is given to matters of an urgent and important nature.

C. Clerical

1. Submit requisitions and orders for all general supplies, prepare and sign correspondence; acknowledge all other matters relating to supplies.
2. Receive, check and record stores on stock cards.
3. Responsible for the proper maintenance of the following: Admission and Discharge Register, Medical Register, Trunk Line and Telephone Calls, Attendance Book, Rail Warrant Books, Goods Received Book, Postal stamps and Railways Stamp Books, Numbered Books Book, Plant and Loose Tools.
4. Issue stores and maintain accuracy by regular stores checks.
5. Prepare and sign miscellaneous correspondence and record information relating to The statement of responsibilities should not exceed the space provided. various activities, and

The above is a brief statement of the duties of the position as at functions of the establishme

Branch Head _____ Permanent Head _____

Date _____ Date _____

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APPENDIX 39c

Title under Award or Agreement Superintendent Code No. _____

Departmental Title Manager, Young Offenders Services Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Wagga Wagga

Responsible to: Operations Manager (Riverina/Murray Region)

Responsible for:

1. Managing and supervising the total functioning of the Wagga Wagga Multi-purpose Centre ensuring that the Unit's policy and practices are in accord with Departmental Policy for young offender services.
2. Developing, implementing and evaluating programs aimed at meeting the needs of young offenders in the Region.
3. Encouraging the professionalisation of staff through assessing their needs and potential, and providing opportunities for further training and development.
4. Implementing and monitoring of Equal Opportunity Policy guidelines.
5. Delegating duties to ensure the most appropriate and productive use of all members of the Unit's staff team.
6. Assessing and reporting on the services of all staff members with a view to their support and overall professional development.
7. Supervising the economic management of the unit, ensuring sound use of financial and material resources and the proper use of stores and equipment.
8. Ensuring the maintenance of proper and adequate records in connection with residents and with the general administration of the Unit.
9. Liaising with other units, other statutory bodies, non-statutory agencies, and parents to ensure co-ordination and adequacy of the provided services.
10. Establishing and developing positive community networks to interrelate into program areas.
11. Performing any related duties as required by the Regional Director.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ Date _____

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Name _____

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APPENDIX 39d)

Title under Award or Agreement Chief Youth Worker Code No. _____

Departmental Title Chief Youth Worker Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town various

Responsible to: The Superintendent

Responsible for: various overall welfare and supervision and administration. Assume total responsibility of the unit in the absence of administrative staff.

1. Co-operating with administrative staff in allocation and carrying out of Youth Worker's duties and maintaining a satisfactory level of efficiency.
2. Maintaining a satisfactory standard of dress of residents.
3. Through the Superintendent, to implement all changes in, and variations to, general instructions.
4. The training of Youth Worker staff in their overall duties.
5. Oversighting of general cleanliness of the centre.
6. The exercising of disciplinary control of residents and staff in the event of temporary absence of administrative staff.
7. Oversighting Youth Workers in the male section, and, in conjunction with the Matron, formulates consistent methods of management and care of young persons from both sections.
8. Reviewing on a day-to-day basis, routines and practices in the units.
9. Undertaking the preparation of rosters, penalty rates and shift allowance claims, maintains staff leave records and other clerical duties as required.
10. Counselling residents and assisting them with their problems.
11. Oversighting the activities program and liaises with the Physical Education Officer.
12. Promoting staff interest in programs for residents and staff.
13. Assisting Youth Workers and Senior Youth Workers with their (work related) problems.

The statement of responsibilities should not exceed the space provided.

The above is a brief statement of the duties of the position as at _____

Branch Head _____ Permanent Head _____

Date _____ *Date _____

As occupant of this position, I have noted this Statement of Duties.

Name _____

Signature _____

Date _____

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STATEMENT OF DUTIES



APPENDIX 39e)

Title under Senior Youth Worker Code No. _____
Award or Agreement _____

Departmental Title Senior Youth Worker (Young Offenders) Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town various units for young offenders

Responsible to: The Superintendent (or Administrative Officer-in-Charge)

Responsible for: the correct running, control and security of the Male/Female section, and other duties as directed by the administration.

1. Implementation of all rules and regulations, training of new Youth Workers and progress reports of all Youth Workers when called upon by the Superintendent; ensuring all routines are carried out correctly; strict control of all keys and accounting for their distribution.
2. See all documentation is correct for admissions, discharges and absent residents before accepting or releasing; ensure all receipts have been exchanged for cash and property.
3. Assist and advise Youth Workers with the control, discipline and management of residents, to ensure punishments are not unjust or abused.
4. Ensure that the sections are maintained at a high level of hygiene and repair, to be noted in maintenance book.
5. Prepare rosters for domestic, manual arts, school parties ensuring that every resident has a fair share in distribution.
6. Supervise visitors of residents. Strict check on parcels for possible contraband. Ensure all visitors sign visitor's book.
7. Ensure all residents are correctly attired for Court appearance, and that they have an opportunity to see a solicitor before going to Court. (Remand Centres).
8. Attend to medications and first-aid when medical officer or nursing sister are not available.
9. Ensure that the resident's clothing is kept in good repair and that the residents keep themselves clean at all times.
10. Maintain appropriate Departmental records as required or directed.
11. Carry out any other relevant duties as directed from time to time.

The statement of responsibilities should not exceed the space provided.

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STATEMENT OF DUTIES



APPENDIX 39f)

Title under Award or Agreement Youth Worker Code No. _____

Departmental Title Youth Worker Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town _____

Responsible to: The Manager (Superintendent)

Responsible for: the guidance of wards in care in the development of self-esteem, independence, self-determination and initiative. To broaden social experiences and create alternative, more acceptable value systems: Hours of duty: 40 hours per week - 7-day roster.

1. Participation in the implementation of the unit's program. Assist with individual assessment and institute the necessary corrective procedures.
2. Promote an atmosphere of harmony within the unit conducive to the rewards of a working life.
3. Assist wards in their transition from school to a working life; country to city living and overcoming the problems associated with adolescence, physical, mental : emotional and social handicaps.
4. Develop workable relationships with wards through personal communication both in a group and on a one-to-one basis in order to counsel them to achieve in the unit and in the community.
5. Participating in group and individual recreational activities in and away from the unit.
6. Guide wards toward acceptable standards of dress, hygiene, manners and personal interaction.
7. Assist and implement actions within the unit necessary to maintain its efficient and effective operation.
8. To report in detail all incidents of disturbed, avoidant, abnormal or delinquent behaviour, action taken, and the effects of such action.
9. Instruct wards in areas necessary for them to achieve an independent living situation in the community.
10. Carry out other duties at the direction of the Manager.

The statement of responsibilities should not exceed the space provided.
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Branch Head _____ Permanent Head _____

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STATEMENT OF DUTIES



APPENDIX 39g)

Title under Award or Agreement Matron Code No. _____

Departmental Title Matron Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Various units for young offenders

The Superintendent

Responsible to: _____

Responsible for: the supervision of all material and domestic arrangements, of attention of health of residents and female domestic or supervisory staff.

1. In all areas, works in co-operation with Executive Staff towards the efficient working of the Unit and towards the improvement of morale of both staff and residents.
2. Exercises regular oversight of material aspects within the School to ensure that proper standards are maintained.
3. Assumes responsibility for training, rostering and supervision of the Deputy Matron, Assistant Matrons and Youth Worker (First Aid). Prepares a list of duties for the Deputy Matron, Assistant Matrons, and Youth Worker (First Aid). Completes appropriate reports re: the Deputy Matron, Assistant Matrons, and Youth Worker (First Aid).
4. Confers regularly with Superintendent regarding the standards of hygiene within the School and the diet and health of residents.
5. Oversees the daily sick parades and arrangements for visits by the Visiting Medical Officer and Dentist, and all hospital, medical and dental treatments.
6. Supervises the maintenance of all medical and dental records and the register of residents on drug programs.
7. Supervises the care and treatment of residents confined to the School Hospital and carries out nursing care in the absence of the Youth Worker (First Aid) and the Deputy Matron.

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The statement of responsibilities should not exceed the space provided.

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Branch Head _____ Permanent Head _____

Date _____ Date _____

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8. Ensures proper oversight of residents' movements, activities, dress and deportment, and exercises particular supervision of those residents leaving the Units.
9. Assists Youth Worker (First Aid) with the treatment of residents in the absence of the Deputy Matron.
10. Advises the Superintendent regarding furnishings, decoration and colour schemes throughout the School.
11. Exerts a maternal influence throughout the School and ensures that all female staff carry out their responsibilities in this regard.
12. Supervises the preparation and serving of meals and the organisation and cleanliness of the Dining Room and servery areas. Arranges sufficient stores to provide for meal variations required by changes of weather, etc.
13. Carries out medical treatment of residents when rostered "on call".
14. Supervising female residents in the unit.
15. Obtains regular reports for the superintendent on the condition of all residents confined to community hospitals.
16. Carries out other relevant duties as directed.

STATEMENT OF DUTIES



APPENDIX 39h)

Title under Award or Agreement Matron Code No. _____

Departmental Title Matron (Group Homes/Hostels) Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Various

Manager (or Regional Operations Manager in absence of Manager)

Responsible to: _____

- Responsible for:
1. The implementation of Departmental policy, maintenance of control, standards of health and hygiene and the physical mental and social Development of wards in the Unit.
 2. The effective liaison with employers and employment officers in the guidance of wards towards acceptable standards of work performance and the solution of allied problems.
 3. Liaison with field staff and other Departmental officers in the Planning and Implementation of programmes for wards future placement or eventual independent living.
 4. Developing relationships with the community to promote the acceptance of the unit and its function within that community.
 5. Reports upon incidents of disturbed, avoidant, abnormal and delinquent behaviour, action taken and the effectiveness of that action.
 6. The co-ordination, training and supervision of staff in the performance of their duties.
 7. The effective and efficient administration of the Unit which includes:
 - a) the preparation and requisitioning of orders for supplies;
 - b) receiving checking and recording of supplies;
 - c) performing the necessary tasks for the accurate payment of suppliers.
 8. Deals with all correspondence and enquiries.

.../2

The statement of responsibilities should not exceed the space provided.

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9. Collects all monies due according to Departmental Policy and deposits such monies to the appropriate accounts.
10. Issues receipts and posts remittances in accordance with treasury regulations.
11. Performs all necessary tasks for the proper maintenance of buildings, contents and surrounds.
12. Carry out other duties as directed by the Manager.

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STATEMENT OF DUTIES



APPENDIX 391)

Title under Award or Agreement Housemaster/Matron Code No. _____

Departmental Title Housemaster/Matron Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Various large establishments for departmental school-aged children

Responsible to: Superintendent

Responsible for: the efficient management of a cottage home and proper care and development of the children in residence.

As a team -

1. Ensure that all staff carry out established practices and policies to promote the well being of the children in care.
2. Supervise non-resident staff in the performance of their duties and submit reports on their services when requested.
3. Plan well-balanced menus, supervise preparation of meals and ensure each child has a sufficient and well-balanced diet.
4. Ensure children are adequately clad for seasonal conditions.
5. Plan activities for children and carry out such programs necessary for the development of a sense of belonging and as a preparation for independent living.
6. By precept and example, promote good manners, personal hygiene and self-esteem.
7. Maintain regular checks on the physical health of children. Carry out minor treatments and first aid. Refer cases to the doctor when considered necessary.
8. Regularly liaise with administrative staff on matters concerning the children, cottage management practices and activities.

.../2

The statement of responsibilities should not exceed the space provided.

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Branch Head _____ Permanent Head _____

Date _____ Date _____

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9. Seek the co-operation of children at all times. Report serious misdemeanours to administrative staff.
10. Keep all records up to date in accordance with instructions viz:- Home record cards, diet book, diary, telephone, board and lodgings, inventories, record of urgent repairs, attendance books, circulars etc.
11. Submit all requisitions and returns on time to the office.
12. Ensure that circulars, departmental bulletins, rosters, home diary and other pertinent matters are available for perusal by all staff and that such instructions are followed.
13. Ensure the safe keeping of all children's and staff's money and personal belongings.
14. Arrange for the repair or replacement of all items as per instructions.
15. Liaise regularly with teaching staff at exterior and interior schools to assist in the educational development of children.
16. Safeguard departmental property and report deficiencies immediately.
17. Ensure staff and children are aware of Fire/Emergency precautions.
18. Arrange, implement and assist in the organisation, coaching and transporting of children to sport and recreational activities.
19. Check all supplies on receipt and acquit them against the dockets; report deficiencies.
20. Assist the psychologist and Relieving Deputy Superintendent in the compiling of reports on children when required.
21. Report in writing, details of injuries and abscondings.
22. Attend staff meetings as required.
23. Promote teamwork within the cottage by having regular formal and informal meetings with staff and children.
24. Transport to and supervise children at Church services when rostered.
25. Maintain satisfactory standards of cleanliness and hygiene within the unit and ensure lawns, gardens and surrounding are well kept.
26. Ensure all clothing leaving the for laundering and dry-cleaning is clearly marked to avoid loss.
27. Carry out minor maintenance in the cottage. Report other serious deficiencies and service faults for necessary action.
28. Ensure children are ready for specialists appointments when required.
29. Receive and record visitors to children. Advise duty Admin. Officer of unscheduled visits and seek instructions.
30. Relieve in other cottages when required to meet exigencies.
31. Endeavour at all times to act in the best interests of the children in care.
32. Carry out such other duties as may be required from time to time.

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STATEMENT OF DUTIES

APPENDIX 39j)



Title under Award or Agreement Matron Code No. _____

Departmental Title Matron Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch Various large
Operations Manager or Town Establishments for school-aged dependent children

Responsible to: _____

Responsible for: Jointly responsible with the Manager for the training supervision and general welfare of children in care in accordance with Departmental policy.

1. Children:

- Train and assist children to perform normal domestic functions and promote standards of harmony, hygiene and general social requirements.
- 2. Participate in and assist Manager in organising and supervising children in recreational and social activities.
- 3. Attend to medical needs of children.
- 4. Ensure proper standards of dress, conduct and general behaviour of children.
- 5. Assist manager in supervising all other functions associated with children activities.

B. Clerical:

- 1. Answer telephone and other enquiries.
- 2. Order general food supplies in accordance with dietary requirements.
- 3. Receive general food supplies and check orders as against quantity and quality supplied.
- 4. Prepare menus and diet sheets.
- 5. Maintain diet book and chef's register daily.

.../2

The statement of responsibilities should not exceed the space provided.

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Date _____ Date _____

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- 2 -

C. General:

1. Assist and supervise the preparation and serving of meals, oversight kitchen routines.
2. Responsible for the general care and cleanliness of the interior of the establishment.
3. Supervise and assist when necessary with laundry work.
4. Receive and entertain official local and overseas visitors, and educational groups.
5. Attend to other duties as need arises.

STATEMENT OF DUTIES



APPENDIX 39k)

Title under Award or Agreement Matron Code No. _____

Departmental Title Matron Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Brush Farm
Infants Home

Responsible to: Superintendent

Responsible for: the implementation of the Infants' Home policy and the maintenance of standards of health, training, stimulation and general welfare of children in care, and the maintenance of staff working standards and relationships.

In the absence from duty of both Superintendent and Deputy Superintendent, make any decisions or execute any procedures, relating to the Infants' Home, that would be made by those officers.

1. Provide advice to the Superintendent on matters relating to clothing, hygiene, social training, recreation, and diet of all children in care.
2. Draft the ordering of clothing for children in care, from which the clerk prepares requisitions.
3. Oversight arrangements for visitors.
4. Oversight the work of the Deputy Matrons, Nurses, Child Care Workers, Cooks and Domestic Assistants.
5. Liaise with visiting doctors, and external treatment centres, on medical care of the children.
6. Liaise with the visiting psychologist, placement officers and social agencies on question of training and placement of children in care.
7. Interview staff applying to fill vacancies.
8. Prepare weekly rosters for Nurses and Child Care Workers.
9. Acquire relief staff as necessary.
10. Maintain public relations for the home, liaising with external bodies as necessary.

The statement of responsibilities should not exceed the space provided.

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STATEMENT OF DUTIES



APPENDIX 391)

Title under Award or Agreement Matron Code No. _____

Matron Grade or Class of Position _____

Departmental Title _____
Department Youth and Community Services

Division of Department Field Branch or Town Various Remand Centres
Superintendent

Responsible to: _____

Responsible for overall supervision and maintenance of acceptable standards regarding residents; cleanliness, hygiene, clothing, food and material welfare. Direct responsibility for supervision of female section.

1. Co-operates with administrative staff in allocating and carrying out of Youth Worker's duties and maintaining a satisfactory level of efficiency.
2. Responsible for maintaining a satisfactory standard of dress of residents.
3. Responsible, through the Superintendent, to implement all changes in, and variations to, general instructions.
4. Responsible for the training of Youth Workers staff in their overall Remand Centre duties.
5. Oversees general cleanliness of Remand Centre.
6. Exercises disciplinary control of residents and staff in the event of temporary absence of administrative staff.
7. Reviews, on a day-to-day basis, routines and practices in the units.
8. Undertakes the preparation of rosters, penalty rates and shift allowance claims, maintains staff leave records and other clerical duties as required.
9. Counsels residents and assists them with their problems.
10. Oversees the activities program and liaises with the Physical Education Officer.
11. Promotes staff interest in program for residents and staff.

.../2

The statement of responsibilities should not exceed the space provided.

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12. Assists administrative staff with movements of residents to courts, Training Centres and any necessary medical and dental appointments.
13. Assists youth Workers and Senior Youth Workers with their (work related) problems.
14. Daily oversight and inspection of the kitchen and the quality and quantity of meals, with special attention to hygiene and presentation.
15. Arranges with Storekeeper, the approved supply of general stores, on a weekly basis, for male and female sections.
16. Assists the administrative staff with Official Visitors.
 - a) Assists in preparation of refreshments.
 - b) Escort Visitors over unit when required.
17. Any other duties required by the Superintendent.

STATEMENT OF DUTIES



APPENDIX 39m)

Title under Award or Agreement Program Supervisor Code No. _____

Departmental Title Program Supervisor Grade or Class of Position _____

Department Youth and Community Services

Division of Department Field Branch or Town Various establishments

The Superintendent

Responsible to: _____

Responsible for: the implementation within the Unit of Staff Development Programs designed to complement regular Departmental Staff Development programs with two objectives of:

- a) Assisting staff to carry out their duties with maximum effectiveness; and
- b) Motivating staff to contribute positively to the objectives determined for the residential unit.

Assists the Superintendent in the development and implementation of programs for residents which promote the objectives of the Unit. Liaises actively with the Program Officers, Central Office, Family and Children's Services Policy Unit.

DETAILED STATEMENT OF DUTIES.

Staff Development

1. Using established educational methods and individual counselling, helps staff members to:
 - a) Understand their role in the programs of the unit;
 - b) Understand the reasons for the methods and practices used by the Unit;
 - c) Understand the personalities and behaviour of the residents;
 - d) Understand the role of the unit in the total child care program.

.../2

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1599214

2. Is available for on-job counselling of staff with problems to resolve in this work situation.
3. a) Liaison with the Staff Development Centre over the organisation of special in-service training courses and provides tutorial assistance as appropriate to staff members participating in correspondence courses.
b) Assists staff to put into operation knowledge gained from such courses.

Programmes for Residents

1. Assists in the formulation and implementation of broad ^{the above} ~~training~~ and developmental programs.
2. Develops and organises recreational and sporting programs that help residents learn creative use of leisure time and which will assist in their satisfactory adjustment to society.
3. Arranges staff meetings and otherwise helps to co-ordinate the activities of specialist visiting personnel with the day to day programs of the Unit.

CASE CONSULTATION

- Casework advice to workers outside the Department
- Developing Case Consultant skills in Community Development Officers
- Case discussion with field workers and with District Managers
- Chair Case Conference
- Convene Regional Case Review in circumstances of the death of a child; serious re-jury of a child; and serious criticism/concern/complaints by the public relating to the Department's involvement in child protection matters
- Case discussion with residential care staff regarding abused children

STAFF DEVELOPMENT AND SUPPORT

- Assess training needs of direct service staff
- Work with Training Officer, 'Montrose' Child Protection and Family Crisis Service; Principal Staff Development Officer; and District Managers, to provide staff development for Specialist Child Protection staff
- Consult with Staff Development on child protection matters input for non-specialist child protection staff; for example, Children's Services Advisers, Substitute Care Caseworkers, Alternate Care Officers, Youth Workers, Community Welfare Officers
- Consult with other government departments and agencies regarding worker training; for example staff in community-based organisations providing child protection services; police and health personnel

PROGRAM DEVELOPMENT

- Specific Regional policy input for example, service for field staff
- Input into Regional decision-making on policy; funding; providing child protection perspective to regional planning
- General Regional policy input; for example, Residential Care, composition and size of Community Welfare Office
- Encourage funding and evaluation of private sector services
- In conjunction with Field Staff and community groups, develop a profile of community services and specific community needs and participate in the development of services where they are lacking in the community
- Encourage, and participate in community awareness education on child protection matters
- Consult with Central Office Family and Children's Services Policy Unit on changes to child protection policy

FUNCTIONS OF REGIONAL COMMUNITY PROGRAM OFFICERS, CHILD PROTECTION

1599215



1599216

Being a parent can be a wonderful, fulfilling and happy experience — but is it like that **all** the time?

Commercials about families lead us to believe that it is. Mothers always appear young, beautiful and loving; children always seem adorable and fathers always appear as good providers and protectors of their perfect family.

This is the pretend family.

Babies, toddlers, children and teenagers can be very difficult people to care for all of the time.

We don't like to feel that we're not coping as parents. Sometimes we feel that we're the only people in the world who are having a difficult time with our children, so we keep our problems to ourselves and feel guilty and unhappy about what's happening at home.

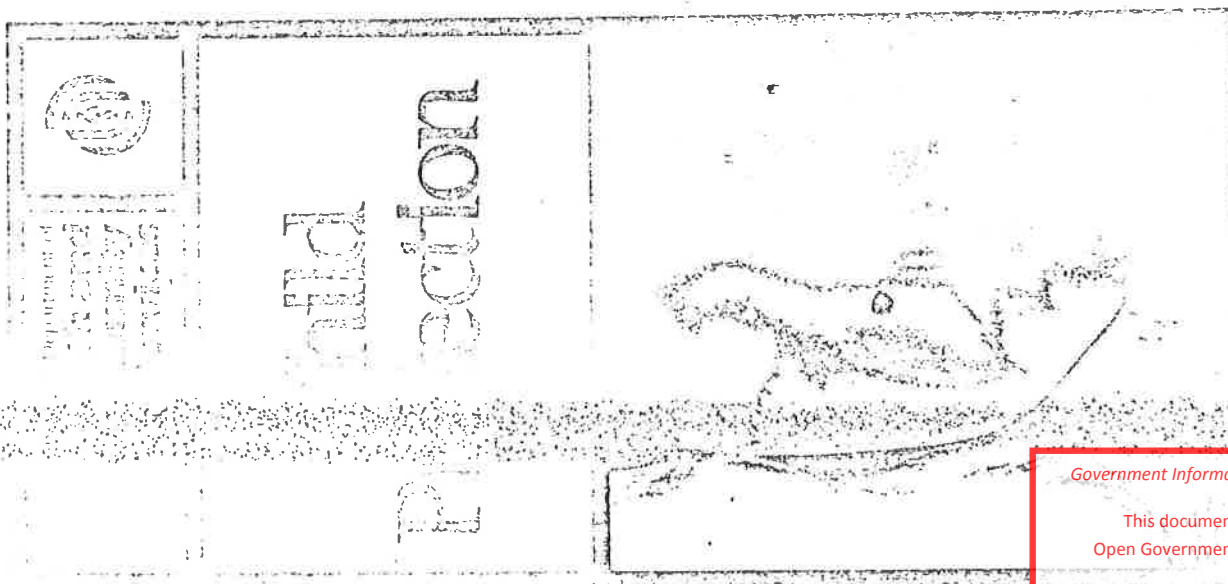
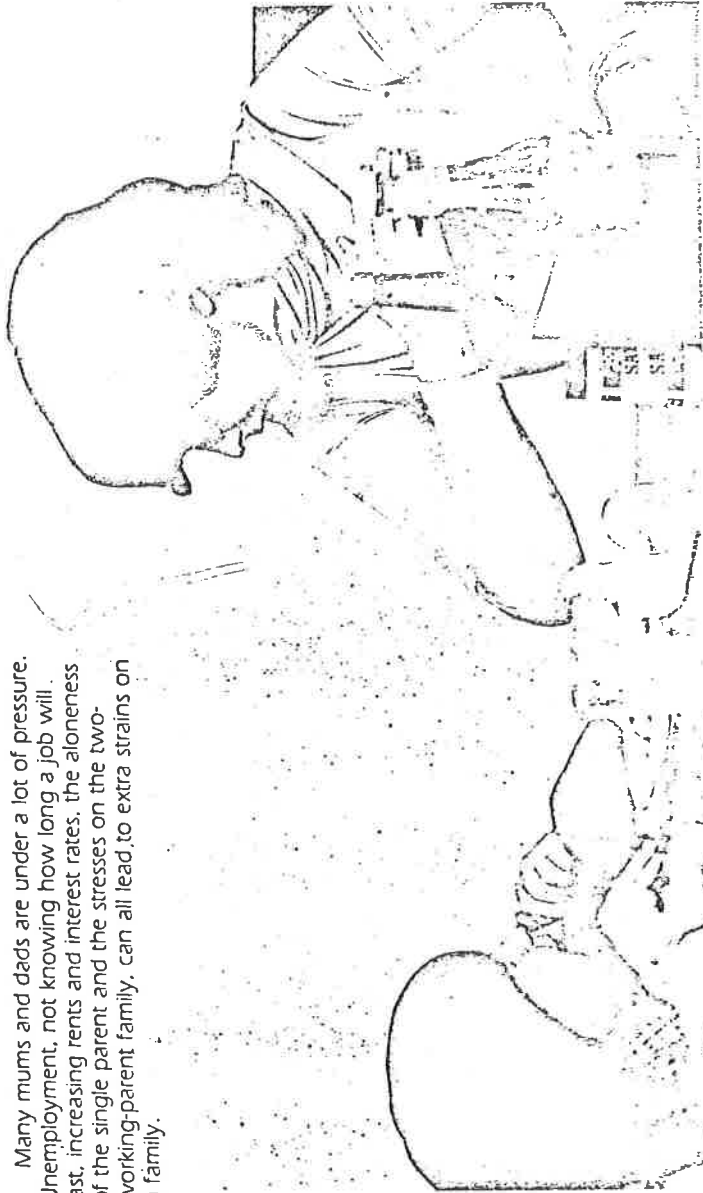
Many mums and dads are under a lot of pressure. Unemployment, not knowing how long a job will last, increasing rents and interest rates, the aloneness of the single parent and the stresses on the two-working-parent family, can all lead to extra strains on a family.

Recent sickness, a move to a new suburb, or the death of a friend or relative, can weigh down a mum or dad with feelings of sadness, loneliness, helplessness. Often parents who are feeling angry or frustrated about something that is happening, take out their feelings on their children. This can lead to harming children or shutting them out of parental love, or scolding them severely for quite minor upsets.

Children, feeling unloved, bewildered and unfairly punished, can behave in ways that make their parents even more angry and frustrated.

Some parents find it difficult to ask for help or to accept it. They feel that they really don't have anyone to turn to, that they are on their own in the world.

But no-one can manage entirely on their own — everyone needs help sometimes — **and it's all right to ask for help.**



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Children have the right to grow up in a home where they're not in fear of being harshly beaten or being continually screamed at or rejected, or in fear of someone taking advantage of them sexually.

Children have the right to their basic needs being met: to love, food, shelter and safety, so that they can grow up well and strong; so that they can become adults who feel safe and happy about being who they are so that they, in turn, can be caring and coping parents of tomorrow's children.

CHILD PROTECTION IS IN YOUR HANDS AND OURS.

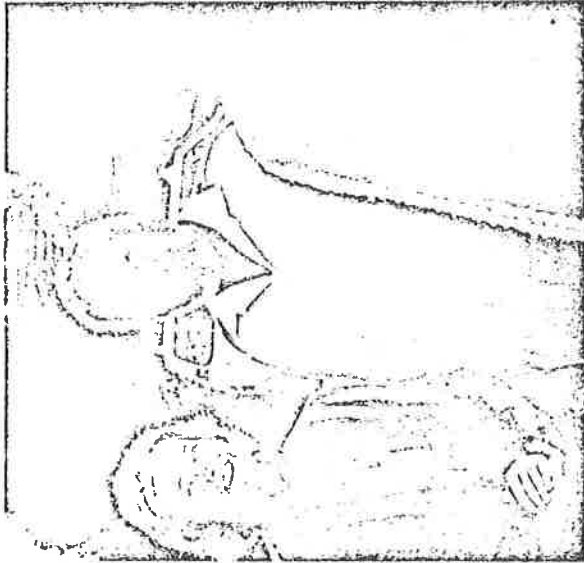
Specialist child protection units:

Montrose, Sydney
PHONE: (02) 745 2233

Illawong, Wollongong
PHONE: (042) 284 000

Family Crisis Centre, Newcastle
PHONE: (049) 694 699

Issued by the Information and Communication Unit
NSW DEPARTMENT OF YOUTH AND COMMUNITY SERVICES
31-39 Macquarie Street, Parramatta 2150
Telephone: 689 8111



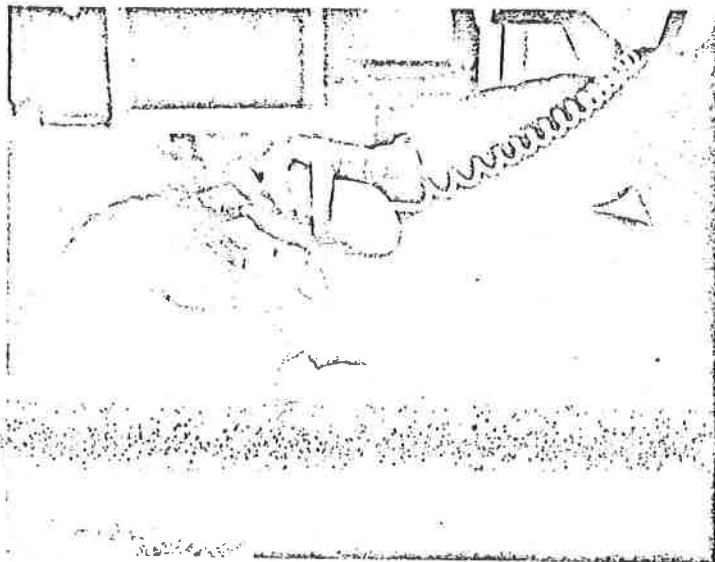
People at the **DEPARTMENT OF YOUTH AND COMMUNITY SERVICES** listen and they care. There are trained workers in **COMMUNITY WELFARE OFFICES** throughout the State.

There are also three specialist child protection units: **Montrose, Sydney; Illawong, Wollongong; Family Crisis Centre, Newcastle.**

These units have around-the-clock telephone counselling services. There's someone you can talk to at any time of the day or night, every day of the year. People in rural areas can phone the Sydney number and reverse the charges.

Many parents use this service when they need to talk to someone about problems they're having with their children. Some parents phone in because they're afraid they might harm their children and others because they have already harmed a child.

Neighbours and friends can phone in confidentially if they're worried about a child they believe might be harmed or neglected.



There are people in the community — relatives, neighbours, friends — who understand what it's like to have difficult times with babies and children. Many are parents themselves and many may have grown-up children but will never forget how tiring and demanding their own children were.

Sometimes people are reluctant to offer others help they think it might be interfering.

Don't be afraid to reach out to a relative, neighbour or friend.

People can give mums and dads and children a lot of support. A chat over a fence, a cup of tea or a walk to mind a child for a while, car pools for children to weekend sport, can help

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**COMMUNITY-BASED SPECIALIST
CHILD PROTECTION SERVICES****1 WILEY PARK CENTRE**

1.1 The centre, which is situated at 22 Samuel Street, Wiley Park, 2195 - Telephone (02) 750 8932, is operated by the Wiley Park Special Preschool Association and provides a service in the Canterbury area to families whose children are in need of protection or considered 'at risk'. The programs offered are long-term, with some families spending up to three years visiting the centre.

1.1.1 The centre is actively supported by residents, service organisations and government departments in its surrounding community.

1.1.2 The centre operates Monday to Friday, from 8.30 am to 5.30 pm, with transport provided for adults and children to attend. Fees are minimal and can be waived entirely if parents cannot afford to pay.

1.1.3 Programs currently offered at the centre are:

Special Child Care Centre

- Infant stress program
- Preschool, licensed for up to 25 children
- Individual counselling and group activities program for parents

Family Support Program**Volunteer Program****1.2 Special Child Care Centre**

1.2.1 Admission to the preschool is limited to those children who have been abused or are significantly at risk. Parents who enrol their children are asked to become involved in the parent's program.

1.2.2 Many of the children have severe emotional and behavioural disturbances and many are developmentally delayed. The children's program includes the usual preschool development activities such as painting, building, manipulative play, relaxing activities; activities to improve fine and gross motor co-ordination, and a range of excursions to broaden the experiences of children who are often understimulated and isolated.

1.2.3 Children who are aggressive have their destructive behaviour channelled into vigorous play such as woodwork, bat and ball games, punching bags, dough and clay work.

1.2.4 Services are provided to the preschool by visiting speech therapists, paediatricians, psychiatrists and psychologists. The children's health is constantly monitored by a nurse, and their vision and health are regularly screened by Health Commission personnel and by private practitioners.

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2 THE CHILD ABUSE PREVENTION SERVICE (C.A.P.S.)

2.1 The service, which operates from the Randwick Community Centre, 35 Bundock Street, Randwick, 2031 - Telephone 344 5111, 344 7646, provides a 24-hour, 7-day a week family support service which aims to prevent child abuse, through the provision of long term support to people who are abusing - or are at risk of abusing children.

2.2 The services include:

- Initial crisis help through telephone counselling or home visits;
- Continuing contact, with counselling and support to the client through telephone counselling and visiting;
- referring clients to other agencies or professionals, with continued support to the client;
- Continuing care for children in times of crisis;
- Help in crisis situations at all hours;
- Arranging financial assistance.

2.3 The service is operated by two salaried workers, and rostered volunteer counsellors who are trained by C.A.P.S. staff before and during the volunteer's work as counsellors.

CHILD PROTECTION POLICY AND PROCEDURE MANUAL



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NEW SOUTH WALES DEPARTMENT
OF YOUTH AND COMMUNITY SERVICES
POLICY AND PROCEDURE MANUAL

CORPORATE PLAN PROGRAM:

CARE AND DEVELOPMENT OF
CHILDREN

CORPORATE PLAN SUB-PROGRAM:

CHILD PROTECTION

INTRODUCTION



After the 1977 amendment to the *Child Welfare Act, 1939*, the Department of Youth and Community Services established specialised services at 'Montrose' Child Protection and Family Crisis Services to undertake action on child abuse cases. Since the establishment of 'Montrose', however, the Department has rapidly developed its response to children in need of care at both a conceptual and a practical level.

We no longer see the *physically* abused child as the only client of the Department's child protection program. The Department has established procedures for intervening in a range of situations that might be physically or psychologically detrimental to a child. An important aspect of the program has been the identification of areas of special concern, such as emotional and sexual abuse, and an affirmation that successful intervention must also include the development of early intervention and preventative programs.

An extension of the Department's broader-based approach to the management of child abuse cases is the recognition that a field officer's primary role is that of child advocate. The Department also recognises that compassionate consideration of the child's family is an essential component of the philosophical basis to the program.

At the services level, 'Montrose' and Illawong Child Protection Units continue to offer a range of services to families that complement services in the local area.

A major development in recent times has been the recognition that the Department must provide a highly professional service in child protection at the Community Welfare Office level. To implement this principle, resources were made available in the 1983 budget to enable the establishment of Child Protection Workers (Specialist Officer, Child Protection) and Specialist District Officers, Child Protection positions at the local level, and Community Program Officers, Child Protection at the Regional level.

A fundamental principle of practice in child protection management has always been the essential nature of the multidisciplinary approach. The practical development of this commitment is the Interdepartmental Committee on Child Abuse, a continuing policy development group convened by the Department, with membership of representatives from the State Government Departments of Health, Police and Education.

In 1982 the Community Welfare Act was passed through State Parliament. The legislative base that this Act provides is philosophically consistent with the broadened perspective on children's needs that has evolved in Departmental policy in general and in child protection policy specifically.

This policy and procedure manual is representative of a range of influences upon the Department since 1977, such as legislation, the deliberations of the Interdepartmental Committee on Child Abuse, and the contribution of Departmental officers involved in the management of child abuse cases.

The Manual replaces previous administrative instructions and has been written with the *Community Welfare Act, 1982* as the legislative base - particularly *Part VII* of the Act: Although these legislative requirements have not yet been proclaimed and the *Child Welfare Act, 1939* is still legally binding, Departmental officers are expected to provide a service to children and their families that reflects the spirit and intention of the *Community Welfare Act*.

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CHILD PROTECTION POLICY AND PROCEDURE MANUAL

The Manual attempts to define the philosophical background to each area as well as to provide practical information and procedures to those officers working with children and families. Officers will be fully aware of the Department's significant statutory responsibility in relation to the care of children. This statutory responsibility in situations requiring investigation after notification, or the commencement of legal proceedings when a child is in need of care, is delegated to authorised officers of the Department, and, as a consequence, individuals in the Department play a vital role in the protection and sensitive management of children and their families. It is mandatory, therefore, for this Manual to be read by all officers, and to be incorporated into their practice. Assistance in interpreting the procedures and material included in the Manual will be offered through special workshops organised by the Department's Staff Development Centre.

It is recognised that enormous demands have been made on field officers through the child protection program, and their response has demonstrated a high level of commitment, social awareness and flexibility in the management of child abuse cases.

As I am sure that practitioners will have comments and proposed amendments that can only enhance the practicality and depth of the Manual, I have arranged for the Manual to be implemented as an interim document to be reviewed, at the end of six months from the date of publication, in the light of constructive Regional recommendations.

Hans Heilpern
DIRECTOR-GENERAL

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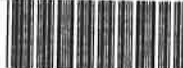
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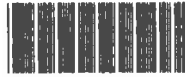
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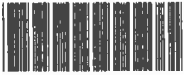


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**MANUAL REFERENCES****Legislation**

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Family Law Act, 1975 (Commonwealth) (Custody Orders)
Ombudsman Act, 1974
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CHAPTER ONE

POLICY

PART I: BACKGROUND

Introduction

PART II: PRINCIPLES

Introduction; philosophy;
legislative base

PART III: POLICY DEVELOPMENT

Corporate goal; aims; objectives;
role of the Department



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CHAPTER ONE

POLICY

PART I

BACKGROUND

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1	INTRODUCTION	1.1.1

CHAPTER ONE

POLICY



PART I

BACKGROUND

1 INTRODUCTION

- 1.1 The protection of children who are at risk of abuse or who have been abused, involves action in relation to many forms of abuse - physical, emotional, sexual, institutional, drug and alcohol abuse - as well as neglect and exploitation of children.
- 1.2 In 1977, the *Child Welfare Act, 1939* was amended so as to introduce compulsory notification by a medical practitioner who has reasonable grounds to suspect that a child has been assaulted, ill-treated or exposed; and for voluntary notification by any person who believes - upon reasonable grounds - that a child has been assaulted or is neglected, as defined by the Act: *Part VII (Section 102 (2))* of the *Community Welfare Act, 1982* has incorporated the 1977 amendment.
- 1.3 The Department's responsibility under this legislation is interpreted to include not only identification and the initial care and protection of such children but the full responsibility for the continuing professional treatment both of the abused child, (or the child at risk of abuse), and the parent or parents, until the cases are finalised.
- 1.4 Child protection cases are to be given **priority** by Departmental Officers otherwise involved in the delivery of services to a range of clients for whom the Department has accepted responsibility. **All suspected cases of abuse and neglect must receive IMMEDIATE attention.**
- 1.5 Since 1977 there have been many developments in the child protection field: these developments reflect an increased awareness of the rights and needs of children and families at risk; and a shift in philosophy from 'child abuse' to 'child protection' so as to begin to include both a prevention and an early intervention approach.
- 1.5.1 In child protection management, '**early intervention**' refers to an approach, and the use of services, at a point where a parent/child relationship has not been successfully established, or has begun to deteriorate, or where there are factors that indicate that the relationship will deteriorate without significant support being made available. 'Early intervention' services include community programs and family and child support programs.



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1.1.2

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- 1.5.2 **Preventative services** in child protection management refers to an approach, and the use of services, that eliminate the condition that give rise to a poor or deteriorating parent/child relationship. Preventative services include community education, political and social changes that positively affects poverty and isolation, and services that provide adequate and complementary resources for parents and their children.
- 1.6 The changes also reflect differences in the approaches taken by those agencies traditionally associated with children and protection. Personnel in these agencies have come to rely heavily on one another to meet a complex range of needs which any one individual alone could rarely manage. The use of resources across agency and professional boundaries is a familiar trend in the provision of an integrated approach to management of child abuse generally. There is, however, still much to be done in the development of these working relationships.
- 1.7 While the care and protection of children continues to remain the statutory responsibility of the Department of Youth and Community Services, a co-ordinated inter-departmental and community approach is vital to meet, adequately, the needs of families and children at risk. It is now accepted policy that the Department of Youth and Community Services, the Health Department, the Police Department and the Education Department will work together in child abuse and children at risk matters. The Department will continue to work towards a greater recognition of the role of the Department of Corrective Services; the Ministry of Aboriginal Affairs; the Commonwealth Department of Immigration and Ethnic Affairs; the Ethnic Affairs Commission of New South Wales; and the voluntary sector in child abuse and children at risk matters.
- 1.8 **This Child Protection Manual** - which includes guidelines prepared by the Interdepartmental Committee on Child Abuse* for staff of the Department of Youth and Community Services, the Department of Health and the Police Department - is the Department's definitive **policy and procedure related to all forms of neglect and abuse of children:** included in the manual are the procedures detailed in the Interim Instructions (No.1449) dated 10 October, 1983.

* The Interdepartmental Committee on Child Abuse.
This committee, established in December, 1980 consists of officers representing the New South Wales Departments of Youth and Community Services; Police; Education; and Health. The brief of the committee is to review specific problems encountered in practice situations; and to propose solutions to these problems, consistent with government legislation and policy concerning child abuse.



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**CHAPTER ONE
POLICY**

**PART II
PRINCIPLES**

SECTION	CONTENT	PAGE
1	INTRODUCTION	1.2.1
2	LEGISLATIVE BASE	1.2.1
3	PHILOSOPHY	1.2.2

CHAPTER ONE

POLICY



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PART II

PRINCIPLES

1 INTRODUCTION

1.1 Child Protection Policy has grown out of two complementary foundations:

- a) The statutory responsibilities of the Department of Youth and Community Services;
- b) The philosophy of the primary importance of children to our society.

2 LEGISLATIVE BASE

2.1 The legislative base for the Department's child protection services is specifically described in *Part VII, Divisions 5 and 6 of the Community Welfare Act, 1982*. Objects of this Part of the Act (*Section 45(1)*) further underline the spirit of the legislation in relation to children in a range of circumstances. The *Community Welfare Act, 1982* requires the Department of Youth and Community Services to:

- a) Identify the special needs of children with respect to services necessary to promote their optimum development;
- b) Ensure the provision of any necessary services for, and assistance to families so that, where necessary, the care available to children in the family environment can be enhanced to such a degree as to enable them to remain in or return to family care;
- c) Ensure that children for whom a child care service is provided, or who reside in a residential child care centre, receive the optimum standard of care.

2.2 Further, in order to provide welfare services that complement the care of children, the Minister for Youth and Community Services may:

- a) Disseminate information to the community with respect to welfare services for children and their families;
- b) Provide assistance and support for non-Government organisations and persons concerned in the establishment or development of welfare services for children and their families; and

- c) Furnish advice to non-Government organisations and persons concerned in the provision of welfare services for children and their families with respect to the quality of any such services and the equipment needed to provide them.



- 2.3 The legislation clearly requires the Department to develop a range of preventive, early and late intervention services to families where a child may be at risk of abuse or may be disadvantaged by the family's situation.

3 PHILOSOPHY

- 3.1 The philosophical basis for child protection policy has its roots in the growth, over the last century, of society's awareness of children as individuals rather than as the property of parents or adults. This awareness is reflected in *Principle 2* of the *United Nations Declaration of the Rights of the Child* (U.N. 1954) (**Appendix 3**).

"The child shall enjoy special protection and shall be given opportunities and facilities, by law and by other means, to enable him/her to develop physically, mentally, morally, spiritually and socially in a healthy, normal manner and in conditions of freedom and dignity."

- 3.2 Consistent with this philosophy is the view that children have an unconditional right to protection and to sensitive care. It is the responsibility of adults to ensure this right. This responsibility must be shared by Departmental officers in all areas of work and by the community at large: see also 'Childrens Rights', Part V Chapter Five of this Manual.
- 3.3 The Department's Child Protection program views the child as the primary client but consistently considers the critical importance of an intact family to children's well-being: Departmental services, therefore, must address the needs of families as well as individual children.



**CHAPTER ONE
POLICY**

**PART III
POLICY DEVELOPMENT**

SECTION	CONTENT	PAGE
1	CORPORATE GOAL	1.3.1
2	AIMS	1.3.1
3	OBJECTIVES	1.3.2
4	ROLE OF DEPARTMENTAL STAFF	1.3.2

CHAPTER ONE

POLICY



PART III

POLICY DEVELOPMENT

1 CORPORATE GOAL

- 1.1 The goal of the Department in relation to its statutory and moral responsibilities, and its recognition of the philosophy of the importance of children in our society, is to ensure that children are adequately protected from any form of abuse and violation and that deficits arising as a consequence of neglect or abuse are remedied.
- 1.2 To achieve this goal the Department carries out specific actions and provides support to the community as detailed in the Aims and Objectives of the Department's Child Protection Program.

2 AIMS

2.1 The Department aims to:

- a) Provide and/or co-ordinate services for children and their families who come to the notice of the Department as children in need of care;
- b) Facilitate the identification of children in need of care;
- c) Reduce the numbers of children requiring care by providing early intervention and family support services;
- d) Minimise the incidence and impact of violence in any form in the socialisation of children in the home, the school, or elsewhere, by appropriate legislation and education;
- e) Develop an advocacy approach on behalf of children and the Department of Youth and Community Services and, in co-operation with other agencies, promote:
 - i) Community and agency awareness of children's emotional and physical needs;
 - ii) Awareness of children's rights to protection and for their interests to be considered as paramount to any presumed authority or power of an adult or institution;
 - iii) Accountability for action or lack of action on behalf of children at the policy, program and direct service level.



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3 OBJECTIVES

3.1 In relation to the Department's corporate goals, program objectives are to:

- a) Provide a professional service by staff skilled in the assessment and management of children and families who come to the notice of the Department;
- b) Supply or fund services - on a multi-disciplinary level - to children and families where children are found to be in need of care;
- c) Secure and apply resources and to co-operate with other departments and agencies in such a way that crises and stressful situations for families - particularly those arising as a consequence of situational factors such as unemployment and poverty, are effectively minimised;
- d) Develop - through 'children at risk' groups' publicity and community education programs - an awareness of the dynamics of children at risk; appropriate means of protecting children and the services necessary for effective prevention and intervention.

4 ROLE OF DEPARTMENTAL STAFF

4.1 Evaluation of the Department's policy pertaining to the child protection area is the responsibility of the Assistant Director, Central Office Family and Children's Services Policy Unit, who is assisted by the Program officer, Child Protection.

4.1.1 The role of the Program Officer, Child Protection includes:

- a) Consultation with Departmental officers regarding policy;
- b) Formulation of policy, and distribution of new policies;
- c) Consultation with other Government Departments and Agencies concerning inter-departmental policies;
- d) Advocating appropriate staffing, in the Department, for child protection so that an adequate and acceptable professional standard of service delivery to clients is provided and maintained;
- e) Negotiating with other Sections of the Department to develop complementary services for prevention of, and management of child abuse and neglect;
- f) Participating in reviews of cases where there is public interest; interest from the Ombudsman's Office or other Government Departments or agencies, or where a child dies or is significantly re-injured;
- g) Continuing evaluation of current policies, procedures and practices in terms of standard of service delivery for clients.

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- 4.1.2 Where work loads on staff dictate that adequate and acceptable professional standards of service to clients cannot be provided and maintained, the Director, Operations must inform the Director-General so that such facts may be brought to the attention of the Minister.
- 4.1.3 Implementation of policy at the operational level is the responsibility of the Director, Operations and of individual Regional Directors
- 4.2 Information is provided to the Policy Directorate, regarding new policy initiatives, up-dating of existing policy, and procedures and practices in the management of Children 'at risk cases' by the **Regional Community Program Officer, Child Protection**. The role of the Community Program Officer is described in Section 3, Part 11, Chapter Four of this Manual, Page 4.2.2: see also **Appendixes 31 (Para 3.1) 34 and 40**.
- 4.3 A key Departmental person, with unique and complex responsibilities in ensuring interdepartmental co-operation and an effective multi-disciplinary approach at the local level, as well as contributing to policy evaluation and development, and procedures and practices in the management of child 'at risk' cases, is the **Specialist Officer, Child Protection** - known as a **Child Protection Worker**. The role of the Child Protection Worker is described in Section 4, Part 11, Chapter Four of this Manual, Page 4.2.4: see also **Appendixes 31 (Para 6.2) and 38 d)**.
- 4.4 **Specialist District Officers (Community Welfare Officers), Child Protection; and Community Welfare Officers** in metropolitan and country offices of the Department who provide assessment and follow-up treatment to notified cases of children at risk, also participate in the evaluation and development of Departmental policy and procedure and practices relating to child protection; see Sections 5 and 6, Part 11, Chapter Four (Pages 4.2.5 to 4.2.6 of this Manual for a description of the role of these officers: see also **Appendixes 31 (Paras 6.1; 6.3) and 38 b) and c)**.
- 4.5 The **Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service** (see **Appendix 31 (Para 1.1) and 32a)**; the **Executive Officers, Family Crisis Service** and the **Child Protection Units at 'Montrose'**; and the **Executive Officers, Hunter and Illawong Child Protection and Family Crisis Services (Appendixes 33 and 31 (Para 2.1)** also contribute to, and participate in the evaluation and development of Departmental policy, procedures and practices relating to child protection: see Parts I and II Chapter Four of this Manual for a description of the function of these services.



- 4.6 Both the **Children's Employment Officer** (See Para 2.5, Part 1, Chapter Six (Page 6.1.2) of this Manual and **Appendixes 31 (Para 4.2) and 36**) and the **Specialist Officer, Children of Prisoners**, (see Para 7.1, Part VI, Chapter Three (Page 3.6.21) of this Manual and **Appendixes 31 (Para 4.1) and 35**) - by virtue of the specialised nature of their duties, practices and procedures in the management of children 'at risk' cases, also play a significant role in the evaluation and development of policy.
- 4.7 The role of the Department's **Planning and Research Unit** is to provide information and analysis, which is used for informed decision making and policy formulation, and to review - in co-operation with the Family and Children's Services Policy Unit, the impact and effectiveness of Child Care programs, variation of existing programs, and the development of alternative options.
- 4.7.1 Planning and Research Co-ordinators, placed in the Department's Regional Offices, monitor the impact of government and non-government policies and programs, in consultation with the Planning and Research Unit and the Regional Office Community Program Officers: see **Appendix 34d** for a Statement of Duties of these officers and **Appendix 31 (Section 3.4)** for a resume of qualifications required of these officers.



CHAPTER TWO REPORTING PROCEDURES

PART I: NOTIFICATIONS

Legislative base; general procedures; variations in procedures for Hunter Region; variations in procedures for Illawarra Region; procedures associated with Form 1; Relationship between notification and C File Register; destruction or storage of files.

PART II: REGISTRATION

Central Register; procedures for Community Welfare Office staff; procedures for Unit staff; criteria for Registration



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CHAPTER TWO
REPORTING PROCEDURES

PART 1
NOTIFICATIONS

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2	GENERAL PROCEDURES	2.1.5
3	VARIATIONS IN PROCEDURES FOR HUNTER REGION	2.1.8
4	VARIATIONS IN PROCEDURES FOR ILLAWARRA REGION	2.1.9
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7	DESTRUCTION OR STORAGE OF FILES	2.1.16

CHAPTER TWO

REPORTING PROCEDURES



PART 1

NOTIFICATIONS

1 LEGISLATIVE BASE

- 1.1 Legislation relating to notification of cases (or suspected cases) of child abuse was first provided in the 1977 amendment to the *Child Welfare Act, 1939*. Under the *Community Welfare Act, 1982* this legislative requirement is continued in substantially the same form.
- 1.2 *Section 102(2), Part VII of the Community Welfare Act, 1982* advises notification for a child *who 'has been, or is in danger of being abused, or is a child in need of care within the meaning of this Part': notification, is to be made to the Director-General of the Department of Youth and Community Services or to delegated officers.

* under the Act *Section 102 (1)* 'child' means a child under the age of 16 years.

- 1.3 Further, *Section 44(4)* of the *Community Welfare Act* states that:

'For the purposes of this Part, a child is in need of care if -

- (a) *adequate provision is not being or is likely not to be, made for his proper care;*
- (b) *he is being, or is likely to be, abused;*
- (c) *he is being, or is likely to be, harmed as a consequence of -*
 - i) his behaviour; or*
 - ii) the conduct of any person with whom he is residing or the conditions in which he is residing; or*
- (d) *he is not under competent and proper guardianship';*

- 1.3.1 *Section 4(1)* of the Act defines 'abuse' as:

"abuse", in relation to a child, means assault or ill-treat the child, expose or subject the child to behaviour that psychologically harms him, or is likely to psychologically harm him, whether or not, in any case, with the consent of the child'.

- 1.3.2 See also 'Notification of Sexual Abuse', Paras 6.5 to 6.5.3, Part VI, Chapter Three of this Manual - page 3.6.12.



1.4 Furthermore, *Section 102(3)* of the Act makes it mandatory for a prescribed* person 'who, in the course of practising his profession, calling or vocation, or in exercising the functions of his office, as the case may be, has reasonable grounds to suspect that a child has been abused shall -

- a) notify the Director** of the name or a description of the child and those grounds either orally or in writing; or
- b) cause the Director** to be so notified, promptly after those grounds arise'

*A prescribed person under the Act is, presently, a medical practitioner. Provision is made for the extension of this mandatory notification requirement to other classes of persons, but no others have yet been prescribed. A prescribed person who fails to comply with the requirements of the Act is guilty of an offence*** (*Section 102(4)* of the Act).

**Director-General

****Section 303* of the Act states that the offender is liable to 'a penalty not exceeding \$1000 or to imprisonment for a period not exceeding 12 months or to both such penalty and imprisonment.

1.4.1 Any person (not being a medical practitioner) who has reasonable grounds for believing that a child has been abused or is 'at risk' is encouraged to notify the Director or his delegated officers (*See Section 102(2) of the Act*).

1.4.2 Because the aim of the legislation is to provide immediate help for the child, and the child's family, it is preferable to notify cases verbally.

1.4.3 Persons notifying child abuse cases to the Department, whether in a mandatory or voluntary capacity, for the reasons outlined in Paras 1.4 and 1.4.1, are protected against action for breach of professional etiquette or ethics; defamation; malicious prosecution and/or conspiracy (*see Section 102(6) of the Act*).

1.4.4 It should also be noted that *Section 301* of the Act states:

'a person who abuses a child or intellectually handicapped person, as defined in Section 258 (1), or causes or procures a child or any such person to be abused, is guilty of an offence'***



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and Section 302 of the Act states:

*'a person, whether or not the parent of the child or intellectually handicapped person, as defined in Section 258 (1) who, without reasonable excuse, neglects to provide adequate and proper food, nursing, clothing, medical aid or lodging for a child or any such person in his care is guilty of an offence'***

*'intellectual handicap' is defined in Section 258 (1) as meaning a condition characterised by inadequate social adjustment; a retarded rate of maturation; or a significant limitation of learning capacity, see or any of which may be due to arrested or limited development of intellectual functioning.

an 'intellectually handicapped person' means a person who is intellectually handicapped, but does not include a mentally ill person, as defined in Section 4 of the Mental Health Act, 1958.

**Section 303 of the Act states that the offender is liable to 'a penalty not exceeding \$1000 or to imprisonment for a period not exceeding 12 months or to both such penalty and imprisonment.'

1.5 **Officers of this department are required, by the Director-General, to notify any child who is believed to be in need of care, abused, or in danger of being abused.**

1.6 Where the Director (Director-General) (or delegated officer) has been notified under Section 102(2) and (3) of the Act, then the Director (Director-General) (or delegated officer) must:

'(a) promptly cause an investigation to be made into matters notified to him; and

(b) if he is satisfied that the child in respect of whom he was notified may have been, or is in danger of being, abused or is a child in need of care, take such action as he believes appropriate, which may include reporting those matters to a member of the police force;'

as set out under Subsection (5), Section 102 of the Act.

1.7 **There will be no locally recorded 'Children at risk' or neglect cases which have not been officially recorded by the Central ('Montrose') System; therefore all cases of suspected child abuse and neglect which come to the notice of a Departmental officer MUST be officially notified to the 'Montrose' Family Crisis Service.** Notification is made by phoning 'Montrose' (Tel: (02) 745 2233). Officers working in the Hunter and Illawong Regions should phone their local units which are:

Hunter Family Crisis Service Tel: (049) 69 4699
Illawong Family Crisis Service Tel: (042) 28 4000

the Unit Managers at Hunter and Illawong are responsible for procedures to notify 'Montrose' -see Section 2 of this Part.

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2.1.4

CHILD PROTECTION POLICY AND PROCEDURE MANUAL

1.7.1 The total responsibility for the decision to register a notified child, and for the effective management of a child protection case, rests ultimately with the District Manager who acts as the Care Supervisor (see Statement of Duties of a District Manager at Appendix 38a).

1.8 At the time of notification a Departmental Officer is nominated as Case Co-ordinator: * Para 5.3.1 (8) c), Part I, Chapter Two, Page 2.1.14 of this Manual describes the duties of the Case Co-ordinator.

* the Case Co-ordinator is the person who is responsible for ensuring that continuing appropriate and realistic services are offered to families where a child has been notified to 'Montrose'. The Co-ordinator has specific responsibilities in registered cases in ensuring that the case plan is regularly reviewed; that case conferences are held -when appropriate, and that continuing services to the family are negotiated where a primary worker is absent on leave or unable to continue an involvement with a family. The Case Co-ordinator has a complementary role to that of the Primary Worker.

1.8.1 Where there is insufficient staff to allow the roles of Primary Worker and case co-ordinator to be separate, the Departmental Primary Worker * may also be the Case Co-ordinator.

1.8.2 Where the Primary Worker is a Community Welfare Officer, a specialist child protection worker (Child Protection Worker/Specialist District Officer, Child Protection) may act as the Case Co-ordinator.

1.8.3 Where the primary worker is a Community Welfare Officer, and there is no specialist child protection worker employed at the local office, the Case Co-ordinator may be the District manager or other field officer; see also Paras 3.1.1 to 3.2 Page 3.4.5 of this Manual.

* the Primary Worker is the person who has the major responsibility for casework with the family; See Para 1.2, Page 3.4.1, for a definition of casework. See Para 5.3.1 (8) (Page 2.1.14) for a definition of Primary Worker.

- 1.9 Notification procedures, described in Section 2 of this Part, establish the basis for intake, assessment, case planning and management, and review. These procedures are important to the safety of the child; and they aim to give additional protection to the children through the Central Register - see Section 1, Part II, Chapter, Page 2.2.1.

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2 GENERAL PROCEDURES

- 2.1 Notifications are often made by people (such as self-referring parents, social workers, and teachers) from outside the department to the local Community Welfare Office; to the 'Montrose' Family Crisis Service or to the Hunter or Illawong Units.
- 2.1.1 It is important that when a child has been notified, and the parents have not already been informed they must be so informed, as soon as possible, of the notification, and it must be made very clear to the parents, the consequences of notification - including the Department's legal and moral responsibilities regarding notification of children placed at risk.
- 2.1.2 The parents must be given the opportunity to discuss the import of such notification - what it means to them - and they should be encouraged to ask questions about notification, and to seek legal advice should they wish to do so.
- 2.1.3 Where a child is taken into care by a Departmental officer by way of warrant medical examination order, or because the child is in immediate danger of abuse, it is most important that the responsible officer directly inform the parents of such action and, if that is not possible - for example, if the immediate whereabouts of the parents are unknown, then the officer must take steps to inform the parents of the child's whereabouts as soon as possible; see also Para 3.4 and Para 3.6 to 3.6.3, Part III, Chapter Three of this Manual, Pages 3.3.5 and 3.3.6.
- 2.2 **Child at Risk Files:** a 'Child at Risk' file MUST be opened for **ALL** 'child at risk' notifications, by the relevant local Community Welfare Office. A copy of the '**Child at Risk Notification Form**' (Form 1) is forwarded, by 'Montrose', to the local office for placement on the 'Child at Risk' file: see procedures related to 'Child at Risk Notification Form 1' at Paras 2.7.1 to 4.3.1 of this Part.
- 2.3 As soon as practicable, after receiving a notification, a telephone call must be made either:
- a) **From** the 'Montrose' Family Crisis Service to the Community Welfare Office (if the unit was originally notified); or
 - b) **From** the Community Welfare Office to the 'Montrose' Family Crisis Service (if the Community Welfare Office was originally notified).
- 2.3.1 Such a procedure ensures that:
- a) Local Officers are informed of cases in their areas, as soon as possible so that they can begin investigating the notification;



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2.1.6

CHILD PROTECTION POLICY AND PROCEDURE MANUAL

- b) All notifications are checked against central information lists to determine if the family has had prior notifications;
 - c) Cases are recorded both centrally and locally with the same notification/registration number (See Para 5.1.2 of this Part).
- 2.4 It is the responsibility of the District Manager to ensure that all notifications made locally are communicated to the 'Montrose' Family Crisis Service, either directly, or via the local unit in the case of Hunter and Illawong regions.
- 2.5 As soon as possible, a notification is followed up by an assessment of the child and the family - see Part II, Chapter Three, Page 3.2.1 of this Manual. Officers are required to use a 'Child at Risk Notification' Form - Form 2, (see Appendix 5) as an assessment guide and as an assessment record: it is on the basis of this assessment that a decision is made regarding the placing of the child's name on the Central Register - see Paras 1.1; 1.2.1 Part II of this Chapter, Page 2.2.1.
- 2.6 If the case is registered, a case conference must be called and a case plan must be worked out for the child concerned. Details of this plan should be recorded on 'Child at Risk Notification, Case Plan and Provision for Review' Form - Form 3, Part A (Appendix 5), and additional data on the family should be recorded on the 'Child at Risk, Additional Social Data Form' - Form 3, Part B (Appendix 5). See Sections 7 and 8, Part IV, Chapter Three of this Manual Page 3.4.14 for procedures relating to a case plan and case conference.
- 2.7 Notification coming to Community Welfare Office from outside the Department of Youth and Community Services.
- 2.7.1 On receipt of notification information at the Community Welfare Office procedures to be followed are:
- (a) A 'Child at Risk Notification' Form 1 (single copy) is completed by the officer receiving the call or first receiving the information (see Para 2.7.3 of this Section): a check of office records should be made to determine whether the case is known and if it is, whether the Department is actively involved in the case;



- (b) Details of the notification are phoned to the Family Crisis Service by the Officer mentioned in (a) as soon as possible.

2.7.2 The Officer responsible for the case must then, having regard to the nature of the complaint, carry out the necessary enquiries and visits to the family with the minimum reasonable delay.

2.7.3 On receipt of the phone call to 'Montrose' as described in Para 2.7.1 b), the Duty Crisis Care Worker completes a **multiple copy Form 1**, which consists of:

- (a) White original - which must be sent to the Community Welfare Office for placement on the local 'Child at Risk' file (see Para 2.2 of this Section);
- (b) Yellow copy for Central Index (maintained by the 'Montrose' Family Crisis Service);
- (c) Pink copy for data/research; (which remains at 'Montrose' for coding);
- (d) Buff card for the 'Montrose' Family Crisis Service; see **Appendix 5** (Form 1).

2.8 Notification coming to 'Montrose' from outside the Department

2.8.1 On receipt of notification information at 'Montrose' a **Form 1** (see Para 2.7.3) is completed by the Duty Crisis Care Worker, and a check of office records is made as described in Para 2.7.1 (a) of this Section.

2.8.2 Details of the notification, together with results of a notification/registration check, are phoned to the Community Welfare Office by a Duty Crisis Care Worker.

2.8.3 The officer in the Community Welfare Office receiving such information records the details on **Form 1** (no copies are required as the form is used as a working form until the formal copy - white original described in Para 2.7.3(a) - arrives from the 'Montrose' Family Crisis Service.

2.8.4 The officer responsible for the case the Primary Worker/Case Co-ordinator; see Para 1.8 to 1.8.3, Page 2.1.4, and Para 5.3.1 (8 a), b) and c), Page 2.1.14) must then, having regard to the nature of the complaint, carry out the necessary enquires and visits to the family, with the minimum reasonable delay.



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2.1.8

CHILD PROTECTION POLICY AND PROCEDURE MANUAL

3 VARIATIONS IN PROCEDURES FOR HUNTER REGION

3.1 Notifications coming to Community Welfare Office from outside the Department of Youth and Community Services.

3.1.1 On receipt of a notification to the Community Welfare Office, a **Form 1 (single copy)** is completed by the officer receiving the call. A check of local office records should be made to determine whether the case is known, and if it is, whether the Department is actively involved in the case.

3.1.2 The officer receiving the call is required to liaise with the local unit, as soon as possible, to obtain a register check and to discuss, with the Unit staff, who will respond to this notification.

3.1.3 The officer responsible for the case (see Para 2.8.5 of this Section) must then, having regard to the nature of the complaint, carry out the necessary inquiries and visits to the family, with the minimum reasonable delay.

3.1.4 On receipt of the notification at the unit, the duty Crisis Care Worker completes a multiple copy **Form 1** which consists of

- a) White original which must be sent to the local Community Welfare Office;
- b) Yellow copy for local unit file;
- c) Pink data sheet coded at unit and sent to the 'Montrose' Family Crisis Service;
- d) Buff card sent to the 'Montrose' Family Crisis Service.

3.1.5 The Duty Crisis Care Worker also raises a **reference card** (notification card index) for use at the unit.

3.1.6 The Duty Crisis Care Worker informs the 'Montrose' Family Crisis Service of the notification details, seeks a notification/ registration check and advises the local office of any additional information.

3.2 Notifications coming to the Unit from outside the Department

3.2.1 The Duty Crisis Care Worker fills out **Form 1** as described in Para 3.1.4. of this Part. A check of local office records should be made to determine whether the case is known and if it is, whether the Department is actively involved in the case.

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- 3.2.2 The Duty Crisis Care Worker also raises a **reference card** for use at the unit; see Para 3.1.5 of this Section.
- 3.2.3 The Duty Crisis Care Worker informs the 'Montrose' Family Crisis Service of the notification details, seeks a notification/registration check and a notification number, and advises the local office of any additional information.
- 3.2.4 The officer receiving the call or the officer supervising the case must then liaise with the unit as soon as possible to discuss who will respond to this notification. At this point the decision will be made as to which officer will act as case co-ordinator; see Paras 1.8 to 1.8.3, Page 2.1.4, and Para 5.3.1 (8) a), b) and c), Page 2.1.14.

4 VARIATIONS IN PROCEDURES FOR ILLAWARRA REGION

4.1 Notifications coming to Wollongong or Warilla Community Welfare Offices.

- 4.1.1 On receipt of notification information, a **Form 1** (single copy) is completed by the officer receiving the call. A check of office records should be made to determine whether the case is known and if it is, whether the Department is actively involved in the case.
- 4.1.2 Details of the notification are phoned to Illawong and after a check of Illawong's records, the question of who will respond will be clarified.
- 4.1.3 On receipt of the phone call at Illawong the Duty Crisis Care worker completes a multiple copy Form 1, which consists of:
- a) White original sent to the Community Welfare Office as confirmation;
 - b) Yellow copy for Illawong records;
 - c) Pink copy for data/research;
 - d) Buff card for Central Register/Notification Index kept by the Family Crisis Service at 'Montrose'.
- 4.1.4 The Illawong Officer must phone the 'Montrose' Family Crisis Service to carry out a Central Register check; obtain a Notification/Registration number and inform the Community Welfare Office of the outcome. If no further information is available, the Community Welfare Office returns the white copy with the Notification/Registration number in the mail.



4.2 Notifications coming to Community Welfare Offices in Illawarra Region other than Warilla and Wollongong-

4.2.1 On receipt of notification information a **multiple copy Form 1** * is completed by the officer receiving the information. A thorough check of office records should be made to determine whether the case is known and if it is, whether the Department has active involvement in the case.

* Form 1: The original is retained at the Community Welfare Office; the yellow, pink and buff card copies are folded once and forwarded to Illawong.

4.2.2 The officer identified in Para 4.2.1. must phone the Duty Crisis Care Worker at 'Montrose' Family Crisis Service and provide that officer with sufficient details to enable a check of the Central Register. A dummy card is placed in the index and a Notification Registration number is given which is noted on **Form 1** to be marked in the 8 'boxes' alongside the black triangles on the Form. The remainder of the coding is completed by Illawong.

4.2.3 On receipt of the form copies, the Illawong Duty Crisis Care Worker carries out the procedure as described in Para 4.1.3 of this Section.

4.3 Notifications coming to Illawong directly from outside the Department.

4.3.1 A multiple copy Form 1 is completed by the Duty Crisis Care Worker. The appropriate Community Welfare Office is contacted to determine whether the case is known, and if it is, whether the Department is actively involved in the case. If there is or has been active involvement by that office, the matter is discussed with the Unit Manager; If not, Illawong will respond independently if the case is clearly a child protection matter within the Wollongong - Kiama area.

5 PROCEDURES ASSOCIATED WITH FORM 1

5.1 Community Welfare Staff

5.1.1 A notification/registration number will be allocated from 'Montrose'; this number is to be marked in the top eight boxes. The first two digits are the year (for example, 84), the next four are the numbers allocated, the seventh is notification and the last indicates registration.



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5.1.2 At the **top right hand corner** are eight boxes for notification/ registration numbers:

Example

8	4	1	2	3	4	8	1
Calendar year	number allocated by the Family Crisis Service				No. of times notified	No. of times registered	

5.1.3 It is important to note that **it is a child that is notified or registered, not a family.** Every sibling that is abused needs a separate form and a separate number, but if details are the same for several children in the one family, information common to more than one sibling can be written on one form. The forms for all the siblings can be pinned together. Non-abused siblings do not need separate forms.

5.1.4 **Do NOT use any of the boxes on the right hand side** of the form; they are for coding only, and will be filled in at the appropriate units.

5.1.5 The numbers in triangles are reminders to data-entry clerks to start a new computer line. The small numbers are to identify the positions in the computer lines.

5.1.6 Written information will not come through onto the pink copy of the forms; the copy is for coding purposes only.

5.2 Unit Staff

5.2.1 On receipt of a notification, either directly or via a Community Welfare Office, the following procedures should be maintained:

- a) On receipt of a notification from a Community Welfare Office, the Duty Crisis Care Worker carries out a check in the notification index, (see Para 3.1.5 of this Part); enters the notification in the notification book and fills out a multiple copy of Form 1;
- b) On receipt of a notification from outside the Department the Duty Crisis Care Worker fills in a multiple copy of Form 1, obtaining as many details as possible from the caller. A check is made on the notification card index (see Para 5.2.1(a) of this Section;)
- c) An entry is made in the notification book including notification number; date; Duty Crisis Care Worker name; reason for notification; status of notifier; Community Welfare Office, and due date for Form 2; (Appendix 5)

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- (d) The Community Welfare Office is phoned and informed of the case, and provided with as much information as the Family Crisis Care Worker has, and the notification number.
- 5.2.2 When a **Form 2** is received at the 'Montrose' Family Crisis Service, the Duty Crisis Care Worker notes its arrival in the Notification Book. If the case is to be registered, the child's name and number is entered in the Registration book and a due date noted for return of **Form 3 (Appendix 5)**
- 5.2.3 When a case is registered the Duty Crisis Care Worker must change the last digit in the notification/registration number from '0' to '1'.
- 5.2.4 When a **Form 3** is received the review date is noted on the register.
- 5.2.5 Executive Officers of Hunter and Illawong Units are responsible for sending monthly lists of notifications to the 'Montrose' Family Crisis Service.
- 5.3 **Form 1 - Description of Terms Used**
- 5.3.1 The numbers in brackets below correspond to the numbered section on **Form 1**:
- (1) Children: 'perceived nationality' refers to the ethnicity that the client perceives; for example, a Greek person who is a naturalised Australian may still perceive himself or herself as being Greek.
- (2) Parent(s) or Substitute Parent(s):
- a) This section is intended to gather information on the caregivers in the family where the child currently resides. Such parents are not necessarily the alleged abusers nor are they necessarily the natural mother or father. Their precise relationship to the child can be clarified in line 5 of this section;
- b) It is understood that in some cases it will be difficult to obtain all the information in this section. Additional information is often obtained after the initial contact and can be sent to 'Montrose' to add to the Central file.
- (3) Source of Report:
- a) The time and date refer to the time and date of the actual notification to either the Community Welfare Office or to 'Montrose';
- b) The space for status refers to the person making the notification; for example, grandmother; hospital social worker; private doctor;



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- c) Recording the source of the report does not in any way change the fact that an anonymous notification can be received and investigated. The source of the initial report is confidential (see *Section 102* of the *Community Welfare Act, 1982*).

(4) Grounds for Notification:

- a) Circling of numbers in this section is intended to categorise the type of problem indicated by the complainant and is subject to confirmation, expansion or clarification at a later stage;
- b) Category 9 of Grounds for Notification (that is, 'Other') should only be used where it is not possible to interpret the complaint in any of the first eight categories. Consequently, considerable care should be given to adequately describe the grounds in the narrative section;
- c) Brief description of grounds is intended to contain a factual recording of the actual information given by the notifier. While there may be some need to limit the quantity of detail recorded, there should be no re-phrasing which changes the substance of the notification. Should any part of the notifier's statement be directly quoted, this should be clearly indicated by use of quotation marks.

- (5) Known Agency Involvement: the purpose of this section is to provide information on social and professional agencies involved with the family; this could include a Community Welfare Office if the family is previously known.

(6) Action:

- a) There are several reasons for this section. The list provided is a reminder as to the type of actions that can be considered up to and immediately after notification. Some of these categories will only apply in special circumstances;
- b) If no action has been taken or is to be taken, a brief explanation must be provided in the space described 'other action'.

- (7) Child Protection Unit/Local Office Information: this section records the details of the phoning of the notification from unit to Community Welfare Office or from Community Welfare Office to unit. The names of the officers at the unit and Community Welfare Office are recorded.

- (8) Department of Youth and Community Services Primary Worker and Case Co-ordinator (see also Paras 1.8 to 1.8.3, Page 2.1.4)

- a) It is important at this stage to establish which Departmental officer is to take responsibility for the case; that is, the Case Co-ordinator. When the Primary Worker



that is, the person working most closely with the family, is not a Departmental Officer, a Departmental Case Co-ordinator is still responsible for the case, and when not designated, it will be assumed the Case Co-ordinator is the District Manager;

- b) The following duties are the personal responsibilities of the **Primary Worker** when also taking the role of the Case Co-ordinator. If the Primary Worker is employed by an agency outside the Department, the Co-ordinator must ensure that the following duties are carried out:
- i) Initial and continuing family assessment;
 - ii) Development of a case plan and case direction in consultation with the Case Co-ordinator;
 - iii) Provision of counselling, advocacy, support and assistance to the child and family;
 - iv) Referral to other service or agency where required;
 - v) Review of the outcomes of casework or of other intervention;
 - vi) Request case conferences and case reviews;
 - vii) Write reports detailing assessment; case plans; case reviews; continuing progress reports and details of significant events.
 - viii) Referral to another Primary Worker when unable to continue contact with the child and family (see procedures for referral at Para. 11.3 - Page 3.4.22 of this Manual); and
 - ix) Inform Case Co-ordinator on termination of contact with child and family - see procedures at Para 11.4, Page 3.4.22 of this Manual.
- c) The responsibilities of the **Case Co-ordinator** are as follows:
- i) Convene and help arrange case conferences for Primary and Support Workers;
 - ii) Arrange regular case reviews with the Primary Worker;
 - iii) Offer advice and consultation to the most appropriate features of the case plan;



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- iv) Offer casework support - in the form of peer review and, joint interviews with the Primary Worker - where requested by the Primary Worker;
- v) Where disagreement occurs between the two workers as to case direction, the Case Co-ordinator should call a case conference, involving independent officers, to establish an agreed case plan;
- vi) Visit the client family when the Primary Worker is on leave and there is no other appropriate support worker available;
- vii) Write reports on case conferences;
- viii) Submit a report to the District Manager supporting or opposing a Primary Worker's recommendation on a case where filing down is an issue;
- ix) Ensure that Form 2 and Form 3 (or 3b - in registered cases) are filled in and forwarded to 'Montrose' Family Crisis Service (see Section 2, Part 1, Chapter Two of this Manual);
- x) In registered cases, ensure that: advice as to case plans - arising out of six-monthly case reviews; changes in primary workers and Case Co-ordinators, and change of child and family's address is forwarded to 'Montrose' for inclusion in the Central Register.

6 RELATIONSHIP BETWEEN NOTIFICATION AND C FILE REGISTER

- 6.1 Under the notification and registration system, all neglect and abuse cases will be recorded for a minimum of two years on the notification index, and many will be recorded on the Central Register until the child reaches 16 years of age.
- 6.2 The **C File register** is still in existence in Central Office and is valuable as a record of families where family casework has been initiated on a long term basis.
- 6.3 It is not necessary to duplicate the recording of suspected or verified abuse and neglect cases. Once a case has been notified as 'a child believed to be in need of care' it is not necessary to take out a C File on the family.



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- 6.4 If a C File exists on the family for reasons other than abuse or neglect, the Community Welfare Officer is to use discretion as to whether it is necessary to keep the C File on that particular family.
- 6.5 If abuse occurs in a family which already has a C File, a note to this effect should be entered on the C File, but a separate file at 'Montrose' Family Crisis Service must be raised by notification.

7 DESTRUCTION OR STORAGE OF FILES

- 7.1 If there is no re-notification or if the case has not been registered, the Senior Executive Officer, 'Montrose' is responsible to see that all notification files, cards, and computer entries, are destroyed, or stored at the Government Records Repository * for 2 to 5 years; that is, after 2 years a review is made of the case and if there is still no re-notification the records are destroyed; **however, if there is no re-notification but there is some concern about the child and the family, records continue to be stored:** after 5 years, if there is no re-notification or concern, the records are destroyed and the child's name removed from the Notification Index.
- 7.1.1 Where a child has been registered, records are stored - and the child's name remains on the Register, until the child attains the age of 18 years.

*Storage of public records (papers, documents, records, registers, books, maps, plans, drawings, photographs, cinematograph film and sound recordings of any kind, made or received in the course of official duties by any person employed in a public office) is required under the *Archives Act, 1980: Section 14* of the Act describes the procedures for destruction and disposal of public records.

Access to information contained in stored records is available to government officers and members of the community who have a legitimate purpose in seeking such information. Persons seeking information must be in possession of a Reader's Ticket (available from the Archives Authority of N.S.W.) and members of the public must also be in possession of written permission to receive such information from the Director-General of the Department.

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**CHAPTER TWO
REPORTING PROCEDURES**

**PART II
REGISTRATION**

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2	PROCEDURES FOR COMMUNITY WELFARE OFFICE STAFF	2.2.1
3	PROCEDURES FOR UNIT STAFF	2.2.1
4	CRITERIA FOR REGISTRATION	2.2.2

CHAPTER TWO
REPORTING PROCEDURES



PART II
REGISTRATION

1 CENTRAL REGISTER

- 1.1 After the assessment of a notified child, a decision is made by the District Manager as to whether or not the child's name will be entered on the Central Register: **this process is known as 'registration'**. Assessment of a child is described in Part II, Chapter Three of this manual.
- 1.2.1 The purpose of the Central Register is to keep a comprehensive up-to-date list of children and their siblings in New South Wales who have been notified and who need continuing monitoring for their protection.

2 PROCEDURES FOR COMMUNITY WELFARE OFFICE STAFF

- 2.1 Officers are directed to observe the 'Criteria for Registration' included in Section 4 of this Part: **these criteria form the basis for the decision to register.**
- 2.2 Operations Managers, are responsible to see that all registered cases are monitored at six-monthly intervals, and that copies of the case reviews are sent to 'Montrose'.
- 2.3 Registration is, at present, a two step process:
- The Case Co-ordinator - after consultation with the District Manager, Specialist District Officer, Child Protection/Child Protection Worker (whichever is applicable see Paras 1.8.1 to 1.8.3, Page 2.1.4) and/or Regional Community Program Officer, Child Protection, records a recommendation for registration;
 - The final decision to register is made by the District Manager taking into account the recommendation and the assessment as documented in **Form 2** and any accompanying report.

3 CRITERIA FOR REGISTRATION

- 3.1 Registration must take place if any ONE of the following situations apply:

- Physical:** - except when it can be conclusively ruled that the injury is accidental; see also Para 3.2, Page 3.2.3.



- i) Facial/head bruising;
- ii) Other significant and/or severe bruising;
- iii) Lacerations/welts;
- iv) Burns and scalds;
- v) Dislocations/sprains/twisting;
- vi) Skull fractures;
- vii) Other fractures;
- viii) Internal injuries;
- ix) Attempted suffocation;
- x) Attempted strangulation;
- xi) Death;
- xii) Death of sibling due to non-accidental injury;

b) **Sexual:** see also Para 3.3, Page 3.2.4.

- i) Sexual intercourse with a relative or household member;
- ii) Other sexual behaviour towards the child by a relative or household member;
- iii) Continuing sexual behaviour towards a child;
- iv) Sexual abuse of children by a 'stranger' where the child needs continuing help;
- v) Exploitation - for example, prostitution/pornography;

c) **Emotional:**

- i) Continued scapegoating/rejection/degradation;
- ii) Social/physical isolation;
- iii) Threats to harm a child leading to developmental delays and to psychological problems;

d) **Alcohol and other Drugs:** see also, Para 3.4, Page 3.2.5.

- i) Child born with foetal alcohol syndrome;
- ii) Newborn baby suffering from effects of mother's drug dependency;
- iii) Abusive administration of alcohol or other drugs to children;
- iv) Intentional poisoning;
- v) Intentional overdoses of alcohol or other drugs to child;
- vi) Parent or caregiver alcohol or drug-dependent such that child's needs are not being met;

e) **Neglect:**

- i) Malnutrition or non-organic failure to thrive;
- ii) Consistent neglect of medical care;
- iii) Parents' or caregivers' emotional, psychological or intellectual state leads to child's needs not being met;



*'non-organic failure to thrive', also known as maternal deprivation syndrome', is a growth failure which can result from inadequate mothering: see Page 4, Appendix 4 and the publication 'Failure to Thrive - Part of the Spectrum', an essay in *Child Abuse - A Community Concern*, Dr. Kim Oates (ed), Butterworths, Australia, 1982.

**'child's needs not being met'/means that there are serious deficiencies in meeting the needs for shelter, food, love and safety so that the health, development and/or emotional well-being of the child are being threatened.

f) Previous history of any of the above.



CHAPTER THREE

INTERVENTION

PART I: POLICY

Statutory base; principle

PART II: ASSESSMENT

Definition of assessment; principles of assessment; medical assessment of a child; assessment of a child believed to be in need of care or protection; social assessment of the family; decision-making after assessment

PART III: LEGISLATION THAT ASSISTS INTERVENTION

Medical Examination Orders; urgent medical treatment for children where parent refuses consent; removal of children believed to be in need of care; warrants; application to the court that a child is in need of care; Orders; evidentiary requirements; custody matters

PART IV: CASE MANAGEMENT

Principles of case management; the multi-disciplinary approach; joint casework and the use of other agencies; the goal-oriented approach to casework; casework special considerations; use of the Children's Court; development of a case plan; case conference; case conference procedure, child protection Royal Alexandra Hospital for Children; case conference, child protection, other hospitals; termination, filing down and referral of cases by the primary worker; special review of deceased children: children who are severely re-injured and/or review of Departmental involvement in critical cases

PART V: CHILDREN AT RISK COMMITTEES (C.A.R.Cs.)

Definitions and descriptions; functions of C.A.R.Cs.; compositions of C.A.R.Cs.

PART VI: PROCEDURES IN RELATION TO SPECIAL CATEGORIES

Cultural considerations; cultural practices that may constitute abuse of a child; wards; Part XI wards; adopted children; sexually abused children; matters involving custody disputes or litigation; children of imprisoned parents.



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**CHAPTER THREE
INTERVENTION**

**PART 1
POLICY**

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1	STATUTORY BASE	3.1.1
2	PRINCIPLE	3.1.1

CHAPTER THREE

INTERVENTION



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PART 1

POLICY

1 STATUTORY BASE

- 1.1 Intervention by officers of the Department of Youth and Community Services on behalf of a child believed to be in need of care and protection, has, as its statutory base, *Part VII, Division 6 of the Community Welfare Act, 1982.*
- 1.2 Specific aspects of the legislation that affect intervention procedures undertaken by Departmental Officers are referred to in Part III of this Chapter.

2 PRINCIPLE

- 2.1 The term 'intervention' as used by the Department means: to take a decisive or intrusive role in the family in order to modify or determine family events or their outcome.
- 2.2 Intervention on behalf of children believed to be in need of care commences with a report of concern to a Departmental Officer. The report must be followed by notification which may or may not involve registration.
- 2.3 For an effective outcome to any intervention that follows there must be a comprehensive assessment of all aspects of the situation; the assessment must be followed by a goal-oriented case-management plan. The case plan must be carefully tailored to reflect the resources available to implement the plan.
- 2.3.1 There will be situations where the use of a Court will be required and where this is necessary such use should always be as an integrated part of the case plan.
- 2.3.2 No Departmental Officer can encompass all the skills required in the implementation of the plan and a multi-disciplinary; multicultural or interagency approach is necessary to provide a comprehensive and effective service. Therefore, Departmental officers must work towards establishing relationships with professionals in other agencies with whom they can share responsibility for intervention.

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2.3 Where investigations disclose that a criminal offence may have been committed by an adult in respect of a child, and the indications are that the police (such as officers of the Police Child Mistreatment Unit or the Police Juvenile Crime Squad) should be involved (see **Appendix 22**) that involvement should not be unnecessarily delayed. In particular, interrogation of a person likely to be accused of committing an offence should be avoided as far as possible, as this can affect the capacity of the police to prosecute the offence successfully.



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CHAPTER THREE
INTERVENTION

PART II
ASSESSMENT

SECTION	CONTENT	PAGE
1	DEFINITION OF ASSESSMENT	3.2.1
2	PRINCIPLES OF ASSESSMENT	3.2.1
3	MEDICAL ASSESSMENT OF A CHILD	3.2.3
4	ASSESSMENT OF A CHILD BELIEVED TO BE IN NEED OF CARE	3.2.7
5	SOCIAL ASSESSMENT OF THE FAMILY	3.2.10
6	DECISION-MAKING AFTER ASSESSMENT	3.2.12

CHAPTER THREE**INTERVENTION****PART II****ASSESSMENT****1 DEFINITION OF ASSESSMENT**

1.1 Assessment is a continuing process that is an integral part of the department's casework involvement with families. The process of assessment involves:

- a) The seeking of information through discussion and observation;
- b) The continuing evaluation of information.

1.2 Assessment may be broad-based and involve a range of resources and levels of information. Specialist assessment usually refers to an assessment that has a specific focus - for example, psychological assessment, and is carried out by a person trained in a particular discipline and profession; see also Para 1.2, Page 3.4.1 of this Manual.

2 PRINCIPLES OF ASSESSMENT

2.1 For Community Welfare Officers/Child Protection Workers involved in family assessment certain principles must always apply. Although the child is the primary client, specialised help is needed by the abused child and the person responsible for the ill-treatment; however the welfare and interests of the child are the paramount consideration.

2.1.1 The principles are designed to increase objectivity in assessment and to establish a co-operative relationship with the client parent/s: such a relationship should underline their rights to participate in decision-making in relation to the case-management plan that follows on from assessment.

2.2 Assessment requires an officer to formulate hypotheses relevant to the problem presenting, and to answer these questions on the basis of information and observation. The goal of assessment in child protection cases is to compile enough information - through enquiry and observation - related to the child and the family's function, in order to understand, as comprehensively as possible, what has happened to the child - and what strengths and problems are evident in the family, so that informed decisions can be made about the child and the family.



2.2.1 Poor or inadequate assessment may:

- a) Lead to an insufficient response to the family which, in turn, might more likely result in failure to take such action or offer such assistance as may be needed to help those caregivers responsible for the 'at risk' child, so as to avoid situations where further injury or neglect occurs;
- b) Result in continued involvement of officers that is wasteful of scarce resources of the Department, and is an unnecessary invasion of family privacy, when intervention is not justified; or
- c) Result in unnecessary and wasteful contention between the professionals and other service deliverers involved in the case.

- 2.3 An initial assessment must take place as soon as possible after notification. Further assessment, however, needs to canvas all the relevant issues outlined in the 'Child at Risk Notification Form (Form 2) - see Para 2.5, Part 1, Chapter 2 of this Manual (Page 2.1.6) - not necessarily in one or even two interviews. The Form is not a substitute for a thorough written assessment report: such a report is particularly important if a care application is made to the Court; see Para 5.3 Part III of this Chapter - Page 3.3.9.
- 2.4 Wherever possible, assessment must take place in an environment that is familiar and comfortable for the client. Initially, assessments must involve at least one session in the clients' home.
- 2.5 An assessment must develop out of discussion with the clients and observation of the behaviour of all family members.
- 2.6 Comments on the personal adjustment or relationships of family members should be supported by relevant observations of behaviour.
- 2.7 Where possible, assessments by individual workers should be validated by the experience of a co-worker or through discussion with workers from other agencies, who may have had contact with the family.
- 2.8 Material collected for the purpose of an initial assessment should be subject to review; that is, there should be a continuous reassessment of the family and the initial assessment should not be regarded as the sole criterion on which intervention is based.
- 2.9 Assessment material should always be evaluated with regard to the client's cultural background - for example where the family is Aboriginal or from another country (see Section 1, Part VI of this Chapter) - and whether the child suffers from some physical, sensory or intellectual handicap.



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2.9.1 Where any of these factors are involved, or if the child is a preschooler (particularly if 'notified' by child care centre staff) assessment should be evaluated, where possible, in conjunction with specialist Departmental officers such as:

- a) an Early Childhood Services Adviser (Children's Services Adviser); see also the Department's *Early Childhood Services Policy and Procedure Manual, Section 14, Part II, Chapter Six*, and Paras 3.3 to 3.3.3, Part IV of this Chapter - Page 3.4.6
- b) An Aboriginal Community Worker or Community Welfare Officer;
- c) A Bilingual Community Welfare Officer;
- d) A Co-ordinator, Young Handicapped Children's Program.

2.10 The assessment process that is required for families in which a child is believed to be in need of care has two aims:

- a) An immediate preliminary assessment of the child's safety at home;
- b) An in-depth assessment involving specialist assessments that will lead to an understanding of the degree to which a child is 'at risk', and to the most appropriate case plan.

2.11 For a description of circumstances that require involvement of the police, see Appendix 1 of this Manual.

3 MEDICAL ASSESSMENT OF A CHILD: see also Section 1, Part III of this Chapter (Medical Examination Orders under *Section 103* of the *Community Welfare Act, 1982*) and Part V, Chapter Five of this Manual (Special Medical Examinations as prescribed under *Section 49* of the *Community Welfare Act*).

3.1 Medical assessment has two purposes:

- a) To attain medical confirmation (see also Para 6.8, Part VI, of this Chapter - Page 3.6.17) and documentation of the child's illness/ injury and to understand the cause of the condition;
- b) To arrive at the best treatment of the child's illness/injury.

3.1.1 It is often on the basis of the medical confirmation and documentation of the child's illness/injury that the field officer will proceed with apprehension, Children's Court or Criminal Court action.



3.2.4

CHILD PROTECTION POLICY AND PROCEDURE MANUAL

3.2 **Children who have been physically injured or neglected** must be referred for medical examination. Symptoms and conditions that indicate a need for medical examination include:

- a) Severe bruising, particularly where bruising is visible on the face, head or trunk; where bruising reflects the shape of the article used; where bruises are of varying colours, sizes and age;
- b) Unexplained laceration or lesions - particularly where the shape of the lesion may be consistent with cigarette burns, bite-marks or the shape of an article; or is visible on the face or genitalia;
- c) Swelling or severe pain that might be indicative of a fracture;
- d) Consistent respiratory or gastro-intestinal problems;
- e) Poor skin condition and dry fine hair; consistent lethargy or lack of interest in surroundings; loss of weight, slow growing in height and in head circumference, poor muscle development and tone: these physical factors must be considered in the context of the child's age and stage of development.

3.3 **Children who, allegedly, have been sexually assaulted and injured** must be referred for medical examination, and in rare instances an internal medical examination. Symptoms or conditions that indicate sexual assault and a need for medical examination include:

- a) Difficulty in walking or sitting;
- b) Frequent wetting or urinary tract disturbances;
- c) Lower abdominal pain;
- d) Pain or itching in the genital area;
- e) Bruising or bleeding in external genitalia, vaginal or anal areas;
- f) Venereal disease - especially in pre-teenage children;
- g) Pregnancy;

3.3.1 A medical examination is also required where, although specific symptoms - such as those described in a) to g) - are not manifested, the child's and/or witness(es) statements indicate a high possibility of sexual interference.

3.3.2 In some instances, the forensic material collected in a medical examination, where a child has been allegedly sexually assaulted, may form the basis for a care application.

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3.4 **Children who, allegedly, are suffering drug or alcohol abuse** must be referred for medical examination: symptoms and conditions that may indicate a need for examination include:

- a) Child sleeps more often and for longer periods than children of the same age;
- b) Child's gross motor competency fluctuates significantly over short periods of time;
- c) Child is agitated and difficult to settle;
- d) Parent describes or is observed giving child alcohol or restricted/unrestricted drugs in situation where the medicine is not prescribed or not prescribed in the dose given.

3.5 **When a child requires medical assessment or attention, referral** can be made to the child's family doctor, a paediatrician at a Community Health Centre, or to the paediatric section of a hospital. Specialist paediatric services are available at:

ROYAL ALEXANDRA HOSPITAL FOR CHILDREN
Bridge Road
Camperdown NSW 2050
Telephone: (02) 51 0466

PRINCE OF WALES CHILDREN'S HOSPITAL
High Street
Randwick NSW 2031
Telephone: (02) 399 0111

BLACKTOWN DISTRICT HOSPITAL
Blacktown Road
Blacktown NSW 2148
Telephone: (02) 622 6111

WESTMEAD CENTRE
Old Hawkesbury Road
Westmead NSW 2145
Telephone: (02) 633 6333

ROYAL NEWCASTLE HOSPITAL
Pacific Street
Newcastle NSW 2300
Telephone: (042) 20411

WOLLONGONG HOSPITAL
Crown Street
Wollongong NSW 2500
Telephone: (042) 298 233

3.6 **Where a child requires medical attention or assessment as a consequence of sexual assault, a referral should be made to a Paediatric Sexual Assault Centre (Appendix 15); see also Para 6.8, Part VI of this Chapter, Page 3.6.17.** The hospitals listed in Para. 3.5 all have a Paediatric Sexual Assault Centre to provide a service for child abuse cases. For children in some regions, Paediatric Sexual Assault Centres have been set up in some hospitals, and a list of these can be obtained from the appropriate Regional Director of Health.



3.6.1 Procedures related to children who have allegedly been sexually abused are described in Section 6, Part VI of this Chapter.

3.7 Where the Community Welfare Officer/Child Protection Worker has received statements or observed symptoms or conditions described in this Section, and believes that a medical examination is required for the immediate safety of the child, the officer should first request the parents' co-operation in seeking medical attention. If co-operation cannot be negotiated, the officer must consider invoking the powers under *Section 103, Community Welfare Act, 1982* to arrange a mandatory medical examination - See Part III of this Chapter for detailed procedures in relation to *Section 103* of the Act.

3.7.1 Procedures related to the serving of a Medical Examination Order are described in Section 1 Part III of this Chapter.

3.8 Where the officer has received statements or observed symptoms or conditions described in this Section, and believes that a medical assessment may be necessary but not immediately required for the safety of the child, the officer should consult with a community paediatric nurse* or physician. Consultation is most appropriately followed by a home visit accompanied by a community nurse.

* 'paediatric nurse' is a Trained Nurse who has had extensive experience in the medical care of children; the nurse may also possess a 'Paediatric Certificate'.

3.9 Where an officer, in consultation with a community paediatric nurse or physician, has decided not to seek medical assessment for particular injury/injuries, the injury/ies must be recorded in the departmental file in the following manner:

- a) List injuries by site - for example: head, upper arm, lower arm, back, lip, knees, buttocks, abdomen, genitalia;
- b) Describe each injury: size (often useful to describe in coin size); shape; colour; swelling (if any, and associated tenderness and movement of joints);
- c) Mark the size, shape and location of an injury on a diagram of the child;
- d) Note the date and time child seen and the parent(s)' explanation for the injury;
- e) Note child's general physical condition at the time.



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- 3.9.1 Although documentation as described does not necessarily constitute medical evidence for the purpose of a care application, the compilation of this information over time can be a useful diagnostic tool for the Departmental Officer in a continuing assessment of the child's circumstances. In certain situations it may be utilized as evidence or in a report to the court to describe a child's situation over a period of time.
- 3.10 **Medical Examination Report (Form ME103)**: When a child is being medically examined under a Medical Examination Order (*see Section 103 of the Community Welfare Act, 1982*) a **Medical Examination Report (Form ME103)** ('Medical Examination of reputedly injured children' - *see Appendix 10*) must be filled in by the doctor.
- 3.10.1 When a child is being medically examined (not under a Section 103 order) it is strongly recommended that the Departmental officer request the doctor to fill in a **Form ME103**. In cases of suspected sexual abuse, it is recommended that all Departmental officers give the doctor a copy of the form, and direct the Doctor's attention to the Departmental publication Suspected Sexual Abuse of Children - see Appendix 13
- 3.10.2 Copies of the **Form ME103** and of the publication *Suspected Sexual Abuse of Children* should be kept in every Community Welfare Office.

4 **ASSESSMENT OF A CHILD BELIEVED TO BE IN NEED OF CARE**

- 4.1 The Community Welfare Officer and Child Protection Worker have a threefold role in relation to the assessment of children:
- a) To provide material relevant to the family assessment through recording observations of behaviour and through discussion (where appropriate) with the abused child and that child's siblings;
 - b) To monitor the child's development and well-being within the family over a period of time by way of continuing contact with the abused child and the child's siblings;
 - c) To appropriately refer the child for specialist assessment, when required, as a result of information gained through such observation and contact.



4.2 The Community Welfare Officer and/or Child Protection Worker responding to a notification that a child is in need of care and protection **must see and talk to that child** (where not pre-verbal) and must document any injuries evident and the child's general condition as described in Section 3 of this Part. Further, the worker must make observations of the child's behaviour in the following areas:

- a) Communication skills - what the child understands, what the child says - single word sentences, articulation;
- b) Gross motor skills;
- c) Responsiveness and behaviour towards parents;
- d) Response to parent's directions or physical contact;
- e) Behaviour towards siblings;
- f) Sight and hearing.

4.2.1 The worker in this capacity is not expected to make a detailed developmental assessment or to interpret or draw conclusions from the young child's behaviour. However, the material noted in the areas described in Para 4.2 can be a useful part of an overall family assessment, and can be placed in perspective through consultation with a psychologist or other person who is skilled in the assessment of young children.

4.3 Where the child/children who are believed to be 'at risk' are willing to be interviewed by the worker, discussion and recording of the child's point of view is valuable assessment material. It is useful to find out from the child what has happened recently in the family unit. Gathering this information must be handled with extreme sensitivity and must not dominate the conversation unless an incident/s of abuse is the child's main concern. Areas such as the child's feelings about parents, siblings, school friends, him/herself are important areas for discussion with the child.

4.3.1 When the child is interviewed, and there is any possibility of misunderstanding due to language difficulties and cultural divergences, officers must provide a qualified interpreter for the child; see Para 1.2.3 b), Part VI, Chapter Three of this Manual - Page 3.6.3. In the case of Aboriginal children, officers must consult with Specialist Aboriginal Officers of the Department and/or Aboriginal agencies, as outlined in Para 1.3.2, Part VI, Chapter Three of this Manual - Page 3.6.5.



- 4.4 Direct observation of behaviour and discussion with the child should be supplemented by assessments of the child made at school; through other agencies; through specialised services and from persons who know the child well and have concern for the child's well-being.
- 4.5 Referral to a paediatrician or paediatric nurse (see Para 3.8, Page 3.2.6) should be made when a child - particularly infants under 12 months of age - requires developmental assessment. Where a child has begun to acquire speech and more complex social behaviours an assessment by a paediatrician or paediatric nurse is complemented by the assessment of a psychologist or speech pathologist.
- 4.6 Referral to a psychologist is indicated in the following situations:
- a) Where a child over twelve months of age requires a developmental assessment; for example the child is not walking without support; has few vocalisations; does not say 'mum' or 'dad'; does not respond to simple repetitive play;
 - b) Where a child over twelve months of age is exhibiting behaviour that is indicative of problems in intellectual functioning or in relationships - for example the child's language (understanding and speech) is behind other children of the same age; the child does not go easily to the parent; the child goes easily to a stranger; the child is passive; the child is overactive;
 - c) Where a child of any age is behaving in a way that is causing significant distress to the parents and where there is the potential for a breakdown in the parent/child relationship: in this situation, assessment by a psychologist can clarify the nature of the child's behaviour and parent response, as well as indicating areas for future counselling.
- 4.7 Referral to a speech pathologist is indicated in the following situations:
- a) A psychologist has identified a language or communication problem that requires further assessment and/or remediation;
 - b) A child appears to need a remedial program in relation to speech or language;
 - c) A pre-verbal infant is 'at risk' of speech/language problems because the family situation provides minimal stimulation in this area.



- d) Where there is a lack of speech pathologists, both in the Department and at community centres, Community Welfare Officers/Child Protection Workers are advised to discuss with a psychologist or paediatrician, the appropriateness of a referral to a speech pathologist.

5 SOCIAL ASSESSMENT OF THE FAMILY

5.1 To carry out a social assessment Departmental officers must ensure that:

- a) An initial interview is undertaken with the person or persons making the initial report: such contact may be made by phone; however, personal interview is preferable;
- b) An interview with the family is undertaken. Usually more than one visit is needed for a full assessment;
- c) Information is sought from other workers involved with the family.

5W.1 To carry out a family assessment in order to make a decision in relation to whether a child is 'at risk' and in relation to the nature of the problem for the child and family, the specific components of that assessment - which are set out in the following paragraphs of this Section, must be included.

5.1.2 When a family assessment is carried out and there is any possibility of misunderstandings due to language difficulties and cultural divergences, the officers must provide a qualified interpreter for the child and/or the family: see Para 1.2.3 b), Part VI, Chapter Three of this Manual - Page 3.6.3. In the case of Aboriginal families officers must consult with Specialist Aboriginal Officers of the Department and/or Aboriginal agencies, as outlined in Paras 1.3 to 1.3.2, Part VI, Chapter Three of this Manual - Page 3.6.5.

5.2 Grounds for notification or for concern

- a) What happened to the child - where an incident of abuse is of concern;
- b) The child's and the parent's account of the incident;
- c) What circumstances led to the incident;
- d) A description of the physical circumstances in which the child lives;
- e) A statement of the problem (from both the parent and child's perspective) - where the emotional climate of the family is of concern.



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5.3 The parents:

- a) Personal history (including cultural background of each parent), with specific reference to their experiences as a child, any evidence of drug or alcohol abuse; of intellectual or psychological problems in the past or currently;
- b) History of their current relationship, with specific reference to the children of that relationship; the children currently in their care or children currently not living with them;
- c) The parents' marital relationships (whether legal or defacto); their attitude to each other; their expectations of the relationship;
- d) Parent's knowledge of child development and care and family management skills;
- e) The parent's attitude to child management in general terms;
- f) The parent's support systems in terms of family, friends, community and professional support;
- g) Observations of the parent's interaction with their child/children;
- h) The structure of the family; for example, are the adults the parents of the subject child and each of the other children in the family; is it a 'blended' * family? Is adoption (formal or informal) involved?
 - * for the purpose of this Manual, a 'blended' family is one in which the children are the issue of one partner but not necessarily of the other partner; for example, through a second marriage.
- i) The extra-family interests of each of the parents; for example does one or both parent(s) have two jobs; have time-consuming activities which are carried out to the exclusion of the rest of the family - such as excessive time spent at work, sporting activities, studies, professional interests.

5.4 The subject child/children:

- a) Birth history; especially any difficulties associated with the birth, and difficulties in parent/child relationships in the first six months of the child's life;
- b) History since birth; any placements, medical/management problems and school history;
- c) Position in family;



- d) Parent's description of the child and the child's behaviour;
- e) Observations of the child's interaction with parents and worker, and overall functioning as described in Section 4 of this Part.

5.5 The siblings:

- a) Age of siblings;
- b) Their relationship with the subject child/ children and parents;
- c) Parent's perception of each child in the family.

5.6 The family:

- a) The family's social situation; that is, housing, employment, finance, cultural/ethnic environment;
- b) The degree of support provided by the extended family;
- c) The Departmental officer's perception of the strengths of the family: the parent's perception and the children's perception;
- d) The Departmental officers perception of the family's problems: the parent's perception and the children's perception;
- e) Causes of family stress - whether financial problems; health - including psychiatric illness; social isolation; unemployment; psychological; intellectual; drug related problems; relationship conflicts, or recent family losses.

5.7 A history of the family's involvement with the Department of Youth and Community Services or other agencies and services, including any criminal record, should also be elicited.

6 DECISION-MAKING AFTER ASSESSMENT

6.1 **What constitutes 'at risk'**: after assessment in the areas described in Section 5 of this Part a conclusion can be made as to whether a child is in need of improved care and if so, to what degree. This conclusion or assessment must take into account a number of factors and is a process that always involves weighing up positive and negative aspects of the situation. These factors are:

- a) The degree to which a child is 'at risk' (mild, moderate and severe);
- b) The nature of the risk, (physical, emotional, sexual abuse, or neglect);
- c) The source of the abuse (a particular parent, a sibling, the family situation in general);



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- d) The overall balance of positive aspects and negative aspects of the family situation particularly in relation to how the subject child is affected;
- e) The potential for positive change in the family or for control over significant stress factors.

6.2 **Guidelines for home safety:** although each family situation must be judged individually, the following guidelines for home safety in relation to children 'at risk' may be of assistance to Community Welfare Officers and Child Protection Workers; also officers must ask the child about going home, if the child is old enough to understand the situation. The decision that the risk to the child is low, or sufficiently containable for the child to remain at home following the assessment, does not exclude the consideration of Children's Court action, nor continuing family counselling, as part of the case plan. Generally, a child may remain at home when:

- a) In the case of serious injury, the abusing parent/adults/sibling is removed; lives elsewhere; or has definitely left the home or the State and will not return: there must be positive evidence that the perpetrator will not return to the home; or
- b) When a combination of all of the following conditions exist:
 - i) Minor injury is suffered; for example, bruises confined to the buttocks;
 - ii) Cause of the injury is that it is inflicted in the name of discipline for specific misbehaviour;
 - iii) Frequency of the injury - happened only once or twice;
 - iv) The child is more than three years old;
 - v) After assessment it is considered that the abusing parent is not significantly psychologically disturbed or unpredictable;
 - vi) Stress factors have been resolved or can be significantly resolved through the Departmental officer's intervention;
 - vii) There is willingness by the parent(s) to accept counselling and close supervision by Departmental Officers or other agency staff;
 - viii) An adult in the home is prepared to take a protective role towards the child; that is, the adult is prepared to intervene and advocate on behalf of the child and that it is a practicable and realistic role for that adult to undertake.



6.2.1 In addition, the following factors increase the safety of the home:

- a) The parent(s) have insight into how their own parenting affects their parenting ability;
- b) Parent(s) have insight about themselves, their spouse, children in general, child in question and child's siblings;
- c) Lifelines are available - that is, social supports within the family or the community; for example, the extended family members - such as sympathetic, understanding and caring relatives - or a community agency such as an Emergency Child Care Service or Occasional Child Care service;
- d) Other professionals, other agencies' staff or relatives provide collateral confirmation that this home is safe;
- e) There is a willingness and an ability by the parent(s) to effect positive environmental/personal changes;
- f) Child is over age of five years.

6.2.2 Factors which also require consideration are whether the parents:

- a) Have a knowledge of child development;
- b) Have practical skills in caring for a baby or children;
- c) Have experience in caring for children.

6.3 **Removal of a child from its family:** after consideration of the factors described, and having reached a conclusion about 'the risk' to the child in the family situation, the worker must decide whether it is necessary to remove the child from the family.

6.3.1 No placement of a child in care should be made without consideration of the effect of placement on that child and the family, and the appropriateness of care options that are available: a residential facility is never appropriate for an infant under 12 months of age; however, there may be occasions when foster care is not available and a residential care placement is the only short-term option. If an infant is placed in residential care, the situation should be reviewed daily and a more appropriate placement made as soon as possible.

6.3.3 Removal of a child from the family and placement in care whether short term or long term is indicated where:

- a) The child's physical safety is in danger;
- b) The emotional climate of the family is so destructive that the child's emotional state is deteriorating;
- c) The child does not wish to return home.



6.3.4 Removal of a child from the family or placement in care whether short term or long term may be indicated or may be unavoidable in circumstances where:

- a) An application has been made to the court that the child is 'in need of care'; and the child is subsequently remanded in care;
- b) A parent requires 'time out' - and all other options such as counselling, family support, or day care have not been an appropriate resolution of the problem;
- c) Placement is part of an explicit plan, negotiated with the parents or ordered by the Court, to provide support and help for the child and to work towards specific goals related to the parent and child relationship, and appropriate to that family.

6.3.5 Section 3, Part III of this Chapter describes the Procedures in relation to removal of children believed to be in need of care.



**CHAPTER THREE
INTERVENTION**

PART III

LEGISLATION THAT ASSISTS INTERVENTION

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CHAPTER THREE

INTERVENTION



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PART III

LEGISLATION THAT ASSISTS INTERVENTION

1 MEDICAL EXAMINATION ORDERS

- 1.1 *Section 103, Community Welfare Act, 1982* - 'Medical Examination of reportedly injured children' - provides the statutory base for the Department's authority to order a mandatory medical examination - see Para 3.7, Part 2 (Page 3.2.6) of this Chapter.
- 1.2 If a Departmental Officer (or a police officer) believes that a child has been abused, and the caregivers of the child refuse to have the child medically examined, then the officer can serve a **Medical Examination Order (FORM ME103)** see **Appendix 10** on the person/s who appear/s to have the care of the child at the time.
- 1.3 The essential prerequisite for action under *Section 103* of the Act is that the officer believes, on reasonable grounds, that a child has been 'abused' as defined in *Part II Section 4 (1)* of the Act. Should there be any doubt, the officer should contact 'Montrose' or the Departmental Legal Officer; See also Section 1, Part IV, Chapter Five.
- 1.3.1 In relation to such decisions:
- a) Should an officer consider that a person caring for a child is psychologically disturbed, the officer should seek advice from, and (where possible) arrange for the person to be seen by a psychiatrist or psychologist. Where difficulty is experienced in making arrangements of this kind, the assistance of the Department of Health should be sought: See also, Paras 5.2; 5.2.1, Part IV, Page 3.4.8 of this Chapter.
 - b) Where it would be in the interests of the child for the officer to be aware of the criminal record (if any) of a person caring for, or proposed to care for the child, the officer should contact the Police Child Mistreatment Unit and for relevant information;



1.4 The **decision** to issue a medical examination order, or to obtain a warrant may be made by the following officers, under delegation:

- a) A District Manager;
- b) The Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service;
- c) The Executive Officer, Hunter or Illawong Family Crisis Services.

1.5 Service of a notice pursuant to Section 103 of the Act must not be undertaken without the prior approval of the District Manager, except where the delay required to do this would be likely to result in the child being subjected to immediate abuse or suffering.

1.5.1 Where an officer does not obtain written prior approval, then the officer must record in writing, as soon as possible after taking the action, the reasons for:

- a) The decision to serve a notice; and
- b) Not being able to seek prior approval

1.6 If the caregivers still do not take the child for medical examination, then Departmental or police officers may take the child to a hospital or doctor for examination; see *Section 104(1) of the Community Welfare Act, 1982*.

1.6.1 If necessary, force may be used to take the child, or to enter the premises.* However, if the premises are a 'dwelling',** a warrant must be obtained from a magistrate; see Para 3.7.1 of this Part. Procedures related to this action are the same as those outlined in Paras 1.5 and 1.5.1 of this Part.

* 'premises' as defined under the *Community Welfare Act, 1982 (Section 3, Part 1)* includes any land, building, vehicle or vessel

** a 'dwelling' is a place where a person lives and sleeps (Stroud's Judicial Dictionary of Words and Phrases)

1.6.2 Should a child be removed from the premises under these circumstances, the Departmental officer must carefully explain to the person(s) from whose care the child is being removed:

- a) The grounds for removal, both statutory and factual;
- b) Where the child is being taken; and
- c) When and where the child can be seen.

1.6.3 The parents should also be advised that for seventy-two (72) hours from the time the child is presented to the doctor, the child is under the guardianship of the Director-General of the Department.



1.6.4 Where there is any possibility of misunderstanding by the parents due to language difficulties and cultural divergences, officers must provide a qualified interpreter for the parents; see Para 1.2.3 b), Part VI, Chapter Three of this Manual - Page 3.6.3. In the case of Aboriginal children, officers must consult with Specialist Aboriginal Officers of the Department and/or Aboriginal agencies, as outlined in Paras 1.3 to 1.3.2, Part VI, Chapter Three of this Manual - Page 3.6.4.

1.7 Officers referring or presenting children for medical examinations should provide the doctor with a copy of a 'Medical examination Report Form ME103 (See Appendix 10): In cases where it is believed the child has been sexually abused, it is important to direct the doctor's attention to the Departmental publication *Suspected Sexual Abuse of Children* (Appendix 12) which should be attached to the Form ME103.

1.8 The Medical Examination Order (Form ME103) cannot be used as an alternative to apprehension of a child; see also Section 3 of this Part.

1.9 The Medical Examination Report (Form ME103) - 'Report on the medical examination of a reputedly injured child' which must be completed by the Medical Officer, is at **Appendix 10**.

2 URGENT MEDICAL TREATMENT FOR CHILDREN WHERE PARENT REFUSES CONSENT

2.1 Where a parent refuses consent for urgent medical treatment for a child, immediate advice from the Departmental Legal Officer should be obtained, as in some situations it may be necessary to obtain an appropriate medical order from a judge of the Supreme Court.

2.2 Out-of-hours advice can be obtained from 'Montrose' Family Crisis Service; clear instructions for such emergencies must be readily available from any crisis worker on duty at the Unit; see **Appendix 11**.

2.3 **Surgical operations and blood transfusions - Conscientious Objectors:** The attention of officers is also drawn to Departmental *Instruction No. 54* which is still in practice and outlines the 1960 amendment (Act 27) to the *Public Health Act, 1902*: *Section 39B* of that Act states:

'(1) A legally qualified medical practitioner may perform the operation of transfusion of human blood upon a minor without the consent of the parents or surviving parent of such minor or any other person legally entitled to consent to such operation if:-

(a) such parents, parent or other person whom requested to do so has not consented to such operation, or after such search and enquiry as is reasonably practicable in the emergency such parents, parent or other person cannot be found and



- (b) *such legally qualified medical practitioner and at least one other legally qualified medical practitioner have agreed -*
- (I) *upon the condition from which the minor is suffering; and*
 - (II) *that such operation is a reasonable and proper one to be performed for such condition; and*
 - (III) *that such operation is essential in order to save the life of such minor; and*
- (c) *such legally qualified medical practitioner has had previous experience in performing the operation of transfusion of human blood and before commencing such operation has assured himself that the blood to be transfused is compatible with that of the minor.*
- (2) *Where an operation of the nature referred to in subsection one of this section has been performed on a minor without the consent of the parents or surviving parent of such minor or any other person legally entitled to consent to such operation and in respect of such operation the requirements and conditions of the said subsection have been complied with such operation shall be deemed to have been performed with the consent which but for the provisions of this section would have been required for the performance of such operation.*
- (3) *The powers conferred on a legally qualified medical practitioner by this section shall be in addition to and not in derogation of any other powers of the legally qualified medical practitioner in relation to the performance of the operation of transfusion of human blood upon a minor':*

however, it should be noted that this section does not cover cases where parents object to both a surgical operation and a blood transfusion. If cases of this nature are brought under notice, the doctor concerned should be advised to refer the matter to the Department of Public Health in the first instance.

3 **REMOVAL OF CHILDREN BELIEVED TO BE IN NEED OF CARE**

3.1 Where a child is believed to be in need of care, the Community Welfare Officer/Child Protection Worker should make an application to the Court under *Section 82(1)* of the *Community Welfare Act, 1982*. After the Court has investigated the matter, as a result of the application, the Children's Court may make an order for the removal of the child from the family and have the child placed in care (see *Section 80(1)* of the Act.)

3.1.1 In circumstances other than when a child is in immediate abuse or where parents refuse contact with the Community Welfare Officer/Child Protection Worker, family social and medical assessment should precede a care application to the court



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3.1.2 This order may be executed by the Departmental officer or by a police officer.

3.2 Where physical abuse is alleged, it should be substantiated wherever possible by evidence from a medical practitioner; see also Para 6.10.3, Page 3.6.18 of this manual: where psychological or emotional abuse is alleged it should, wherever possible, be substantiated by evidence from a psychologist, a psychiatrist or other appropriately qualified person; see also Para 5.2 to 5.2.1, Part IV of this Chapter - Page 3.4.8.

3.2.1 Should there be any doubt about evidence, the officer should contact the Family Crisis Service, 'Montrose' or the Departmental Legal Officer.

3.3 Where a Departmental officer suspects, on reasonable grounds, that a child is in need of care by reason of being in immediate danger of abuse, the officer may enter the premises and remove the child.

3.3.1 Where it is anticipated that the officer may be assaulted, it is advisable to visit with a co-worker or with a police officer.

3.4 **However, apprehending a child is a serious matter involving fundamental civil liberties: it should only be undertaken when other alternatives are insufficient to ensure the protection of the child.** Wherever possible, a summons is to be used in place of apprehension. Should it be necessary to use force, it is highly desirable that the police be asked to assist.

3.4.1 The *Community Welfare Act, 1982* permits the apprehension of a 'child at risk' as a child in need of care pursuant to the provisions of *Section 85* of the Act.

3.5 In deciding whether to apprehend or authorise apprehension, an officer should be satisfied that the child is in immediate danger of being assaulted, ill-treated, exposed or subjected to behaviour that psychologically harms the child, or is likely to cause psychological harm, so that:

- a) Alternatives not involving legal action would not be sufficient to protect the child; and
- b) The issue of a summons or warrant would not be sufficient to protect the child.

3.6 A decision to apprehend a child must not be taken without the prior approval of a District Manager, except where this would be likely to result in the child being subjected to immediate abuse or suffering.



3.6.1 Where the District Manager gives prior approval, it must be recorded in writing, preferably before the action is taken, but if not, as soon as possible thereafter.

3.6.2 Where the apprehending officer does not obtain prior approval then the officer must record in writing, as soon as possible after the action, the reasons for:

- a) The decision to apprehend; and
- b) Not being able to seek prior approval

3.6.3 Although Community Welfare Officers/Child Protection Workers are encouraged to consult with specialist officers or with 'Montrose', and must consult with the District Manager before apprehension of a child, the decision to apprehend is ultimately the Community Welfare Officer/Child Protection Worker's responsibility and should be taken with a full and objective appraisal of the facts of the case, of which that officer has first-hand knowledge.

3.7 When an officer cannot gain entry into premises where a child appears to be in need of care, the usual procedure is to return with a police officer. Police officers have no more right to enter the premises than a Departmental Officer, but, in many situations, the presence of the police is sufficient to obtain co-operation.

3.7.1 If, however, it is still not possible to gain entry, a **warrant** (under Section 86 of the Act) - to gain entry, to search for the child and to remove the child (Appendix 16 and 17) - **may have to be obtained from a magistrate:** see 'Warrants', Section 4 of this Part.

3.8 When apprehension is necessary, the officer should carefully explain to the person from whose care the child is being removed:

- a) The grounds of apprehension, both statutory and factual;
- b) Where the child is being taken;
- c) When and where the child can be seen;
- d) When and where the child will be appearing before a court.

3.8.1 The officer must then:

- a) Place the child in the care of the Director-General - that is, at a, 'place approved by the Minister: (see Section 90(1) of the Act;
- b) Make an immediate application to the Court advising that the child is in need of care under Section 82 (1) of the Act.



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a 'place approved by the Minister' means a Departmental establishment or placement with temporary foster parents; OR, if the child needs medical attention - a hospital.

4 WARRANTS

4.1 Para 1.4 of this Part lists those Departmental officers who have the delegated authority to obtain warrants.

4.2 A warrant 'to gain entry, to search for a child and to remove a child' - see Para 3.7.1 of this Part may be obtained - **out of normal court hours**, from:

- Sydney: by ringing the police number (02) 20966 and requesting the number of one of the two 'Bail Magistrates'
- Wollongong: by contacting the local Police Station so that the necessary arrangements can be made to obtain a warrant
- Newcastle: by contacting Newcastle Police Station and requesting the number of the magistrate on the 'Duty Roster'.
- Country areas: by contacting the local police station so that the necessary arrangements can be made to produce a warrant.

4.3 A warrant may also have to be obtained from a magistrate when it is necessary to enter premises to serve a Medical Examination Order (under *Section 103(5)(b)* of the Act) (**Appendix 18 and 19**), or when it is necessary to remove a child from the premises (under *Section 104(1)* of the Act) if the medical examination order has not been complied with by the parent(s); see Section 1 of this Part.

4.3.1 The out-of-hours procedure for obtaining a warrant are as described in Para 4.1 of this Section.

4.4 In cases where warrants are requested, as described in Paras 4.2 and 4.3, the Departmental officer should present the following forms to the magistrate:

- a) The request for the warrant, that is 'Information to Obtain Warrant' (**Appendixes 16 and 18**);
- b) The warrant itself (**Appendixes 17 and 19**).



4.5 To ensure the attendance of the child who is the subject of care proceedings; of persons responsible for the child, or of a person who is required by an officer to give evidence in the proceedings, a summons or warrant may be obtained from a magistrate and served on the relevant party/ies, pursuant to the provisions of *Section 61 of the Justices Act, 1902: Section 89 (1) of the Community Welfare Act, 1982* describes the provisions of the Justices Act relating to warrants.

4.5.1 Such a procedure will not, of course, be necessary in respect of a child who has been apprehended pursuant to either *Section 85* or *Section 86* of the Community Welfare Act.

4.6 The same procedures may be used to secure the attendance of persons before the Children's Court in respect of matters such as breaches of undertakings (*Section 88 (1) and 88 (2)* of the Act); and to secure attendance of the child who is the subject of the proceedings, should the child fail to appear on an adjourned date.

5 APPLICATION TO THE COURT THAT A CHILD IS IN NEED OF CARE

5.1 *Section 82(4)* of the *Community Welfare Act, 1982* sets out the situations that define that a child is in need of care. The grounds that can give rise to a care application under *Section 82(1)* of the Act are:

- 'a) *adequate provision is not being, or is likely not to be made for his proper care;*
- b) *he is being, or is likely to be abused.*
- c) *he is being, or is likely to be harmed as a consequence of-*
 - i) *his behaviour; or*
 - ii) *the conduct of any persons with whom he is resident or the condition in which he is residing; or*
- d) *he is not under competent and proper guardianship.**

* Proper guardianship is where the guardians carry out their obligations according to the ordinary mores of society; competent guardianship is where the guardians are able to carry out family obligations and that they comply with the normal or usual standards of household management and child care, and generally present an acceptable standard in their actual or potential physical emotional and/or psychological care of the child.



5.1.1 *Section 4(1) of the Act defines abuse to mean 'assault or ill-treat the child, expose or subject the child to behaviour that psychologically harms him, or is likely to psychologically harm him, whether or not, in any case, with the consent of the child'.*

5.2 **The procedure to be followed in making an application consists of the following steps:**

- a) Decision is made in relation to the immediate safety of the child. The options are:
 - i) Remove the child if in immediate danger of abuse (see Para 3.2, Section 3 of this Part);
 - ii) Seek a warrant to remove the child (see Para 3.3) of this Part;
 - iii) Leave the child in the parent(s') care;
- b) Application is made to the court that the child be found to be in need of care;
- c) Family assessment is continued including collection of evidentiary material (See Sections 3 and 6 of this Part for a more detailed description of decision-making in relation to 'risk' and the use of Court); see also Para 6.10.3 (Page 3.6.18) of this Manual, in relation to medical evidence by a Doctor;
- d) Consultation relating to evidence and case presentation takes place with the Court Officer - preferably well in advance of the hearing date;
- e) Where the child is placed away from the family, the Community Welfare Officer/Child Protection Worker has a responsibility to supervise the child's placement during the Court proceedings. Reports to the court (see Para 6.4, Part IV of this Chapter - Page 3.4.13) are consequently submitted: see also **Appendix 21.**

5.3 **Outcome of Care Application:** the Community Welfare Act limits the length of individual adjournments and also the total period of adjournments.

5.3.1 The first relevant section of the Act is *Section 98* which is designed to enable a magistrate to adjourn proceedings for the purpose of having an assessor sit with him to hear the application (see *Sections 78 and 79* of the *Community Welfare Act, 1982*). The Section speaks in terms of an adjournment by a justice, but it is the policy of the government that such adjournments could be granted by a magistrate.



5.3.2 Two adjournments may be made pursuant to *Section 98* of the Act - the first for a period of no more than three (3) days and the second for a period of no more than two (2) days.

5.3.3 Once a magistrate and an assessor are available to hear the application, *Section 97* of the Act comes into operation. These sections impose the following limitations:

- a) If, during an adjournment, the Court makes an order that the child is to remain in the care of the Director-General, the period of the adjournment may not exceed eight (8) days;
- b) In any other case the period of an adjournment (or the aggregate periods of adjournments) may not exceed eight (8) days unless the parties, after legal advice, consent to a longer period; and
- c) The total period of all adjournments (up to the stage of a finding that the child is either in need of care or is not) may not exceed twenty-eight (28) days.

5.3.4 Once there is a finding that a child is in need of care, there is no limit on the period of an adjournment for the purpose of such matters as assessment and trial placement.

6 ORDERS (*Section 80 of the Community Welfare Act, 1982*)

6.1 On finding that a child is in need of care a Magistrate may refuse to make a formal order whether or not the persons responsible for the child or the child have given undertakings.

6.2 If the Court is satisfied that the child is in need of care but it is not appropriate to deal with the child as described in Para 6.1 the following orders may be made:

- a) The child may be placed in the custody of a suitable person(s) willing to have the custody of the child for such period as the court thinks fit but the period expiring on or before the day on which the child attains the age of 18 years. This order may or may not be accompanied by undertakings on the part of the person and/or child (*Section 80c(i)* of the Act);
- b) The child may be placed under the supervision of an officer of the Department of Youth and Community Services for such period as the court thinks fit; the period expiring before or after the day on which the child attains the age of 18 years. This order may or may not be accompanied by undertakings on the part of a person responsible for the child and/or the child (*Section 80c(ii)* of the Act);



- c) The child may be declared a ward (*Section 80 c(iii)* of the Act);
- d) Where a child is made a ward and the Court is satisfied that the child is seriously emotionally disturbed, a further order may be made placing the child in a special facility for a period of no more than twelve (12) months, or expiring on or before the day on which the child turns 18 years of age or after twelve (12) months (*Section 80c(iv)* of the Act);
- e) Where the court is satisfied that a child under the applicable school-leaving age has not been attending school regularly, an order may be made that requires the child to attend or to reside at and attend a 'prescribed centre' for a specified period not exceeding twelve (12) months (*Section 80c(v)* of the Act);
- f) Where a child is intellectually handicapped within the meaning of *Part XI* of the Act and requires care, protection, or supervision, the Court may make an order declaring the child to be '*an intellectually handicapped person under the guardianship of the Minister*' (*Section 80 (d)(i) and (ii)* of the Act)

6.3 **Undertakings** - any undertaking (*see Section 80 of the Act*) must be in writing and signed by the persons giving the undertaking. Undertakings are in force for the period specified but expire on or before the child's eighteenth (18th) birthday.

6.4 **Restrictions on making Orders**

6.4.1 An order placing the child in the custody of a suitable person(s); placing the child under Departmental supervision or making a child a ward cannot be made where a child has attained 16 years of age, unless the court is satisfied that the child can be considered intellectually handicapped within the meaning of *Part XI (Section 81 (1) of the Community Welfare Act 1982).*

6.4.2 **An order placing a child in the custody of a suitable person; making the child a ward, or requiring the child to reside in a special or prescribed facility cannot be made without consideration of an assessment report.*** Where the order involves a prescribed centre the assessment report must take account of advice from the Minister for Education - such advice to have been given within the month preceding the order (see *Section 81 (2)* of the Act).

* An **assessment report** in this instance is submitted for the information of the Court and should contain relevant material - in summary - as described in Part 11, Chapter Three of this Manual, as well as particular consideration of all care options available to the child and the positive and negative aspects of these options.



- 6.4.3 Where the Court believes that a **conflict of cultural factors** was involved in the situation that gave rise to the application, the order cannot be made until the Court has received and considered a report, from the Director-General (or delegate), on those factors which is prepared by a person the Court believes is competent to advise on those factors (*Section 81 (3)* of the Act): see Para 1.1.1, Part VI of this Chapter (Page 3.6.1).
- 6.4.4 When the Court forms the opinion that a child has been brought up substantially in accordance with the **culture of a particular ethnic group**, (see definition of ethnic group, Para 1.1.2, Page 3.6.2 of this Manual) or is regarded as belonging to a particular ethnic group, the Court must consider the desirability and feasibility of placing the child in the custody of a person belonging to the child's culture of origin, before it may make any other orders involving placement or supervision - see *Section 1, Part VI* of this Chapter (Page 3.6.1): this action is subject to the child's expressed wish (*Section 81(4)* of the Act) - see Para 1.1.1, Part VI of this Chapter (Page 3.6.1).

7 EVIDENTIARY REQUIREMENTS

- 7.1 Care applications (*Section 82 (1)* of the *Community Welfare Act 1982*) are not criminal proceedings but the Court must be satisfied that it is very highly probable that a child is in need of care before an order under *Section 80 (1)* of the Act can be made.
- 7.2 In care proceedings the Children's Court is not bound by the rules of evidence and may take account of any statement, document information or matter that might assist it (see *Section 94 (3)* of the Act): Community Welfare Officers/Child Protection Workers however, are advised that in the preparation of a care case they should seek to adduce evidence in a way which complies with the rules of evidence: this is a matter about which the court officer should be consulted.
- 7.3 Care proceedings are to be conducted with as little legal technicality and form as circumstances permit (see *Section 94 (1)* of the Act).
- 7.4 Evidence submitted to support a care application will frequently depend on the evidence of expert witnesses. This evidence may involve medical information and/or be of a psychiatric, psychological or educational nature: **see also Paras 6.10.1 to 6.10.3, Page 3.6.17.**
- 7.4.1 Expert witnesses should make statements or advance opinion **only** within the limits of their professional expertise.



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7.4.2 When an expert witnesses is selected, that person should possess:

- a) Credible, specialised, formal qualifications in a particular discipline;
- b) A background of extensive experience in a particular area or in relation to a particular problem;
- c) An ability to express and argue professional findings or opinions in a clear manner.

7.4.3 In the presentation of a report to the Court, experts should:

- a) Outline their findings in relation to the particular child;
- b) Draw conclusions consistent with their findings and professional expertise, and relevant to the care application.

7.5 **Appeals:** An appeal 'lies' from orders made in care proceedings (see *Section 206 (1)* of the Act). The only avenue of appeal open to the officer who made the application, however, is an appeal by way of case stated to the Supreme Court because of an error of law made by the magistrate. If it is considered that such an appeal is possible and that it should be pursued, the officers of the Department's Legal Branch should be contacted immediately.

8 CUSTODY MATTERS

8.1 **Legal advice:** Departmental officers are reminded that custody law is a complex specialist area which is often beyond their expertise. Before giving legal advice to clients on custody matters, clarification should be sought from officers of the Legal Branch at Central Office.

8.2 **Custody Orders:** if a child is subject to an 'Order of Custody of the Family Law Court of Australia' pursuant to the *Commonwealth Family Law Act, 1975*, then court orders from the Children's Court and decisions concerning care and access, should be consistent with the Custody Orders.

8.3 **Allegations:** custody disputes can give rise to allegations of mistreatment of children, such as one parent alleging abuse or neglect by the other; however, the fact that a custody dispute or litigation in respect of the child (whether about custody or not) has a or is likely to be, commenced, does not detract in any way from the duty placed on an officer by statute or administrative instruction in relation to the responsibility of officers on behalf of children (for



example, to investigate a complaint). Although Family Law Court Counsellors are bound by strict rules of confidentiality on some matters, there is no hindrance to consultation between them and Departmental officers in situations where allegations are made citing one or other of the parents.

CHAPTER THREE
INTERVENTION



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CHAPTER THREE

INTERVENTION



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PART IV

CASE MANAGEMENT

1 PRINCIPLES OF CASE MANAGEMENT

- 1.1 This Part consists of a statement of principles on Intervention Techniques: also provided is an outline of the major elements of Departmental policy and procedures in relation to the management of children in need of care and protection, and of their families, by officers of the Department of Youth and Community Services.
- 1.2 It is expected that this Section of the Manual will raise many specific casework * questions for field workers. Casework issues such as the management of denial; anger; lack of motivation to change; the appropriate educational and therapeutic resources for developmentally-delayed children, and the assessment of psychiatric disturbance are all continuing areas of concern for field workers.

*in relation to child abuse cases 'casework' is a continuous professional relationship; a process of dynamic interaction between worker and client, consciously used for social treatment purposes defined by a study of the particular person in his situation, the problems which most concern him and the ways he could be helped to meet these by the use of his own and the community's resources (1); it is an established method of professional social work, which has extensive experience and literature behind it and where further professional help is provided by a number of other professional occupations, each of which brings to bear on individual cases the knowledge, skills and values, characteristic of that organised occupation - such as clinical psychology, psychiatry, paediatrics, teaching, nursing and occupational therapy. (2)

- 1.2.1 However, as acquiring a knowledge-base and skills in these and other areas requires comprehensive information sources and experiential learning, it is believed that it is not within the scope of this Manual to deal effectively with these issues: training workshops and continuing professional supervision are the appropriate resources to address these needs.

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- 1.2.2 Use of professional staff is an important way of ensuring that knowledge is brought to bear on tasks which require understanding and judgement, and in such a way that the professional is ethically accountable both to clients and the wider community: it is a social device to ensure that knowledge is utilised effectively and in ways that are ethically justifiable. Professional staff can work collaboratively with other professionals and have the knowledge, values and skills which have the best chance of helping the family.³
- 1.3 Intervention in families where a child is in need of care and/or protection from abuse, is designed to bring about changes in the family that will ensure the child's safety and promote the child's well-being; see also Para 2.1 Page 3.1.1 of this Manual. In this process, the worker is responsible for identifying the problem areas through assessment, and for utilising personal professional skills; the skills of other appropriate Departmental staff such as a Regional Community Program Officer, Child Protection (see also Para 2.9.1, Part II (Page 3.2.3) of this Chapter; Para 5.6.1, a) and b) and Para 5.6.2 of this Part); and community resources; with the co-operation, where possible, of family members.
- 1.4 Intervention in families where a child is in need of care calls in the first instance for the worker to be an advocate for the child. The worker, however, must consistently demonstrate in attitude and behaviour, a fairness, objectivity and concern for all family members. In the initial stage of assessment and intervention it may not be possible to reach agreement with family members as to the major problem areas that require consideration. It also may not be possible at this point to fully engage all family members as willing partners in the process of change.
- 1.4.1 These issues - denial of problems in the family or with the child, and the family's lack of motivation - are significant difficulties for workers to accommodate in their approach to the family. These 'blocks' to intervention, however, must be seen as an important part of the change process and should not remove from the worker a responsibility for assessment and intervention on behalf of the child as expressed in the *Community Welfare Act 1982*, and in Departmental policy.



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1.4.2 'The successful counsellor should have qualities which are independent of the person's theoretical beliefs and techniques. These are qualities of empathy, a genuine care for the child and a concern for the family and the ability of conveying these feelings in down-to-earth terms. As the same time, child abuse workers should not become so emotionally involved in the problems of these families that they cease to be effective. It is important to retain a sense of proportion, to be realistic and to realise that often there is no perfect solution and that it is the least detrimental alternative that may have to be taken. Workers in the child abuse field need to be able to co-ordinate their activities and work co-operatively with other agencies, and individual casework with families needs to be supplemented by simultaneously integrating the family into community support systems so that even if there is a loss of contact for valid reasons with the individual caseworker, the family is still linked with supportive community facilities.'

1.4.3 For a summary of the responsibilities of Departmental field workers involved in child care casework, see Paras 7.1 to 7.8, Part II, Chapter Four of this Manual - page 4.2.6.

1.5 The causes of child abuse stem from a number of usually inter-related factors which are:

- a) The personal adjustment of the parents or abusing family member;
- b) The parents' experiences and models as a child;
- c) The structure of the family and relationships of family members;
- d) The particular child and how that child is perceived by the family;
- e) Stresses on the family caused by social and economic factors.

See also Paras 2.1 to 2.2, Part VI, Chapter Five of this Manual - Page 5.6.2.

1.6 Assessment, having addressed all these issues, must lead to a multi-faceted program that deals with all features relevant to the particular case. The children who are the subject of abuse require particular consideration in the intervention program in that, not only will they be a part of the change process, but they will require immediate help to lessen the effects of abuse.



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- 1.7 Although a family's denial, resistance and sometimes hostility, may be a continuing problem in the client/worker relationship, it is fundamental to intervention - in families where a child is in need of care - that the worker be honest with the family as to that officer's concerns, possible plans and primary responsibility for the child. Discussion of the assessment; any plans to take court action; the outcome of case conferences or the involvement of the family at the conference - where appropriate, will be difficult to deal with in many situations and must be handled in a planned and sensitive manner.
- 1.8 Where a parent's attitude or behaviour derives from different cultural traditions, intervention should be characterized by a sympathetic, informed and flexible approach that balances respect for the family's culture with the rights of the child to care and protection - see also Section 1, Part VI of this Chapter.
- 1.9 Record Keeping: record keeping is an essential component of intervention. A running record of the worker's involvement with a family, including dates of contact and communication with other workers must be maintained. Assessment material, and decisions made in respect of case management or review, are to be recorded.

2 THE MULTI-DISCIPLINARY APPROACH

- 2.1 As in the assessment process, comprehensive intervention requires the utilization of basic intervention skills as well as a worker's skills from a variety of professional and non-professional backgrounds.
- 2.1.1 All Department 1 officers require a working knowledge of, and respect for the different academic backgrounds and/or experiences that a variety of disciplines contribute in the human services area; only then can the individual worker's expertise be blended in a way that is constructive for the client.
- 2.1.2 As well as professional understanding, it is critical for workers who are from different disciplines or who offer lay support services to families, to regularly share with each other - in direct communication and at a case conference - their perspective and progress with the family to whom all workers are offering a service.



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3.4.5

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2.2 The multi-disciplinary approach extends beyond provision of services to individual families. Two other important aspects of the multi-disciplinary approach are:

- a) Learning about children in need of care, and their families, through shared professional experiences and workshops;
- b) Developing with other workers a shared community responsibility for the best possible intervention methods and for the development of services where it is believed a gap in services exists in that community.

3 JOINT CASEWORK AND THE USE OF OTHER AGENCIES

3.1 Because of the complexity of assessment, intervention and the long-term nature of child protection work, Community Welfare Officers/ Child Protection Workers who become **primary workers** (see Para 5.3.1 (8) (Page 2.1.14) of this Manual) should always be supported by at least one other worker, either from the Department or from another agency.

3.1.1 Although the second worker may not be involved in direct service to the same extent as the primary worker, that person is important as a back-up support when the primary worker is on leave; provides co-counselling, when that approach is appropriate, and individual counselling to one of the family members; as well as being a source of peer review, and someone to help the primary worker retain objectivity.

3.2 As no officer of the Department can be expected to provide the range of services that is often required to meet the needs of all family members, as well as to address all problem areas, it is most appropriate to utilise workers from other organisations - including government and non-government agencies, as primary or support worker. Involvement of any service should be characterised by:

- a) A clear relationship between the type of service and the client's needs;
- b) Clear referral negotiated between the Department and the other agency in terms of what is the expected outcome from the referral, and what will be the continuing role of all workers involved;
- c) Regular case conferences to review intervention goals and the roles of all workers.

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- 3.3 **Child care:** 'the provision of day care is extremely important, particularly for abusive or potentially abusive families as the low points of tolerance of the parents involved may be greatly relieved by a period of separation during the day, ensuring a "breathing space" for the parents and the children'.⁵
- 3.3.1 When day care is used as a method of intervention in child abuse cases, it is often done with the purpose of providing the child with a safe place for a number of hours of the week and to offer the mother a break from the child; however, 'separation of the child into a day care centre is not likely to enhance automatically a fragile mother-child connection. On the other hand where the mother-child connection does not seem to be overly fragile and where the risk of abuse relates more to the social stresses experienced by the family than to a lack of attachment, the more conventional forms of day care which involves separation of parent and child might be advisable ... however, as these two groups are not easy to distinguish clinically and frequently overlap, it is desirable of making a detailed and accurate assessment before recommending the use of the child day care or family day centres.'⁶
- 3.3.2 Family day centres can be a valuable resource to consider in cases where separation of a parent and child is not therapeutically desirable. Centres provide places for the parents and the child and offer a specialist service treating the family as a unit, as for example, at the Department's residential and day program service of the 'Montrose' Child Protection Unit (see **Appendix 8**), and the community-based Wiley Park Centre (see **Appendix 42**).
- 3.3.3 When child care placement is being made for a child, the field worker should, wherever possible, discuss the placement with a Children's Services Adviser, to ensure that the service is appropriate and beneficial for both the child and the family; see also Para 2.9.1, Part II of this Chapter - Page 3.2.3; and Section 14, Page 6.2.14 of the Department's *Early Childhood Services Policy and Procedure Manual*.

4 THE GOAL-ORIENTED APPROACH TO CASEWORK

- 4.1 The processes of development and review of specific goals are different from a case conference and the development of a case plan. Whereas the case plan defines the overall direction, utilisation of other services and information, the development review of goals refer to the primary worker's own professional practice.



4.2 Community Welfare Officers/Child Protection Workers may choose to use a variety of counselling techniques and/or practical help and support in intervention; however, no specific counselling technique (for example, neuro-linguistic programming; gestalt; family therapy) issued in casework should be utilised with individual family members or the family as a whole, unless the officer has undergone experiential training in that particular technique, has had considerable experience in the approach or has access to skilled supervision for that particular technique; see also Paras 1.2 to 1.2.2 Page 3.4.1 of this Manual.

4.3 Independent of any specific method used with families and individual family members, officers should formulate, in writing, definite goals for change in relation to the family members and problem areas. The approach most consistent with principles of intervention in child protection is that goals should be formulated in consultation with family members, and a contract formed for working with the family: officers should regularly review these goals with the family or a co-worker in order to clarify:

- a) Whether their approach has been effective in any area;
- b) Whether information gained from continuing assessment suggests that different goals may be appropriate;
- c) To formulate a future direction.

5 CASEWORK SPECIAL CONSIDERATIONS

5.1 **Psychiatrically disturbed parents:** Where the behaviour of a psychiatrically disturbed parent is such that the child is considered 'at risk' a notification must be made to the appropriate Family Crisis Service. There may or may not be a direct threat to the child's safety, but the child is vulnerable to abuse and emotional deprivation, and lack of stimulation and social opportunities as well as very regularly being confronted by confusing role models

5.1.1 Where a child becomes part of a parent's delusional system there is a particularly serious risk for the child both directly and indirectly.



- 5.2 Significant psychological disturbance is difficult to diagnose by those untrained or without experience in a psychiatric setting. Where a parent's behaviour and communication appears to be unusually unpredictable, or lacking a reality base, officers must consult with a community psychiatrist, psychologist or a mental health nurse. Discussion should be followed by a home visit accompanied by the consultant, as well as their continued consultancy and/or continued casework.
- 5.2.1 Should the officer find it difficulty to engage the services of a psychiatrically-trained health professional, the matter should be referred to the District Manager for further negotiations with the Health service.
- 5.3 **Intellectually Handicapped Parents:** where the behaviour of an intellectually handicapped parent is such that the child is considered 'at risk', a notification must be made to the appropriate Family Crisis Service. Although the child's physical safety may not be under direct threat the child is vulnerable to neglect; accidental injury; lack of intellectual, emotional and social stimulation, and a possible lack of consistency or, as well, appropriateness in the parent's child management technique.
- 5.3.1 Where a field worker has concerns in relation to an intellectually handicapped parent's capacity to care for the child or the parent's behaviour towards the child, consultation should be sought with persons skilled in that area of work. Any case plan should consider the child's immediate developmental needs as well as the long term effects of the family situation on the child's development.
- 5.3.2 In most situations the use of family support services, such as Family Day Care, Homemakers and/or consistent Respite Care, is a complementary and appropriate approach to the field officer's involvement; see also 'Part XI Wards', Section 3, Part V of this Chapter.
- 5.3.3 Field Officers should also consult with:
- Co-ordinators, Handicapped Young Children's Program (where these officers are employed); and
 - Children's Services Advisers (Early Childhood Services Advisers) -



in relation to the education and development of the parent and child - for advice and referral to services that may be available within a local community, such as Department of Health professional staff, TAFE Outreach programs, and children's services programs catering for handicapped children: see also Para 2.9.1 a) and d), Part II of this Chapter - page 3.2.2.

- 5.4 **Drug-abusing parent(s):** where the behaviour of a drug or alcohol abusing parent is such that the child is considered to be 'at risk' a notification must be made to the appropriate Family Crisis Service. Although their physical safety may or may not be under direct threat, children are particularly vulnerable to neglect; accidental injury; birth defects and associated problems (if the mother was abusing alcohol/drugs during pregnancy); lack of stimulation; unpredictable socialization opportunities and, at times, emotional deprivation.
- 5.4.1 Should a Community Welfare Officer/Child Protection Worker believe that drug or alcohol abuse is a problem for a parent of a child, the officer should consult with a specialist worker employed in that field of work at a drug and alcohol abuse facility or a Community Health Centre. Intervention may involve the direct participation of specialised drug and alcohol services staff.
- 5.4.2 Where a child is considered in need of care and protection as a consequence of parental abuse of drugs and alcohol, consideration must be given to the use of the Children's Court as a means of imposing conditions on the child remaining in the parents' care, such as, the use of family support services such as Family Day Care, Homemakers, and/or consistent Respite Care, is a complementary approach to the utilisation of specialised services.
- 5.5 **The 'abusing' parent:** in many families one parent is more directly physically or emotionally abusive to their child(ren): this is particularly evident in intra-familial sexual assaults. At the point of assessment, workers should attempt to ascertain the role that each parent plays in the abuse situation. Although an understanding of this dynamic is important to case management it is not productive to make this issue the only focus of assessment.



- 5.5.1 Because of the operation of denial, anger and guilt it may not be possible, in the short term, to fully understand the behavioural contribution of the parent to the situation; therefore, case plans should consistently involve both parents so that continuing assessment can be made.
- 5.5.2 Developing appropriate non-punitive intervention techniques, or a management plan for an abusing parent, requires consideration of many psychological and behavioural factors. A parent's undertaking that he/she will not be abusive in the future - though possibly indicative of motivation to change, is not sufficient to ensure a child's safety or well being.
- 5.5.3 In a situation where a child is consistently or severely physically or emotionally abused, the Community Welfare Officer, when involved as the primary worker, must consult with such Departmental Offices as the District Manager; a Specialist District Officer, Child Protection/ Child Protection Worker; a Regional Community Program Officer, Child Protection or a Departmental Psychologist as to specific casework techniques that may be appropriate to the situation. Where these persons are not available, consultation must take place with a professional worker/s with recognized skills in the area of child protection. Children at Risk Committees may be appropriate sources of consultation for Community Welfare Officers.
- 5.5.4 Where a field officer is a Case Co-ordinator but not the Primary Worker (see Paras 1.8 to 1.8.3, Page 2.1.4 of this Manual) the officer's responsibility is to ensure that the case plan addresses, specifically, the approach to be adopted towards the abusing parent: such an approach may be to involve the police - see Para 3.1.3 'Decision to involve Police in Child Abuse Cases', **Appendix 1** of this Manual.
- 5.6 **Working with the child:** in intervention in families where abuse or potential abuse is a problem, it is never enough to work exclusively with parents or organise services that are exclusively parent focused. The belief that the positive effects on attitude and behaviour that result from working with parents will eventually benefit the child is, at times, an inaccurate approach and does not pay attention to the effects of past abuse and the day-to-day situation on the child's physical and emotional development.



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5.6.1 In many situations developmental delays— particularly in the areas of communication and interpersonal relationships, can be observed in the child. Intervention should therefore always involve the utilization of a worker or a service to:

- a) Specifically assess the child's development and adjustment;
- b) Help the child deal with his/her feelings towards the abuse and towards his/her parents;
- c) Help reduce the developmental delays that the child might be demonstrating;
- d) Offer alternative, positive social or interpersonal experiences for the child.

5.6.2 The services of Departmental psychologists and Children's Services Advisers (Early Childhood Services Advisers); Community Health Worker, Department of Health; District (Child) Guidance Officers employed in Regional Offices and in the Division of Guidance and Special Education of the Department of Education; Red Cross volunteers and services such as Family Day Care, Family Day Centres, Occasional Care, Preschools, Playgroups and Respite Care (for handicapped children) are some of the appropriate resources that can be utilised; see also 'Child Care'; Paras 3.3 to 3.3.3, Page 3.4.6 of this Manual.

6 USE OF THE CHILDREN'S COURT IN CASE MANAGEMENT

6.1 *Section 44(4)* of the *Community Welfare Act, 1982* states the circumstances which can give rise to a 'care' application. The legislation broadens the grounds for court action on behalf of a child to include actual and possible incidences of 'abuse' or 'harm', including psychological abuse. For details of the legislation and evidentiary requirements see 'Legislation that assists Assessment and Intervention'; Part II of this Chapter.

6.2 In the strict legal context of *Section 44(4)*, *Community Welfare Act, 1982*, court action on behalf of a child is indicated where the child is in need of immediate care, as the child has sustained, or is likely to sustain physical or psychological injury or harm.

6.3 The Children's Courts in New South Wales have functioned in recent years as an integral part of case management rather than as the last resort. A Children's Court, well-equipped with information, is able to make a variety of decisions in regard to a child's future: these range from committal to wardship with long term



foster placement, release to parents on probation and supervision, committal to the care of a voluntary organisation or a remand for further evaluation of the situation.

6.3.1 Court action as part of an overall plan is most appropriate to child care matters and is indicated in any one of the following situations:

- a) The child has sustained severe physical injury;
- b) The worker requires a legal mandate to intervene in the family where parents deny the abuse, deny access to the Departmental Officer, and/or are unco-operative;
- c) Removal from parental care is necessary in the interests of the child;
- d) Continuing case management requires guidelines for the worker, parents and child that have the court's sanction;
- e) The child's future well-being in the family requires conditions being undertaken by the family that can be legally enforced;
- f) Continued casework over a period of time has not resulted in sufficient change of attitude or behaviour to ensure the child's well-being.

6.4 A care application on behalf of a child should complement the overall case plan and implies continuing work with the family. Court reports, therefore, should inform the court of relevant information and outline a proposed future direction in case management. Reports should clearly differentiate between facts and opinion and should include:

- a) Assessment information as described in Section 4, Part II of this Chapter;
- b) A summary of previous and/or current involvement of the Department of Youth and Community Services or another agency;
- c) Options in relation to the child and family as a whole (see Sections 5 and 6, Part II - Pages 3.2.10 to 3.2.15 - of this Chapter for a fuller discussion of this point);
- d) Report of case conference decisions;
- e) Recommendations and case plan.

6.4.1 An example of how Court Reports should be written in these instances, is at **Appendix 21b**).



- 6.5 The decision by a Community Welfare Officer to take court action on behalf of a child should be taken after assessment, and after discussion with the District Manager and with the Regional Community Program Officer, Child Protection - or with a Child Protection Worker/Community Welfare Officer, Child Protection: should the latter officers be the primary worker and deciding to take court action, discussion should be held with the District Manager.
- 6.5.1 Legal representation is available for field officers in country areas where needed. If such representation is required the District Manager should contact the Legal Branch of the Department - in writing, and, if possible, before the Court action, bringing the Legal Officer's attention to the case. A copy of all evidence, documents and information relating to the history of the case should be forwarded to the Legal Officer, who will instruct the Crown Solicitor to arrange for an officer to appear on behalf of the field officer who is prosecuting the case: see Departmental Instruction No: 1265, **Appendix 21 d**). Departmental Court Officers are available to appear on behalf of field officers in Sydney, Newcastle and Wollongong courts.
- 6.6 In cases where the family situation indicates that a care application to the court may be appropriate and where family assessment at the 'Montrose' Child Protection Unit (see Part I, Chapter Four and **Appendix 8** of this Manual for a description of the 'Montrose Service') is being proposed, then court action should precede placement at 'Montrose'.
- 6.7 A pre-court case conference of all workers involved - including the Court Officer or Police Prosecutor - in country areas, is advisable. (See 'Case Conference' Section 8 of this Part).
- 6.8 Consultation with the Court Officer or Police Prosecutor about the requirements of, and presentation of evidence, as well as the proposed recommendations must take place earlier than the day on which evidence is to be heard. Court Officers are generally available for consultation each day after 4.00 p.m.
- 6.9 In hearings of Court applications, parents are represented and it is the Community Welfare Officer/Child Protection Worker's responsibility to ensure that the parents are aware of their rights in relation to legal aid. Children are also represented and it is important for the Community Welfare Officer/Child Protection Worker to ensure that a solicitor is engaged for the child.



6.10 Where a child is involved in giving evidence in criminal proceedings, the Community Welfare Officer/Child Protection Worker should ensure that the child is well prepared about the court process, and well supported throughout the proceedings.

7 DEVELOPMENT OF A CASE PLAN

7.1 **Definition:** A case plan is a practical outline of tasks that workers will undertake in the management of a client or client family. A family case plan should:

- a) Be time-limited and include a review date;
- b) Clarify the roles of various workers with particular reference to the primary worker and case co-ordinator;
- c) Include action to be taken to address identified problem areas;
- d) Wherever possible, be fully negotiated with the client.

7.1.1 Review of the case plan (**Case Review**), which must be held every six months, is a process in which the current case plan for a family is reconsidered and amended as appropriate. Case reviews can take the place as the major goal of a case conference, or can be a procedure undertaken between an officer and that officer's supervisor. In certain situations it may be appropriate for a professional peer, for example, a Child Protection Worker or another Community Welfare Officer, to undertake the case review with a colleague. Case reviews occur in a number of situations such as:

- a) Where the review is required as part of a formal procedure; for example, in registered child protection cases, a case review must occur at least six months after registration;
- b) Where a review date is determined at the time a case plan is developed;
- c) Where major changes in a family situation, or in the staff available for continuing intervention occurs, and the Department must determine whether continuing involvement is required, and if so, the most appropriate and realistic case plan.

7.1.2 Case plans of registered cases are to be summarised on 'Child at Risk Notification Form - (Form 3, Parts A and B,) and forwarded to the Central File at 'Montrose'.

7.2 A Case Plan in relation to a child in need of care and/or protection must always contain the following elements:

- a) Nomination of a Primary Worker;
- b) A description of the roles and specific tasks to be undertaken by all workers involved with the family;
- c) A realistic utilisation of support services and workers;
- d) A plan that addresses the particular needs of the abused/neglected child;
- e) A plan that is focused on siblings, parents, and significant persons in the family's life;
- f) A specific date at which the case plan can be reviewed in the light of what has happened over a period of time.



8 CASE CONFERENCE

8.1 A Case Conference is a formal group process involving direct-service workers and, at times, clients, that seeks to share information and come to appropriate decisions in relation to an assessment and case management. The outcome of a case conference should be an agreed case plan that includes clarification of roles and tasks, particularly those of the primary worker and the case co-ordinator. The Conference Chairperson has a major role (see Para 9.9 of this Section) in the functioning of a case conference and in ensuring that a written record is prepared and distributed to all participants.

8.1.1 A case conference is required, once a case has been registered, in order to formulate a case plan. This procedure should happen as a matter of course. The case conference needs to:

- a) Examine the needs of all the family members;
- b) Draft a case plan;
- c) Allocate tasks;
- d) Set a review date; and
- e) Be attended by those officers of the Department holding the necessary delegation (see Appendix 2 for a listing of delegations) to give any normal approval to the implementation of the case plan;
- f) Ensure that case conference decisions are documented; including any differing opinions as to decisions reached by the majority of workers attending the conference.



8.1.2 If long-term (that is, more than three months) substitute care is envisaged, the Case Co-ordinator should consult with the Department's Regional Community Program Officer, Substitute Care (see **Appendixes 31 (Section 3.2) and 34 b**).

8.2 A case conference is required in the following situations:

- a) As soon as practicable following registration;
- b) When a number of different agencies are involved with a family and its members, following a multi-disciplinary family assessment;
- c) When there is likely to be a significant event affecting the family such as:
 - i) Imminent court action;
 - ii) Placement of a child;
 - iii) Birth of another child in the family;
- d) When referral to another resource, or termination of the case, becomes an issue;
- e) At regular intervals in order to review the case plan.

8.3 A case conference is advisable in the following situations:

- a) When a worker wishes to engage the skills of a worker or utilise services located in another agency;
- b) When a number of workers from varying agencies are involved at different levels of intervention and where role clarity may be a problem;
- c) Where a primary worker wishes to gain advice about certain aspects of the case plan;
- d) Where there is inter-personal or professional conflict between workers.

8.4 The decision to involve a parent or child in the case conference should follow consideration of the following issues:

- a) The emotional and psychological preparedness of the client to confront the assessment material and reports which are to be discussed at the case conference;
- b) The competence of the client in dealing with a group situation weighted with professional workers;
- c) The effect of this stressful situation on the client;
- d) The amount of power in decision-making that workers are prepared to transfer to the client.

8.5 The inclusion of a parent or child at a case conference requires the following procedures:

- a) Consultation with the client as to his/her wishes in relation to attendance at the case conference;
- b) Discussion with the client prior to the case conference about the content of reports to be presented, issues to be discussed and potential outcomes;
- c) Awareness by all contributing to the case conference that the client will be present and that they have a responsibility to present their material in language that is understandable to a person not engaged in professional welfare work;
- d) The particular responsibility of the Chairperson is to elicit the client's contribution to the decision and recommendations;
- e) Where it is decided that a client has a limited role in relation to decision-making in particular areas, the primary worker and/or chairperson have a responsibility, before the case conference commences, to inform the client of the situation.



8.6 Essential elements of a case conference include:

- a) A chairperson to direct the conference;
- b) A statement of aims;
- c) Formal or informal reports (formal reports are preferable);
- d) A discussion of the report(s);
- e) A discussion of strengths as well as problem areas of the family and family members;
- f) A discussion of options with particular reference to the effectiveness of past case management strategies;
- g) A discussion of identified risk factors and the case plan options that these factors suggest;
- h) A formulation of a clear case plan (see Paras 7.1 to 7.2 of this Part - Page 3.4.14) that includes:
 - i) Major issues to be addressed;
 - ii) A clear description of future tasks;
 - iii) A clear description of workers and family members' (if appropriate) tasks and role;
 - iv) A statement about who is the Primary Worker and/or Case Co-ordinator;
 - v) Review date.



8.7 Participants at a case conference should include:

- a) A chairperson/co-ordinator;
- b) A person to record the procedures of the Conference (can be one of above officers);
- c) Those who have past and/or present social, medical and psychiatric information about the parents and the children;
- d) Those who are/or wish to be directly and/or indirectly involved with the family or other workers.

8.7.1 The optimum size of a case conference is less than six persons, including the chairperson. The optimum duration of a case conference is one hour, although certain case conference such as review case conferences can sometimes be effectively completed in less time.

8.8 Formal report - that is, written reports - presented to a case conference should always include:

- a) A comprehensive but summarised social history;
- b) An account of the services offered and of the workers involved with the family to date. Where a case conference is called after assessment, or prior to major events in the family's life (such as court action and restoration), formal reports should include:
 - i) A medical assessment of the child where the child has been injured/neglected or has a particular health problem;
 - ii) A current psychological assessment.

8.9 The chairperson is usually responsible for the following (where the case co-ordinator or primary worker organises the conference that officer may assist the chairperson in the duties described in Paras a) b) and c);

- a) Arriving at a statement of aims and the agenda, through discussion with the primary worker or participants;
- b) Ensuring that the relevant participants present formal reports to the case conference, where appropriate;
- c) Ensuring that the client is prepared in those situations where a client is to take part in the case conference;
- d) Performing introductions;
- e) Maintaining a child-focused approach throughout the stages of discussion and decision making;

- f) Giving everybody present the opportunity to contribute information and say what they or their agency could offer;
- g) Controlling and keeping discussions relevant;
- h) Putting theories and various points of view together towards making a decision about a case plan;
- i) Clarifying anxieties or the opposing opinions of participants so that disagreements are open and clearly stated;
- j) Helping to share responsibility for management among participants;
- k) Explaining the law or professional jargon where necessary;
- l) Summarising the main points of discussion and recording the plan of action in terms that are understandable to the participants and which are constructive for the family.



8.10 A chairperson should be:

- a) Familiar with work in groups;
- b) Appreciative of the complex issues involved in family casework, and children in need of care;
- c) Skilled at listening accurately and encouraging participation among various workers who may often be unused to sharing outside their discipline;
- d) Skillful in extracting discrete practical management plans from the range of advice, information and recommendations presented to the conference.

9 CASE CONFERENCE PROCEDURE, CHILD PROTECTION - ROYAL ALEXANDRA HOSPITAL FOR CHILDREN (R.A.H.C.)

9.1 In relation to case conferences held at the R.A.H.C., to decide short-term plans for abused children who are admitted to the hospital's Child Abuse Unit (see **Appendix 29**) the following protocol was agreed to in February 1982, between the R.A.H.C. and the Department of Youth and Community Services.

9.2 When arranging the conference:

- a) A child at risk case is notified to the 'Montrose' Family Crisis Service by a representative from R.A.H.C;
- b) The R.A.H.C. representative then contacts the Senior Executive Officer, 'Montrose' requesting a chairperson for a case conference regarding



the child. (A case conference is held for every child referred to the R.A.H.C. Child Abuse Unit).

9.3 Structure of the conference is that:

- a) The Senior Executive Officer, 'Montrose' - or a Senior Officer nominated by that officer, is to be the chairperson;
- b) In the event of the Regional Community Program Officer, Child Protection being the chairperson nominated, negotiations must be made with the appropriate Regional Operations Manager and the Community Program Officer will then attend as the officer delegated by the Operations Manager;
- c) The conference is to be attended by the Community Welfare Officer and/or the Child Protection Worker involved in the case;
- d) The conference must be attended by the District Manager if decisions are likely to be made which require the approval of that officer;
- e) Where a District Manager is requested to attend a conference and declines to do so, the matter is to be referred by the Senior Executive Officer, 'Montrose', to the appropriate Operations Manager or Regional Director;
- f) R.A.H.C. personnel are responsible for inviting relevant persons to attend and for arranging a venue at the hospital.

9.4 The process of the case conference is that:

- a) The R.A.H.C. Social Worker presents background material to the conference;
- b) Other workers, including community-based workers, present additional material to the conference;
- c) The persons attending the conference formulate a case plan in relation to the child and the family;
- d) The chairperson is the final decision making authority in relation to court action;
- e) Regions are to comply with the decision of the chairperson in relation to Court action: in exceptionally contentious cases it may be necessary to seek the advice of the Department's Legal Branch and/or the Crown Solicitor;
- f) R.A.H.C. personnel are responsible for recording the decision of the conference and for the circulation of conference notes.

**10 CASE CONFERENCE PROCEDURE, CHILD PROTECTION - OTHER HOSPITALS**

10.1 Regional Directors are expected to negotiate procedures, similar to those outlined in Section 9 of this Part, with hospitals in their area. The Chairperson of the case conference should be a Departmental Officer: the officer to be nominated at particular case conferences is to be negotiated by the Regional Director in consultation with the hospital and the Regional Community Program Officer, Child Protection; see 'Case Conference Procedures - Westmead Centre Child Protection Unit', **Appendix 28**.

11 TERMINATION; FILING DOWN; AND REFERRAL OF CASES BY THE PRIMARY WORKERS

11.1 **Termination** is a casework process that finalises contact between the client and the worker.

11.2 **Filing down** of a case is an administrative procedure that follows termination of contact by the primary worker and a family.

11.3 **Referral** is a formal request to another worker or an agency to provide a particular service to a family. Referrals are usually made through discussion with another worker or agency representative and **must** always be supported in writing; with documentary assessment information; reason for referral and the specific service that the referring agency requires or seeks. Referral is usually best supported by an interview involving the referring worker, the new worker or agency representative and the client family.

11.3.1 Where a registered case is referred to another agency or worker, an advice to this effect should be forwarded - by the Case Co-ordinator, to the 'Montrose' Family Crisis Service for inclusion of the information onto the Central Register.

11.4 Termination of child protection cases by the primary worker

11.4.1 For 'Notified but not Registered' cases - that is, where a child has been notified as 'at risk' but is not or does not become registered, termination of contact with the child and family by the prime worker should occur under any one of the following circumstance; that is:

- a) The family assessment has raised no grounds at all for concern about the child's safety and/or well being;
- b) There are no areas where support or counselling to the family by the primary worker will enhance the child or family's functioning;



- c) The assessment indicates that counselling and support service to the family are more appropriately provided at the primary worker level through another worker or agency;
- d) The family assessment raised no major grounds for concern about the child's safety and/or well-being and the parent(s) prefer(s) no further departmental contact;
- e) The family assessment raised no major grounds for concern about the child's safety and/or well being and the parent(s) prefer(s) further supportive contacts to come from a community-based service or a government agency other than the Department of Youth and Community Services;
- f) The family has moved to another Community Welfare Office area and any supportive referrals necessary have been made to the appropriate office.

11.4.2 For 'Registered cases'; that is, where a child has been notified as 'at risk' and the case has been or is likely to be registered, termination of contact by the primary worker should occur following the concurrence of a review case conference and where one of the following situations apply:

- a) The standard of care over a six-month period has improved to the extent that the child can no longer be considered 'at risk' of physical or emotional deprivation or abuse;
- b) The relationship between parent/parents and child has changed or developed to the benefit of the child's well-being and this change has been sustained over at least a six-month period;
- c) The behaviour of the parent/parents towards the child has changed so that there has not been recurring incidents of physical, emotional or sexual abuse for at least a six-month period;
- d) There have been significant changes over a six-month period in situational factors that previously contributed to the abusive or high-risk situations, to such a degree that the family situation is stable and non-abusive.

11.5 **Filing down of registered child protection cases:** the Case Co-ordinator of a child protection case has the responsibility for recommending to the District Manager that a case be filed down. A recommendation to file down can only be submitted after termination of contact by the primary worker, and after a case review where a recommendation is made to support filing down.



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11.5.1 Where a registered case is being recommended for filing down the Case Co-ordinator must submit a report detailing:

- a) Recommendations of the final case review;
- b) Reasons why the child is considered no longer at risk in terms of family changes and supports available to the family;
- c) Reasons why contact by the Department, even at the case co-ordinator level, is no longer seen as required nor as offering a needed service to the family.

11.5.2 The District Manager has the delegation to approve submissions for filing down a registered case. The decision to authorise filing down should be taken with particular reference to the features of the situation that led to registration.

12 SPECIAL REVIEW OF DECEASED CHILDREN; CHILDREN WHO ARE SEVERELY RE-INJURED, AND/OR REVIEW OF DEPARTMENTAL INVOLVEMENT IN CRITICAL CASES (see also Parts I and II, Chapter Seven of this Manual)

12.1 **Definition of the problem:** there are two categories of case where a quick and thorough review of the circumstances of Departmental involvement will take place:

- a) Category A: in cases where a child dies (not to be confined to infants, but a child, according to legal definition, who is under 18 years of age);
- b) Category B: in cases where:
 - i) A child is further severely injured
 - ii) And/or in cases where Departmental involvement is the subject of public or other criticism - for example, by the Ombudsman.

(in the second instance, the issue becomes the extent to which the very system - designed to protect children - in fact harms them further as the result of inadequate policy, procedure or practice.

12.2 **The general policy of the Department** is that:

- a) Cases of Departmental involvement according to Category A, are to be referred, at the Minister's discretion, to the Practices and Procedures Review Committee;
- b) The Committee be constituted as per Para 12.3.1 of this Section;
- c) The Committee must, on completion of its enquiry, report and make recommendations to the Director-General of the Department.



- d) All cases of Departmental involvement according to Category B, are to be the subject of a review co-ordinated by the Director, Operations at Central Office;
- e) At the discretion of the Minister cases according to Category B, may be referred to the Practices and Procedures Review Committee for review.

12.3 **The Practices and Procedures Review Committee** is a 'standing committee' of persons whose positions, experience and field of knowledge cover the following areas:

- a) Child protection policy, procedure and practice;
- b) Casework practice;
- c) Relevant law;
- d) Welfare administration and management;
- e) Public interest.

12.3.1 Membership of the Practices and Procedures Review Committee will include:

- a) A senior Departmental officer;
- b) A lawyer;
- c) A representative of another agency concerned with child protection matters (not employed by the Department of Youth and Community Services);

all of whom will be appointed by the Minister,

12.4 **Terms of reference** of the Practices and Procedures Review Committee are modelled on the following;

- a) Departmental policies and established procedures followed in the management of the case; and
- b) Whether Departmental policy, procedures and practice were adequate to protect the child in the circumstances; and to report and make recommendations to the Minister for Youth and Community Services: precise wording of the report will be decided on a case by case basis.



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12.5 The Committee will consider all available case documentation and review reports requested by, or prepared by Regional personnel. The Committee may interview officers involved with a case. However, it is not intended that the Committee's review of cases will take the place of case reviews conducted by the Department at a Regional level: nor is it intended that the Committee will make recommendations as to disciplinary action to be taken in respect of Departmental officers: matters relating to the action of Departmental officers, discussed at Committee reviews, will be confidential to the Committee.



CHAPTER THREE
INTERVENTION

PART V
CHILDREN AT RISK COMMITTEES (C.A.R.Cs.)

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CHAPTER THREE

INTERVENTION



PART V

CHILDREN AT RISK COMMITTEES (C.A.R.Cs.)

1 DEFINITIONS AND DESCRIPTION

- 1.1 A Children at Risk Committee (C.A.R.C.) is a multi-disciplinary community committee which meets regularly to discuss, review and act upon the problems and issues of children at risk within the local community served by that committee.
- 1.1.1 C.A.R.Cs. are in existence in many areas of New South Wales, some are associated with the Department's Community Welfare Offices and some with hospitals.
- 1.1.2 Some committees meet under other names - for example, neighbourhood meetings or child protection groups - but essentially they have the same functions of C.A.R.Cs.
- 1.1.3 Hospital based C.A.R.Cs. are usually chaired by hospital staff and attended by health professionals, as well as some representation from the Department of Youth and Community Services. However, as the Department of Youth and Community Services officer is the person with **statutory** responsibility for the protection of children who are at risk, Departmental representation gives the committee a degree of potency.
- 1.2 A **regional file** of existing C.A.R.Cs. noting the membership and written functions of the Committees must be held at each Regional Office and kept up-to-date by the Regional Community Program Officer, Child Protection or, in the absence of a Community Program Officer, by another member of the Regional Office staff: however, this is not to imply that officers of the Department of Youth and Community Services have sole responsibility for the function and running of C.A.R.Cs. in their region.
- 1.3 **Central List of C.A.R.Cs:** Regional Community Program Officers, Child Protection (or in their absence, another member of the Regional Office staff) are responsible for supplying annual up-to-date details of C.A.R.Cs. in their Regions to the Program Officer, Child Protection, in the Central Office Family and Children's Services Policy Unit.



2 FUNCTIONS OF C.A.R.Cs.

- 2.1 Each C.A.R.C. should have a clear statement of its goals, functions and procedures. At present, there are four main groups of functions that C.A.R.Cs. perform.
- 2.2 **Case Discussions:** if cases are to be discussed, then the committee should set limits as to the type of cases which can be appropriately discussed or referred to the Committee. Issues of confidentiality, professional ethics and legal liabilities should be resolved. The following guidelines are strongly recommended for case discussion in C.A.R.Cs.:
- 2.2.1 C.A.R.Cs. can introduce named families in the following situation:
- a) To elicit more information about the family from other contacts in the C.A.R.C.;
 - b) To seek co-workers from other agencies and government Departments;
 - c) To nominate an appropriate primary worker;
 - d) To gain support for a particular worker who is involved in a difficult case;
 - e) To gain advice from a consultant or from other members of the committee;
 - f) To monitor and review cases. Monitoring involves a comprehensive checking of systems for notified and for registered cases: While this is primarily a responsibility of the Department of Youth and Community Services, the work can be shared with the committee.
- 2.2.2 Case review involves checking on who is involved in a case and whether case management plans are being evolved and implemented. Such case reviews can be carried out by a C.A.R.C.
- 2.2.3 However, C.A.R.Cs. cannot be used to review the services of an officer of the Department of Youth and Community Services as this responsibility, in terms of professional supervision and support, lies with the Department's District Manager, or in cases of single-person offices, with the Regional Office, Operations Manager.



- 2.2.4 Discussions on the family should be kept to a minimum at the C.A.R.C. meetings. Workers who are acquainted with the family should contribute detailed information about the family at the case conference rather than at the C.A.R.C. meeting.
- 2.2.5 In-depth case planning should not be done at C.A.R.C. meetings. It is more appropriately associated with case conferences where the participants are exclusively people who are directly involved with the family, as well as, where appropriate, in conference with the clients.
- 2.2.6 In some country areas the number of workers who become involved in child protection cases is so small that the local workers can constitute both the C.A.R.C. and the case conferences. In such cases, confidentiality becomes especially important.
- 2.2.7 **All cases discussed at C.A.R.Cs. should be notified but not necessarily registered.**
- 2.3 **Education:** one important role of a C.A.R.C. can be the provision of education about indicators of abuse and neglect; intervention and case management; and prevention and associated legal, medical and counselling issues. Education can be directed at the C.A.R.C. itself, groups of professionals and community groups.
- 2.4 **Establishing protocol and procedures:** C.A.R.Cs. can effectively negotiate with senior hospital staff in establishing protocol within hospitals for children believed to be abused and neglected, and for families where infant/parent relationships are not established satisfactorily in the post-natal period.
- 2.4.1 The Committee can also establish procedures for referrals within a community and for multi-disciplinary and multi-agency involvement in cases.
- 2.5 **Community Development:** C.A.R.Cs. are encouraged to look at general and specific factors which contribute to the dysfunctioning of families living in their community of interest in conjunction with looking at the local resources available to assist those families.
- 2.5.1 For example, some C.A.R.Cs. study the special parenting mores and special needs of migrant groups in the community; the problems of caravan park dwellers; geographic pockets of single parents on pensions and problems associated with high density or extremely isolated housing. As a result of these interests, C.A.R.Cs. can play a valuable role in lobbying for improved services.



- 2.5.2 Because of the interests and activities of C.A.R.Cs. some highly successful community development initiatives have arisen, such as the establishment of needed community-based services for children and their families; for example:
- a) Occasional Child Care Centres for children at risk;
 - b) Special Preschools for children at risk;
 - c) Playgroups;
 - d) Activities in caravan parks;
 - e) Parent's Aide training programs;
- 2.5.3 Also the functions of a C.A.R.C. can be seen as a contribution to community co-operation in that the organisation at times, provides the only viable interagency or interdepartmental forum in the community. C.A.R.Cs. can also play an invaluable roll in terms of the development of trust and mutual support between agencies.
- 2.5.4 There is an inherent danger in the C.A.R.C. meeting only for the purpose of discussion of local families and their child-raising problems.

3 COMPOSITION OF C.A.R.Cs.

- 3.1 The membership of C.A.R.Cs. varies according to the functions of the Committee. Committees which have a strong component of case referral and case monitoring will require members who work directly with clients, rather than working with middle management personnel.
- 3.2 Because of the Department's Statutory responsibilities all C.A.R.Cs. are encouraged to have some Departmental representation, with one or more of the following personnel attending meetings see Para 1.1.4 of this Part):
- . District Manager
 - . Child Protection Worker
 - . Regional Community Program Officer, Child Protection
 - . Community Welfare Officer (District Officer)
 - . Community Welfare Officer, Child Protection

and in some cases:

- . a Children's Services Adviser
(Early Childhood Services Adviser)

- 3.2.1 It is also advisable for the Committee to have representation from the local hospital and from the local Community Health Centre.

3.2.2 At present, Health Department representation includes people such as a:

- . Community Health Social Worker
- . Community Health Psychologist
- . Community Health Paediatrician
- . Community Health Medical Officer
- . Community Health Nurse
- . Community Health Psychiatric Nurse
- . Baby Health Sister
- . Hospital Social Worker
- . Sexual Assault Referral Centre Social Worker



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and a Doctor or nursing Sister from either a Paediatric Ward or a Neonatal Ward; or from a Casualty unit.

3.2.3 Representation will depend on availability, interest and commitment of individual Department personnel in the area.

3.2.4 Whenever possible, representation should also be sought from the Police Department and from the Education Department - preferably a school counsellor, a school social worker or a District (Child) Guidance Officer.

3.2.5 In addition to representation on Committees by the Department of Youth and Community Services; Health; Police; and Education, representation can be sought from other Government Departments in districts where their involvement is particularly relevant; for example:

- . The Housing Commission of New South Wales
- . The Australian Department of Social Security
- . Local Government authorities

3.2.6 It is strongly recommended that there be at least one representative from some local community agency or cultural group which is directly involved in child and family care and the following list is compiled from such agency or group representation in existing C.A.R.Cs.:

- . Family Day Care
- . Women's Refuge
- . Aboriginal community or agency
- . Ethnic community or welfare agency
- . Careforce
- . Centacare
- . Catholic Family Life
- . Life Line
- . Red Cross
- . Community Aid Centre
- . Tresillian
- . Special Child-at-Risk Preschool
- . Special Child-at-Risk Child Care Centre
- . Home Care Service of New South Wales (local branch)
- . A family support agency

* see also Para 1.2.1, Section 1, Part VI of this Chapter - Page 3.6.2.

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3.2.7 Some C.A.R.Cs. have community consultants, upon whom they can call to attend meetings, where the consultant's expertise will be relevant in a certain case or to a certain plan of action; for example:

- . Psychiatrist
- . University/C.A.E. Lecturer
- . Paediatrician
- . Lawyer

3.3 **Chairperson:** it is important to have a chairperson who is committed to the success of the C.A.R.C.

3.3.1 In C.A.R.Cs. where cases are discussed, it is essential that the chairperson possess adequate knowledge and skills in child protection matters as well as sufficient group work skills to enable the case to be dealt with within the constraints - previously described (see Para 2.2 of this Part) - which apply to case discussions in C.A.R.Cs.

3.4 **Secretarial support** is a key factor in the efficient functioning of a committee, especially in C.A.R.Cs. which deal in case monitoring, as it is essential to keep records of which cases are being reviewed.

3.4.1 Support should be provided by a clerical worker from one of the participating agencies.



CHAPTER THREE
INTERVENTION

PART VI
PROCEDURES IN RELATION TO SPECIAL CATEGORIES

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References

- 1 'Multiculturalism', *Multiculturalism in the New South Wales Department of Youth and Community Services*, Norman et al, Community Development Bureau, August, 1983, (P.3); New South Wales Department of Youth and Community Services.

CHAPTER THREE

INTERVENTION



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PART VI

PROCEDURES IN RELATION TO SPECIAL CATEGORIES

1 CULTURAL CONSIDERATIONS

1.1 Section 5(1) of the Community Welfare Act, 1982 states, *inter alia*, that the objects of the Act are:

'(c) to ensure the provision, to the maximum extent possible, of services for, and assistance to, persons disadvantaged by -

...
(vi) being Aborigines, as defined in section 2(1) of the Aborigines Act, 1969*:

(vii) being members of an ethnic group which has inadequate access to services or resources available in the community.'

* Under the Aborigines Act, 'Aboriginal' means a person who is a descendent of an aboriginal native of Australia, and 'Aborigines' has a corresponding meaning.

1.1.1 Also Section 81 (3) of the Community Welfare Act, 1982 provides that:

'Where the court is of the opinion that the circumstances giving rise to an application made for the purposes of section 80 (1) involve a conflict of cultural factors, the court shall not make an order under section 80 (1)(c) unless it has -

(a) obtained from the Director a report on those factors prepared by a person who, in the opinion of the court, is competent * to advise on those factors; and

(b) taken into account that report!:

* a determination has yet to be made as to what persons would be **competent** to so advise; however, at present, such a person is being referred to, informally, as a 'cultural adviser': see Paras 1.2.3 a), c) and d) and Paras 1.3 to 1.3.4 of this Section.

and Section 81 (4) of the Act states that:

'Where the court is of the opinion that a child the subject of an application made for the purposes of section 80 (1) has been brought up substantially in accordance with the culture of a particular ethnic group or is regarded as belonging to a particular ethnic group, the court shall not, unless the child has expressed a wish to the contrary, make an order under section 80 (1)(c), (ii), (iv), or (v) unless it



has taken into account the desirability and feasibility of making an order under section 80 (1)(c)(i) placing the child in the custody of a person belonging to that ethnic group.'

1.1.2 The word 'ethnic' is not defined in the Act; however, the Department recognises Aboriginals and immigrants as 'ethnic' in interpreting Section 81 (4) of the Act: this interpretation is based on the lexical meaning of 'ethnic' - supported by, for example lexical definitions such as 'relating to or characteristic of a human group having racial, religious, linguistic, and certain other traits in common' (Collins English Dictionary), and 'ethnic group - a group of people, racially or historically related, having a common and distinctive culture' (the Concise Macquarie Dictionary).

1.2 *'Multiculturalism is more than a philosophy, it is also an approach to policy formulation and resource allocation. It necessitates changes in attitudes as well as in service provision, for the status quo reflects an era when monoculturalism was pertinent. The changes which have been occurring to Australia's population composition necessitate a philosophy and set of practices which reflect its cultural diversity and these are encompassed by multiculturalism... the Department of Youth and Community Services multicultural development policy... seeks;*

- "To make Departmental services accessible and relevant to ethnic groups.*
- To enable ethnic groups to develop their own community based services according to their local needs.*
- To ensure that community based services respond to the needs of ethnic groups in their local areas." 1*

1.2.1 **The Department's Multicultural Policy Operating Principles, February 1983,** endorses in principle, the proposals in relation to the management of at-risk children, and their families from a different cultural background, as recommended in the Department's Contracted Research Paper No. 1, *Community Welfare Services and Ethnic Minorities*, (Planning and Research Unit, July 1982) (see *Para 3, Page 58 and Paras 1, 2, Page 60* of the research paper). That is, programs must be culturally appropriate and flexible enough to meet the needs of children and their parents, so that children of ethnic parents are not denied their rights to the appropriate facilities and services provided for English-speaking children and their families (see *Recommendation 33* of the Department's multicultural policy document).



1.2.2 Many families, because of their cultural background and preferred language, present a particular challenge to the worker to enable sympathetic but effective intervention. When working with these families difficulties can arise in relation to:

- a) The definition of what constitutes abuse;
- b) The different styles of child management and expressions of parental feelings;
- c) The attitudes of the child to its parent(s) and vice-versa, when the child is Australian-born and/or is conforming to the demands of the Australian way of life; that is, enculturation of the child has taken place;
- d) The legitimacy of the worker in the eyes of the parent(s) in situations where government intervention in families is alien to the parent's culture;
- e) The process of communication, counselling and referral where parents or children are not fluent in English;
- f) The appropriate placement of children either temporarily or long-term in situations that are different to the cultural environment of their family of origin.

1.2.3 No field worker can be expected to deal effectively with the range of cultural groups that contribute to Australian society. Community Welfare Officers and Child Protection Workers at all stages of case management in relation to this group of children at risk must:

- a) Liaise with a Departmental Bi-lingual Community Welfare Officer - where such officers are employed, and where that officer possesses the relevant language and cultural knowledge - when working with a migrant family; see **Appendix 25**;
- b) Use qualified interpreters in situations where the child(ren) and/or the parents are not fluent in English: NOTE that the duties of the Departmental Bi-lingual Community Welfare Officers do NOT include interpreting for other Departmental staff, and the services of appropriately qualified interpreters are provided by the Ethnic Affairs Commission of New South Wales, Community Interpreter and Information Service (see Appendix 26). Offices of the Service are at:

. City: 189 Kent Street,
SYDNEY
Telephone: (02) 237-6500



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- . Hurstville: 34 McMahon Street,
HURSTVILLE
Telephone: (02) 570-1444
- . Liverpool: 157-161 George Street,
LIVERPOOL
Telephone: (02) 601-3166
- . Newcastle: 456-458 Hunter Street,
NEWCASTLE
Telephone: (049) 2 4101
- . Wollongong: 176 Keira Street,
WOLLONGONG
Telephone: (042) 28-4588
- . Languages catered for at these offices are noted in **Appendix 26**

- c) Utilise, where possible, a worker who is of the same cultural background or who is employed by an agency, as a primary worker, engaged in the provision of service to that particular ethnic community;
- d) Consult with a worker who has knowledge of the customs, beliefs and practices of the client's culture, particularly in reference to child care and management - this may be a worker of the same culture or a worker engaged in welfare work for a particular ethnic community.

1.3 **Aboriginal children in need of care:** when a notification is received concerning an Aboriginal child, **consultation should occur, before care action is undertaken - and subject to an expressed desire of a parent for confidentiality,** with:

- a) The child's extended family;
- b) People who have a correct relationship with the child in accordance with local Aboriginal customs;
- c) Recognised Aboriginal agencies.

1.3.1 To ensure that such consultation can be taken effectively, Community Welfare Officers/Child Protection Workers are directed to consult with either:

- a) Officers at 'Gullama', the Department's Aboriginal Service Centre, 134 Botany Road, Alexandria, 2015, Telephone: (02) 698-4122 (see **Appendix 25, Section 1**),
- b) A Departmental Aboriginal Community Worker or Aboriginal Community Welfare Officer - where such officers are employed (see **Appendix 25, Section 2**): **whichever is the most appropriate and/or**
- c) An Aboriginal Regional Community Program Officer; see **Appendixes 31(Section 3.3) and 34 c)**.

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or

d) Staff of the Aboriginal Children's Service* at:

- Redfern: 31 Botany Street, (2016)
Telephone: (02) 698-222
- Mt. Druitt Lot 5,
(Blacktown): Great Western Highway, (2770)
Telephone: (02) 625-3711
- Nambucca Heads: C/- Grant's Guest House,
Pacific Highway, (2448)
Telephone: (065) 62-7530

* the Mt. Druitt agency is a branch office of the Redfern Service: Nambucca Heads Aboriginal Children's Service is an autonomous organisation.

- 1.3.2 Where desirable, and subject to the parent's wishes (and in areas where such services are established), officers from the Aboriginal Childrens Services or other appropriate Aboriginal agencies should be involved in a joint assessment after the notification, or, at least, be utilised as consultants and 'cultural advisers' (see Para 1.1.1 of this Part) to the Case Co-ordinator.
- 1.3.3 In cases where court intervention is necessary, officers from the Aboriginal Childrens Services, or other appropriate Aboriginal agencies, should be encouraged to be involved in writing court reports and in supporting the family during the court procedures.
- 1.3.4 Also, crisis care, temporary or long-term alternative care for Aboriginal children should be decided in consultation with the officers of these services.
- 1.3.5 In cases where the Community Welfare Officer or Child Protection Worker are unable to contact officers from these services, advice can be obtained from the Program Officer, Aboriginal Development, at the Department's Central Office, Community Development Policy Unit.

2 CULTURAL PRACTICES THAT MAY CONSTITUTE ABUSE OF A CHILD

- 2.1 **Female Circumcision** is an age-old cultural practice common in certain African and Middle Eastern countries: among some groups it is believed that circumcision is a religious duty. There is no record to date of a case of female circumcision being reported to the Central Register at the 'Montrose' Child Protection and Family Crisis Service.



- 2.1.1 Female circumcision is a subject on which it is very difficult to reach a consensus. Many people - including the female involved, for whom the practice is integral to their social and moral codes, resent the intrusion of outsiders - as they consider outsider's value systems do not equip them to sit in judgement on a practice seen as a purification bestowing honour and status, not as a harmful mutilation of genital organs.
- 2.1.2 The article 'A practice known as "going to Granny's"' in *Issue No. 104/1980/2* of *Unicef News* (1980) draws attention to the fact that Unicef, in co-operation with the World Health Organisation (WHO) has, for several years, paid considerable attention, on a policy-making level, to the issue of female circumcision. Although such steps are being taken internationally to eliminate the practice, there is a belief among health educators in the countries concerned, that the practice will die out under the impact of increased educational and health programs and a result of social pressure, rather than as a result of legislation.
- 2.1.3 Medical damage: the immediate physical effects of female circumcision are shock from loss of blood and severe pain. Haemorrhages may be severe enough to require hospitalisation and blood transfusions, and deaths are not unheard of.
- 2.1.4 No cases of known culturally linked female circumcision have been reported to the New South Wales Department of Health in recent years and it is most unlikely that Departmental officers will be confronted with notification of such a case. However, should a case of female circumcision be notified, management of the case must be discussed with the appropriate Departmental Bilingual Community Welfare Officer and/or a worker engaged in the provision of service to the particular ethnic community involved; see Para 1.2.3 of this Part - Page 3.6.3. Also, because the protection issue is such a complex one in this situation, advice should be sought from the Program Officer, Child Protection, Family and Children's Policy Unit. Counselling and assistance to the child and family can be particularly important when the child has been born in this country and has accepted the social way of life and become enculturated (see Para 1.2.1 of this Part) and severe emotional and psychological harm may occur to that young person as a result of the practice, if the young person does not accept the cultural value system attached to circumcision.



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- 2.1.5 In instances where the child is emotionally disturbed as a result of the circumcision, advice and counselling for the child and family can also be sought from the Department of Health's Rivendell Adolescent Unit, at Concord, Tel: (02) 516 8175.
- 2.2 **Pseudobattering of Vietnamese Children (*cao gio*):** a clinical report described in *Vol. 101* of the July 1980 publication of JADA (Australian Dentists' Journal) describes *cao gio* as a unique folk medicine practice popular among the socio-economically depressed and poorly-educated people of rural Vietnam.
- 2.2.1 *Cao gio*, which literally means 'scratch the wind', involves the abrasive rubbing of a coin across oiled skin in an attempt to free the body of 'bad winds' believed responsible for various physical ailments, including fever, headache, and convulsions. Rubbing the coin over the skin results in multiple eccymoses* (bruises) that often have bilateral and linear patterns: the lesions can be seen on various parts of the body, such as the face and neck, but usually occur on the person's back, and can be mistaken for lesions caused by being struck with a belt. Unfortunately, such folk remedies can injure children.
- * eccymosis: a swollen livid or blue-black spot on the skin caused by effusion of blood into the aveolar tissue as a result of a contusion.
- 2.2.2 Because the lesions produced mimic those caused by physical abuse, the term 'pseudobattering' has been used by the medical profession to describe the practice.
- 2.2.3 In instances where 'pseudobattering' is recognised in a child who has been 'notified', Departmental staff should provide counselling to the family, to prevent recurrence and possible harm to the child, particularly in those cases where the practice may have been carried out beyond the purpose and intention of the treatment. Management of such a case should be carried out in consultation with the appropriate Departmental Bilingual Community Welfare Officer and/or a worker engaged in the provision of service to the particular ethnic community involved; see Para 1.2.2 of this Part.

3 WARDS

- 3.1 When wardship is being considered as an option for a child in need of care, Community Welfare Officers/Child Protection Workers are directed to consult with the Alternate Care Officers from the relevant Community Welfare Office (see **Appendixes 31 - Section 6.4, and 38 e**); where such officers are not employed or the

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officer is on leave, consultation should be held with the Regional Community Program Officer, Substitute Care (see **Appendixes 31 - Section 3.2, and 34 b**).

- 3.1.1 Under these circumstances, the attention of staff is directed to the Department's *Policy and Procedure Manual, Wards, Chapter 2* 'Creation of Wardship'; *Chapter 3* 'Action on Committal or Admission to Wardship', and *Chapter 9* 'Automatic Data Processing'.
- 3.2 **Files:** when a child becomes a ward, the creation of ward files and Automatic Data Processing (ADP) data in no way negates the necessity for the child remaining on the Central Register of children at risk. The Central Register is completely separate from ward files and the general principles of removal of a name from the Central Register also applies to wards.
- 3.3 When restoration of a ward to the natural family is being considered, field officers responsible for the management of the case are directed to consult with Alternate Care Officers from the Community Welfare Office or the Regional Community Program Officer, Substitute Care, as described in Para 3.1 of this Section.
- 3.3.1 Under these circumstances attention of staff is directed to the Department's *Policy and Procedure Manual, Wards - Chapter 6, 6.1.1* 'Restoration' and *Chapter 9, 9.13.1* on Automatic Data Processing procedures.

4 **PART XI WARDS** (*Part XI of the Community Welfare Act, 1982*)

4.1 **Responsibility of Community Welfare Office personnel**

- 4.1.1 When a Part XI Ward is notified to the Department as being in need of care, and where wardship is being considered for a handicapped person * who has been abused or neglected, then officers should consult with Specialist Section, Glebe.

* See also *Sections 301 and 302* of the Community Welfare Act, 1982, set out in Para 1.4.1, Part 1, Chapter Two of this Manual.

4.2 **Responsibility of Specialist Section personnel**

- 4.2.1 When a notification of suspected abuse or neglect is made to Specialist Section, Glebe, or where officers in Specialist Section become aware that a Part XI Ward or the child under the care of a Part XI Ward may be abused or neglected, then officers from Specialist Section must make a notification to 'Montrose'



as well as consult with the local field officers responsible for the management of the case, or the Regional Community Program Officer, Child Protection.

5 ADOPTED CHILDREN

- 5.1 For adopted children and who are believed to be abused or neglected, general procedures apply. However, field officers responsible for the management of the case are directed to consult with Adoptions Branch, as they may have relevant information about the family.
- 5.2 Adoption Branch staff are required to notify any case of child abuse that comes to their notice either in pre-placement or post-placement of a child.

6 SEXUAL ABUSE

6.1 Introduction

6.1.1 The estimates of the incidence of sexual abuse of children vary greatly from country to country - within countries and within subcultures of the same countries. There is a wide range of definitions of sexual abuse and incest; for example, a legal definition may be different from a medical one, which again may be different from a social definition.

6.1.2 Some definitions of sexual abuse of children are:

- a) The involvement of dependent and developmentally immature children and adolescents in sexual activities that they do not comprehend; to which they are unable to give informed consent - or where a consent is not possible; or that violate social taboos or family roles;
- b) The exposure of a child to sexual stimulation inappropriate for the child's age, level of psychosocial development and role in the family;
- c) Involvement of a person in forced, pressured or stressful sexual behaviour.

6.1.3 Sexual abuse or assault of children takes many forms - molestation, assault by a stranger, sexual exploitation, incest and other intra-family sexual activity. The psychological and physical impact on the child is different in every case, depending on the dynamics of the family, the age and state of development of the child and the nature of the experience.

6.2 **Incest:** in most cultures incest is not only a criminal offence, but it is behaviour that is so socially unacceptable that it is taboo.



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6.2.1 Section 78A of the Crimes Act, 1900 defines the offence of incest as:

'Whosoever, being a male, has carnal knowledge of his mother, sister, daughter or grand-daughter, or being a female of or above the age of sixteen years, with her consent permits her grandfather, father, brother or son to have carnal knowledge (whether in any such case the relationship is of half or full blood; or is or is not traced through lawful wedlock) shall be liable to penal servitude for seven years'

and Section 78B of the Act describes the offence of incest attempt as:

'Whosoever, being a male, attempts to commit any offence under Section 78A, shall be liable to imprisonment for two years'.

6.2.2 Where the female has not given consent, or is under 16 years of age, the law considers the female is the victim and is therefore not guilty of an offence.

6.2.3 Incest is rarely prosecuted and under the provisions of Section 78F of the Crimes Act, prosecution cannot take place without the consent of the Attorney General; if prosecution does take place, all proceedings are held in camera. Prosecution for sexual assault is often substituted for prosecution for incest.

6.2.4 Apart from the legal definition of incest as an offence, there is a social definition of incestuous relationships which refer to sexual involvement (not necessarily of carnal knowledge) between persons who are too closely related to marry.

6.2.5 Many professional workers see incest as a family problem, rather than as an offender/victim problem, and some children are believed to be more affected by the chaotic dysfunction of the family than by the incestuous relationship.

6.2.6 Incest is regarded as a symptom of a dysfunctional family and may occur, for example, where:

- a) The family is overly enmeshed; that is, the family members find it difficult to cultivate relationships, or use resources, outside the family: when problems are encountered, parents cannot turn to others for help or guidance, and seek solutions from within the family;
- b) Where the family values are promiscuous and sexual limits and generational boundaries are poorly defined.

6.3 **Carnal knowledge:** this is a complex area of law and enquiry should be made of the Department's Senior Legal Officer as the need arises.

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6.3.1 The *Crimes Act, 1900* describes carnal knowledge as sexual intercourse involving vaginal penetration by a penis. An actual or attempted act of carnal knowledge of a female person aged 16 years or less is an indictable offence carrying a severe penalty.

* for further definitions of sexual intercourse as an offence see *Sections 61A; 61B; 61C; 61D; and 61E* of the *Crimes Act, 1900*; these sections deal with assault categories such as inflicting bodily harm; sexual intercourse without consent; indecent assault and 'Act of Indecency'

6.3.2 Where there is a blood relationship between the parties involved, or a special relationship - for example, the male is a teacher, any incident of carnal knowledge involves an offence, under the *Crimes Act*, where the female person concerned is under 17 years of age.

6.4 Other sexual acts that may involve children - for example homosexual abuse of boys and girls; incest; oral intercourse; or masturbation (by the offender in the presence of the child, or of the child) may constitute the offences of **buggery; indecent assault or incest.**

6.5 Notification of Sexual Abuse

6.5.1 Each of the offences described in this Section come under the definition of '*assault or ill-treat the child, expose or subject the child to behaviour that psychologically harms him, or is likely to psychologically harm him, whether or not, in any case, with the consent of the child*' (see *Section 4, Part II of the Community Welfare Act, 1982*), and involves notifiable abuse of the child.

6.5.2 **Notification should be made in all cases of suspected or alleged sexual abuse; including incest.** Although incest and intra-family sexual contact is not necessarily physically damaging and may be consensual, in the interests of protection of the child - and the siblings of the child, it is considered that notification should also be made in these circumstances.

6.5.3 Discretion on notification should be exercised only in those situations where the protection/safety and emotional well-being of the child is clearly not an issue; for example, if a family brings in their 14 year old daughter who has been having intercourse with her 16 year old boyfriend, the focus of welfare and health personnel intervention would be different to situations where incest or sexual abuse is the problem.



6.6 Policy

6.6.1 The care and protection of child victims of sexual assault requires a co-ordinated teamwork approach by welfare, health and police personnel.

6.6.2 The **role of hospitals and health services** is:

- a) To provide crisis medical and counselling care for children and families who present to hospitals;
- b) To advise families of the statutory requirements involved, and to ensure that these requirements are met;
- c) To provide follow-up medical care if necessary;
- d) To provide follow-up counselling, if appropriate:

see also **Appendix 14**, 'Procedural Guidelines Where Cases of Sexual Assault Present to Police or Hospitals'.

6.6.3 The **role of the Child Protection Services and Community Welfare Offices of the Department of Youth and Community Services** is:

- a) To provide crisis-counselling and family intervention;
- b) To receive statutory notifications of children 'at risk';
- c) To ensure that effective assessment has been made and that the immediate protection of the child is assured;
- d) To co-ordinate continuing management, including use of the Children's Court as appropriate;
- e) To ensure that appropriate support and family counselling are provided.

6.6.4 The **role of the police** is:

- a) To obtain services for the medical and emotional care of children and families who present to police;
- b) To liaise with the Department of Youth and Community Services and health personnel on the usefulness and feasibility of arrest and court action to protect the child;
- c) To liaise with medical practitioners regarding possible medical evidence;
- d) To take prosecution action if appropriate.

see also, **Appendix 14** 'Procedural Guidelines Where Cases of Sexual Assault Present to Police or Hospitals'



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3.6.13

CHILD PROTECTION POLICY AND PROCEDURE MANUAL

6.7 Police involvement in cases of Carnal Knowledge; Incest; Buggery; and Indecent Assault.

6.7.1 The responsibility for the management of child abuse has been clearly placed with the Department of Youth and Community Services, under the *Community Welfare Act, 1982* and this is a clear recognition that the problem is seen, foremost, as one requiring a social welfare, rather than a criminal response. Consequently, as a general rule, Departmental officers are not compelled to notify police of all suspected cases of sexual assault; including carnal knowledge. The decision to involve police in these matters is discretionary: however, there will be many cases of carnal knowledge which come to notice which should be reported to the police: these are the cases which contain an element which takes them out of the normal range of carnal knowledge cases. Without attempting to be exhaustive, it might fairly be anticipated that this additional element will be found:

- a) Where a girl is involved with a number of males on the one occasion;
- b) Where there is a considerable age difference between the girl and the male involved. In this context, the difference in age that is thought to be significant, must be left to the decision of the responsible officer;
- c) Where the relationship is incestuous or where the alleged offender is a member of the child's family constellation;
- d) Where the girl was, at the time, under 14 years of age;
- e) Where it might reasonably be considered that the girl has been taken advantage of; for example, by the application of some kind of subtle psychological or other pressure, or by virtue of intellectual handicap or immaturity;
- f) Where sexual behaviour involves pederasty, pornography, or other sexually deviant behaviour.

6.7.2 Community Welfare Officers who are the Primary Worker should consult with the District Manager, and, where appropriate, with the Community Welfare Officer, Child Protection/Child Protection Worker or the Regional Community Program Officer, Child Protection, to arrive at a decision as to whether to involve the police: Where the Community Welfare Officer, Child Protection/Child Protection Worker is the Primary Worker, the District Manager should also consult with the District Manager in

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relation to such action. Where child abuse matters come directly to the notice of police officers, they should be encouraged to involve the Department from the commencement, rather than to prosecute criminally without preliminary consultation.

6.7.3 For out-of-hours consultation, field officers responsible for the management of the case are required to consult with the appropriate staff from the relevant Child Protection and Family Crisis Services at 'Montrose'; Hunter; and Illawong.

6.7.4 As in general child abuse cases, the responsibility for the decision to involve the police is vested in the following Departmental officers:

- a) The relevant District Manager;
- b) The Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service;
- c) The Executive Officers, Family Crisis Service and the Child Protection Unit, 'Montrose';
- d) The Co-ordinator, 'Montrose' Family Crisis Service;
- e) The Executive Officer, Hunter and Illawong Child Protection and Family Crisis Services.

6.7.5 Where there is a disagreement between officers as to whether to involve the police or not, the final decision rests with the Regional Director, or that officer's delegate.

6.7.6 In a case of suspected/alleged sexual offence, any decision to involve police must be based upon a careful analysis of what is in the best interests of the child concerned, and is a decision in which the child's views must be taken into account. In such cases, consideration should be given to issues of:

- a) The age of the child;
- b) The circumstances of the sexual relationship;
- c) The incidence of the sexual relationship;
- d) The age of the offender;
- e) The status of both parties - relative to each other; for example, teacher/student; doctor/patient;
- f) the blood relationship, if any, between the parties;
- g) The views of the child and the child's parents;

- h) In all the circumstances;
what is the best interests of
the child;



and, in cases where referral is considered necessary, the child - where appropriate - and the family must be informed of that decision and the police officer responsible for the enquiry must be personally interviewed by the field officer concerned with the management of the case. Wherever possible, the officer should discuss the referral with the child and family before the child is interviewed by the police officer. Field officers should avoid interrogating a person likely to be accused of committing an offence, as this can affect the capacity of the police to prosecute the offence successfully; see also Para 2.3, Part 1, Chapter Three of this Manual - page 3.1.2.

6.7.7 The decision regarding police action should be made in consultation with the hospital, (see also Para 6.11.1 of this Section) the field officer responsible for the management of the case and the police involved. The role of the police will depend on the extent of injury, the circumstances of the assault, and the assessed risk to the safety of the child, or other children. If the child's life is in immediate danger, hospital authorities are responsible for contacting the police.

6.7.8 **The Police Child Mistreatment Unit** and the **Police Juvenile Crime Squad** co-ordinate police action in cases of child abuse; Where an offence has been committed upon a juvenile, whether this be sexual or physical, and it is committed by a member of the family, of someone within the family unit, the matter is handled by the Police Child Mistreatment Unit. Where the crime is committed by a stranger or a family friend, the matter is the responsibility of the Police Juvenile Crime Squad. The age of the child makes little difference and both squads work in close co-operation with each other: see **Appendix 22** for a description of the duties of the two police units.

6.7.9 Referrals to the appropriate police unit should be made to the Officer-in-Charge of the Unit:

- a) **The Juvenile Crime Squad** is
located on the 5th Floor
Criminal Investigation Branch
Remington Building
169 Liverpool Street
Sydney, 2000
Tel: (02) 20968



b) **The Child Mistreatment Unit**
is located at
Meriton House
2nd Floor
432 Chapel Road
Bankstown
Tel: (02) 709 5716

- 6.7.10 **Police officers and Departmental officers in country offices should consult with the Officer-in-Charge of the Police Child Mistreatment Unit when referring sexual abuse cases to the local police.**
- 6.7.11 The Police Child Mistreatment Unit does not operate a 24-hours service - however, on-call duty officers are available and procedure for contacting these officers is known to the Family Crisis Service staff at 'Montrose'.
- 6.7.12 It is expected that the function of the Child Mistreatment Unit and the Juvenile Crime Squad may change in the near future: any such changes will be notified by amendment to this Manual.
- 6.8 **Medical Examination:** (see also Section 3, Part II, Chapter Three of this Manual (Page 3.2.3) the assessment of the need for, or extent of a medical examination of a child believed to have been sexually abused, should be carried out by a paediatrician or a doctor with extensive paediatric experience. Policy and procedures related to medical examinations are described in Para 3.5 to 3.6, Part II of this Chapter (Page 3.2.5), Section 1, Part III, Chapter Three and Part V, Chapter Five of this Manual: Procedure, in relation to cultural considerations, as noted in Para 1.6.4 of Part III (Page 3.3.3) should be particularly noted.
- 6.9 **Procedural guidelines for notification and case management.**
- 6.9.1 In Cases of sexual abuse of children presenting directly to Community Welfare Offices of the Department, the usual procedures apply for notification and case management as described in Chapter Two of this Manual.
- 6.9.2 Guidelines for appropriate action to be taken in cases of sexual abuse/assault presenting to police or to hospitals, is set out in **Appendix 14.**
- 6.9.3 **Cultural considerations:** where an Aboriginal or immigrant child presents to the Department, case management should be carried out as described in Section 1, Part VI, Page 3.6.1 - of this Chapter.



6.10 Court Action

- 6.10.1 Liaison between hospital staff and the Department of Youth and Community Services gives additional preventative support to the family, and places a Departmental officer in a better position to give evidence of the total family situation, should it be necessary to take the child to Court.
- 6.10.2 In bringing a complaint that a child is in need of care it is generally necessary that an actual incident has occurred, and that there is physical or other evidence to substantiate such a complaint. However, this does not entirely preclude the possibility of bringing such a complaint where it is believed that the child would be seriously at risk if allowed to return to the home; and if the doctor considers that such a risk exists, the Department should be contacted immediately.
- 6.10.3 The importance of medical evidence should be stressed to all medical staff, and, although the *Community Welfare Act, 1982* (see *Section 102* of the Act) provides for compulsory reporting, medical officers should be aware that unless they are prepared to attend Court and give evidence in a matter it is very likely that the complaint will not be established, and that the child will again be placed at risk within the family; thus the evidence of the doctor is very often crucial in establishing the complaint.
- 6.10.4 Doctors should also be made aware that they often have a valuable contribution to make, after the complaint has been established, in assisting the Court as to the future placement of the child; that is, where there has been some length of contact with the family, a doctor is often in a position to give valuable comment on how the best interests of the child can be met.
- 6.10.5 Given that in many cases the child will be returned to the family situation, it is important that where the offender is also the guardian, family therapy and therapy for the offender should continue: this can be made a condition of the Court Order allowing the child to return to the home.
- 6.10.6 Where any decision regarding custody of a child is being made, it is most important that details of any sexual abuse (or likelihood of such abuse) be placed before the Court. To ensure that this is the case, a comprehensive social work report should be available in all cases, and it is also



desirable that a child have separate legal representation to protect that child's interest. Separate legal representation is provided as a matter of course in the Children's Court and there is provision for such separate representation, in certain cases, in the Family Court.

- 6.10.7 In the circumstances of sexual assault, and where the person responsible is prosecuted, the child may be involved in full court proceedings, but children under 10 years of age are rarely required to enter the witness box: such a decision is made by the police, the prosecuting authorities, and occasionally by the judge.
- 6.10.8 If the child is considered mature enough to attend court and give evidence against any person charged with the crime, the child will, in the first instance, be required to attend a preliminary hearing called a committal hearing: this hearing may be held quite some time after the offence. The purpose of a committal hearing is to show whether there is sufficient evidence against the person charged. If there is sufficient evidence, the person charged will probably have to stand trial at a later date: on that occasion, the case will be heard by a judge and jury in an open court and the child will again have to attend and give evidence. The parents can request that the court be closed at the committal proceedings but not at the trial. Also, the child is not entitled to separate legal representation in any police prosecution. If guilt is admitted by the offender the case may be dealt with by the court in the absence of the child.
- 6.10.9 **Where a child is involved in giving evidence in criminal proceedings, the Community Welfare Officer/Child Protection Worker should ensure that the child is well prepared about the court process, and well supported throughout the proceedings.**
- 6.10.10 It is also the responsibility of the Community Welfare Officer/Child Protection Worker to ensure that the parents are aware of their rights in relation to legal aid.
- 6.11 Staff Training**
- 6.11.1 Training in the area of management of sexual abuse situations - as for all child abuse situations - is regarded as essential, and a multi-disciplinary approach to such training should be adopted.
- 6.11.2 Education and training should be provided for all persons involved in child abuse cases, both on a practical and theoretical level, to provide an interdisciplinary perspective for:



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- a) An understanding of the broad issues of child protection, including family support, prevention of abuse, and of the physical, emotional and social well-being of children in society; and
- b) A general understanding of the theoretical and practical aspects of proof in neglect complaints - including a general outline of the law and the manner in which it interacts with the medical, sociological and psychological disciplines.

6.11.3 Courses should also be provided to give practical training in the organisation and methods of the Department's response to presenting cases: such training should include courses on:

- a) The policy and procedures relating to the Department's statutory and corporate responsibilities in the field of child protection;
- b) Professional practices of family casework relating to the management of child abuse cases; and
- c) The particular complexities relating to management of sexual abuse cases.

6.11.4 Training and education of Departmental staff is the responsibility of officers of the Training and Education Centre, 'Montrose' Child Protection and Family Crisis Service, in co-ordination with the Central Office Staff Development Unit and the Regional Community Program Officer, Child Protection: see also Section 4, Part I, Chapter Four - Page 4.1.7 - of this Manual.

7 CHILDREN OF IMPRISONED PARENTS

7.1 **Mothers and Babies Committee:** there has been, for a number of years in New South Wales, consistent and persistent concern expressed about the consequences of parental imprisonment on a child. As a result of the Nagle Royal Commission (*Report of Royal Commission into N.S.W Prisons*, New South Wales Government Printer, 1978), a Mothers and Babies Committee was formed, early in 1979, to explore Recommendation 193 of the Nagle Report:

'The present practice that mothers must surrender their infant children when children reach their first birthday should be relaxed.'



- 7.1.1 This multidisciplinary inter-agency advisory committee - with Departmental representation since 1980, raised issues, with the Department, related to the needs of the children and their families and the services required to meet these needs.
- 7.2 The report, *Children of Imprisoned Parents* (published in April 1982), contained the findings of a study commissioned by the New South Wales Government Family and Children's Services Agency (FACSA). The report revealed that at the time of the study, 7,500 children in New South Wales would be affected by parental imprisonment: about 7% of the children were either fostered (not to relatives); made State wards; adopted; or committed to the care of an agency. For many of the outside carers, most of whom were women, imprisonment of a spouse resulted in real financial as well as emotional hardship. In general, a lack of advocacy or supportive services were found to exist for the children and their parents.
- 7.2.1 A further survey was undertaken in November 1982 by members of the Children of Prisoners Support Group and members of the Mothers and Babies Committee. The report of this study highlighted similar features to that of the FACSA report.
- 7.3 The Department of Youth and Community Services has endorsed the principles - focussed on by the reports of the studies described, and the recommendations of those reports that:
- a) Separation of the child and imprisoned parents needs to be managed sensitively, and that the child's placement should be a planned and informed process;
 - b) While a parent is in prison family relationships should be supported and facilitated, through clear, negotiated access arrangements; a positive physical environment for visits; and the provision of the financial and practical supports that many families require;
 - c) The imprisoned parents return to the family, and to resuming a parenting role, be a planned and supported process;
 - d) Young children and babies may be highly at risk of emotional trauma due to the separation from the child's primary caregiver as a consequence of parental imprisonment;
 - e) There is a lack of advocacy evident, both for the child and parent, in relation to their family identity when confronted with the legal, judicial, welfare and corrective systems;



- f) There is a lack of co-ordination currently evident in situations where welfare services - whether State or community-based are involved.

7.4 In November, 1983, Ministerial approval was received by the Department to appoint a **Specialist Officer (Children of Prisoners)** to develop a service aimed at children and families who are affected by parental imprisonment. Three target groups have been identified for the provision of programs; these are:

- a) Babies and young children who are at risk of separation from their mother and whose needs might be best met by a prison-based facility - if that were available;
- b) Children who are cared for by a government or non-government agency, while the child's parent is in prison;
- c) Children who remain with a parent or with relatives during a parent's incarceration.

7.4.1 The services these groups require are wide and include advocacy, family support services and casework/group work services.

7.4.2 **Community Welfare Officers/Child Protection Workers who are involved with a family where parental imprisonment is likely or has happened, are advised to contact the Specialist Officer (Children of Prisoners), for information and consultation.**

7.4.3 The position of Specialist Officer (Children of Prisoners) requires an understanding of child protection and substitute care issues as well as a particular sensitivity to the, at times, conflicting values of the corrective and the welfare systems.

7.4.4 The Specialist Officer (Children of Prisoners) is responsible to the Senior Executive Officer, 'Montrose' Child Protection and Family Crisis Service, and is based at 'Montrose'.

7.4.5 The brief of the worker's involvement extends from the point of arrest of the child's parent, to post-release. The method of the officer's operation will be to ensure that children and families - affected by parental imprisonment, receive appropriate services rather than direct casework involvement.



- 7.4.6 The Officer is closely involved in staff training within the Departments of Corrective Services and Youth and Community Services and in the promotion and development of community-based family support services. Active advocacy on behalf of individual children and families, in relation to damaging aspects of the judicial, welfare or corrective systems is an important principle in the development of the position. Also, a close working relationship with the Police Department and with Superintendents; reception committees; classification committees and senior management in the Department of Corrective Services is vital for the effective operation of the position.
- 7.4.7 The Department requires the Specialist Officer (Children of Prisoners) to possess specific **qualifications** which are described in Section 4.1, **Appendix 31: a Statement of Duties** of that officer is at **Appendix 35**.



CHAPTER FOUR
PROCEDURE IN RELATION TO SPECIAL SERVICES

**PART I: 'MONTROSE' CHILD PROTECTION AND FAMILY
CRISIS SERVICE**

Program; Family Crisis Service; 'Montrose'
residential and day program (Child Protection Unit);
training and education service and resource centre

PART II: LOCAL AND REGIONAL SERVICES

Hunter Region; Illawarra Region; Regional Community
Program Officers, Child Protection; Specialist Officer,
Child Protection (Child Protection Workers); Specialist
District Officer (Community Welfare Officers), Child
Protection; Community Welfare Officers; Summary of
responsibilities of Community Welfare Officers/
Community Welfare Officers, Child Protection/
Child Protection Workers.



CHAPTER FOUR
DEPARTMENTAL SPECIAL SERVICES

PART 1
'MONTROSE' CHILD PROTECTION AND
FAMILY CRISIS SERVICE

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CHAPTER FOUR

PROCEDURE IN RELATION TO SPECIAL SERVICES



PART 1

'MONTROSE' CHILD PROTECTION AND FAMILY CRISIS SERVICE

1 PROGRAM

1.1 'Montrose', which is situated at:

122 Lucas Road, Burwood, 2134
Telephone: 745 2233 (24 hours)

aims to maintain the family unit where possible and provides the following services in the field of child protection:

- a) A Family Crisis Service;
- b) Assessment;
- c) A Training and Education Service and Resource Centre, in conjunction with the Department's Central Office Staff Development Centre;
- d) Crisis Nursery;
- e) A Day Program for children and for parents.

1.1.1 'Montrose' is responsible for the receipt of all notifications of children at risk, for the referral of such cases for initial investigation by workers in the field, and for the maintenance of a central register of substantiated cases of abused children. The Unit also provides a 24-hour telephone counselling and crisis intervention service, a multidisciplinary residential assessment for children and families and a range of group and individual programs for parents and children.

1.1.2 A 'Montrose' information paper is at **Appendix 8**.

2 **FAMILY CRISIS SERVICE:** see also **Appendix 8**.

2.1 Staffing: the staff comprises:

- a) An Executive Officer (see **Appendix 32b**);
- b) Co-ordinator (see **Appendix 32d**);
- c) Thirteen (13) Crisis Care Workers (see **Appendix 32 e**);
- d) Child Protection Workers (see **Appendix 32 f**).

2.1.1 Services provided are available by phone on a 24-hour basis 7 days a week, and the nature of the services available is summarised in this Section.

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- 2.1.2 As **Crisis Care Workers** provide an intake and intervention service for families in crisis, including child protection, it is essential that those workers employed by the Department, possess a Degree, Diploma or equivalent in Social/Behavioural Sciences, or related diploma. It is desirable that such workers should have had experience in crisis/casework involving families and children at risk. Qualifications required of Crisis Care Workers and a Statement of Duties of Crisis Care Workers are at **Appendix 32 e)**.
- 2.2 Staff undertaking out-of-hours 'call-out' visits for assessment take whatever action is necessary for the immediate protection of children. Such visits are limited to the Sydney metropolitan area.
- 2.2.1 Special attention is given to out-of-hours crisis work with wards, such as crises or breakdowns with foster-family placements; attending when police need to interview wards; and helping to arrange crisis accommodation for wards.
- 2.2.2 The main criterion for a home visit is the belief by staff that there is a current risk to a child and the matter cannot be left until the Community Welfare Office is open the next working day.
- 2.3.3 **The decision to go on a 'call-out' is a joint decision of the workers on duty**, the most weight being given to the decision of the person who took the phone call. Consultation may take place with the Senior Executive Officer, 'Montrose' or the Executive Officer or Co-ordinator of the Family Crisis Service, or the Executive Officer of the Child Protection Unit - one of whom is always available by telephone. **In the event of dissension, the decision of the officer taking the call is final.**
- 2.2.4 Family Crisis Service workers may remove children on apprehension or on a voluntary basis when the children are believed to be in danger of abuse; see Section 3, Part III, Chapter Three of this manual. Placements may be made in establishments or temporary foster homes - as appropriate and as available.
- 2.2.5 Should a Family Crisis Service worker apprehend a child for court proceedings the worker must be available to give evidence at court of that apprehension.
- 2.2.6 A comprehensive report must be written on every 'call-out', detailing the problem; action taken; recommendations for the Community Welfare Office, and follow up action required at local level.



- 2.2.7 Details of every 'call-out' are phoned to the appropriate Community Welfare Office the next working day so that relevant staff can commence follow-up action.
- 2.2.8 If all Family Crisis Workers are out 'on call', phone calls to 'Montrose' are diverted to one of the Departmental officers who are on the 'diverta-phone' list. Such officers must be given the bleeper number of the 'call-out' Family Crisis Workers, the address they are going to, and the phone number of the 'Montrose' Senior Executive staff who is on phone-consultation duty. Officers on the 'diverta-phone' never go out on call.
- 2.2.9 A phone log book must be kept at the Family Crisis Service showing all incoming and outgoing calls, including calls relating to internal administrative matters such as roster arrangements and officers calling in to say they are sick.
- 2.2.10 Family Crisis Workers on duty at 'Montrose' must be available for involvement in crises which may occur in the residential unit, during times when 'Montrose' executive staff are not present.
- 2.2.11 Community Welfare Office staff may phone through to the 'Montrose' Family Crisis Service details of 'Possible After Hours Call-Out' if officers have reason to believe that an out-of-hours crisis may occur in one of their current cases. Relevant information is put on a **'Possible After Hours Call-Out Form'** - See Appendix 6. However, as Community Welfare Office staff work within a wide flexi-time band, 'Montrose' does not accept a crisis call simply because it is an inconvenient time for the Community Welfare Office staff.
- 2.2.12 'Montrose' Family Crisis Worker's receiving a call from the diverted out-of-hours service at Hunter or Illawong will phone the home number or bleeper number of the local 'Duty' Family Crisis Worker if a call-out is considered necessary.
- 2.2.13 The Executive Officer of the Hunter and the Illawong Family Crisis Services must phone the 'Montrose' Family Crisis Service each day with the names, phone numbers and bleeper numbers of 'Duty' Family Crisis Worker. These phone calls must be noted in the 'Montrose' Family Crisis Service phone log book.



2.2.14 Where Community Welfare Office staff are unavailable or do not have the time to visit families where a problem is:

- a) Anticipated; or
- b) Actually current;

requests for Family Crisis Service staff assistance must be directed to the Executive Officer, or Co-ordinator of the Family Crisis Service, by the District Manager or that officer's delegate. It is not the normal role of Family Crisis Service staff to deal with crises during Community Welfare Office working hours: visits carried out by these officers to assist Community Welfare Offices, in the situations described, seriously limits the Family Crisis Worker's response capacity for the duration of the visit, affecting telephone and face-to-face intervention. All arrangements for the family visit should be treated as 'once-off' emergencies.

2.3 Telephone Counselling; Advice; Information and Consultation

2.3.1 Telephone counselling is available 24-hours a day in matters within the staff expertise; for example, parenting; family relationships; details of appropriate local community services to contact, and services offered by the Department's Community Welfare Offices.

2.3.2 Primary workers in 'children at risk' cases, either from within and outside the Department, may consult with Family Crisis Workers on all aspects of child protection.

2.3.3 When a person seeks information about a particular child or family from the Notification List or the Central Register, and that person is not known to the Family Crisis Worker, the worker is required to take the name and phone number of the enquirer, check the details in the resource file or telephone book, and then telephone the caller back with the requested information - providing the caller is entitled to such information.

2.3.4 As a 24-hour service, 'Montrose' is the contact agent for Disaster Welfare personnel in the event of emergencies.

3 'MONTROSE' RESIDENTIAL AND DAY PROGRAM (CHILD PROTECTION UNIT): see also Appendix 8.

3.1 **The Day Program:** the day program at Montrose is reviewed and re-adjusted to meet the needs of the particular client group at any one time.

3.1.1 'Montrose' staff work closely with Community Welfare Office staff and are available for consultation about community-based Playgroups; Pre-school programs; parent groups and groups for older children, such as before and after-school programs.



3.1.2 Preschool-aged children (3 years to 5 years of age) and toddlers (under 3 years of age) are eligible for the 'Montrose' preschool program under the following conditions:

- a) There is a problem in the child/parent relationship or the child shows some disturbance as a result of the child/parent relationship;
- b) The child cannot be catered for in a community preschool;
- c) One parent is involved in the parent program.

3.1.3 A pick-up service is available from 'Montrose', depending on where the family lives and where other families live, who are, at the time, involved with the program. A child usually remains with the preschool or toddler program for six months to a year, depending on the progress of the child.

3.2 **The Parent Program** is primarily for parents who have a child in the preschool or toddler group, but other groups are available for parents who are having difficulty coping with their children and who don't have a child in the 'Montrose' Day Program. Preference will be given to parents who are not suitable for existing parent education groups available in the community.

3.2.1 Where there is the possibility of a family being considered for the day program, contact should be made with the preschool teacher at 'Montrose' who will arrange a home visit to determine whether the family can be accommodated by the program.

3.3 **Continuing involvement:** the Community Welfare Office staff will also need to remain involved with clients who attend 'Montrose', and will also need to attend case reviews.

3.3.1 The Community Welfare Office staff and the 'Montrose' staff will jointly seek community resources for the family when the family's involvement with 'Montrose' is terminated.

3.4 Residential Assessment Programme

3.4.1 Criteria for Admission: families are admitted after consultation with the Executive Officer of the Child Protection Unit, and also after it is agreed that the information to be gained from intensive two-week residential assessment will achieve a greater insight into the case, and where it is impractical or too difficult to carry out a full family social assessment while the family remains at home.



- 3.4.2 Families are admitted in cases where it is believed that 'Montrose' staff can give practical support and advice as to how to help the family in child management.
- 3.4.3 Whenever possible, if significant evidence exists, a Children's Court hearing should precede residential family assessment.
- 3.4.4 Negotiations should be made with 'Montrose' before a court recommendation is sought for a 'Montrose' family assessment.
- 3.4.5 Families with school-age and preschool-age children are considered for assessment.

3.5 Involvement of Community Welfare Officers and Child Protection

Workers: these officers are required to remain in contact with the family during the residential assessment in terms of:

- a) Case discussion - when the family is admitted;
- b) Mid-fortnight interview with the family;
- c) Attendance at the case conference at the end of the fortnight.

3.5.1 Country officers are not expected to be as involved in the assessment period but must attend the final case conference.

3.5.2 After negotiating with 'Montrose', Community Welfare Officers and Child Protection Workers may bring families to 'Montrose' for a familiarisation visit before the residential period.

3.4 **Type of Assessments:** the following assessments contribute to the full family and social assessment; see also Part II, Chapter Three of this Manual.

- a) Social assessment of each parent;
- b) Psychological assessment of child;
- c) Psychiatric assessment of child (if appropriate);
- d) Relationships within the family;
- e) Child's developmental level;
- f) Speech assessment (if appropriate);
- g) Parent's ability to attend to child's needs;
- h) Medical assessment of child;
- i) Hearing and dental assessments;
- j) Psychological or psychiatric assessment of parent (if appropriate).



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3.7 **'Montrose' procedures for residential family assessment:** the Occupational Therapist is responsible to see that each family in residence has a detailed two-week program.

3.7.1 The responsibility for the families in residence is a team responsibility.

3.7.2 The Executive Officer, Child Protection Unit, is responsible for the 'Montrose' negotiation with field staff about admissions to 'Montrose' and wherever possible, accommodating the program to meet the needs of the clients.

4 **TRAINING AND EDUCATION SERVICE AND RESOURCE CENTRE:**
see also **Appendix 8.**

4.1 The Training Officer at 'Montrose' in conjunction with the Department's Senior Staff Development Officer, is responsible for the development and implementation of training programs in child protection for departmental staff, including basic training programs; programs in specific areas of child protection; and specialist training for child protection staff: see also Section 6.11 Part VI, Chapter Three of this Manual - page 3.6.19.

4.2 **The Community Education Officer at 'Montrose' in conjunction with the Department's Senior Staff Development Officer, is responsible for the development and implementation of training programs in child protection for other government departments, such as Health and Police, and the non-government sector, as well as working with the training officer to provide departmental training.**

4.3 Consultancy in the development or implementation of educational programs in child protection is available for departmental and non-departmental people.

4.4 The library and resource centre consists of books and journal articles which can be read on the premises. Audio-visual aids, including slide-tape programs, video and cinefilms may be borrowed by departmental and non-departmental people; see Audio-visual catalogue at **Appendix 9.**

4.5 Any requests for training programs or resources should be made to either the Training Officer or the Community Education Officer.



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DEPARTMENTAL SPECIAL SERVICES

PART II
LOCAL AND REGIONAL SERVICES

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6	COMMUNITY WELFARE OFFICERS	4.2.6

CHAPTER FOUR
DEPARTMENTAL SPECIAL SERVICES



PART II
LOCAL AND REGIONAL SERVICES

1 HUNTER REGION

1.1 **Hunter Child Protection and Family Crisis Service:** is situated at:

266 Lawson Street
HAMILTON 2303
Telephone: (049) 69 4699 (3 lines)

1.1.1 The service also offers a centre for specialised programs at the:

Kia Kia Family Centre
15 Edward Street
MEREWETHER 2291
Telephone: (049) 63 2855

1.2 Operating 24-hours a day, every day of the year, the services provided are:

- a) A 24-hour child protection and family crisis service (out-of-hours calls operate through 'Montrose' 'diverta phone' see Para 1.3.12, Part 1 of this Chapter):
- b) A Hunter Region out-of-hours generalist Departmental response to crisis situations. Direct response is limited to within 30-40 minutes travel time of the unit;
- c) Special individual and group programs for selected parents and children from families where intervention is required because of abuse or neglect or in at-risk situations:

1.3 Staffing: staff comprise:

- a) An Executive Officer (see Appendix 33);
- b) Crisis Care Workers (see Appendix 32 e);
- c) Child Protection Workers (see Appendix 32 f);

2 ILLAWARRA REGION

2.1 **Illawong Child Protection and Family Crisis Service:** is situated at:

107 Murphys Avenue
KIERAVILLE 2550
Telephone: (042) 28 4000



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2.1.1 The service operates between the hours of:

- * 8.00 a.m. - midnight Monday, Thursday, Friday
- * 8.00 a.m. - 5.00 p.m. Tuesday and Wednesday
- * 3.45 p.m. - 11.45 p.m. Saturday

2.1.2 At all other times, telephone calls made to Illawong are diverted to 'Montrose' Child Protection and Family Crisis Service. However, 'Montrose' staff can contact a member of Illawong's Crisis Care Team so that a local personal response can always be made. (see Paras 2.2.12, 2.2.13, Part 1 - Page 4.1.3 - of this Chapter).

2.1.3 Staffing: staff comprise:

- a) An Executive Officer (see Appendix 33);
- b) Crisis Care Workers (see Appendix 32 e);
- c) Child Protection Workers (see Appendix 32 f);

2.2 The services provided are:

- a) A 24-hour specialist child protection service;
- b) An after-hours generalist Departmental response to crisis situations;
- c) Occasional crisis accommodation where there is grave concern of abuse or at risk situations (4 beds and 2 cots only).

2.3 Immediate crisis intervention services are available in the Wollongong - Shellharbour - Kiama districts, and consultancy and other Child Protection Services are available to the Illawarra Region as a whole.

3 REGIONAL COMMUNITY PROGRAM OFFICERS, CHILD PROTECTION

3.1 Regional Community Program Officers, Child Protection are responsible to the Regional Office Operations Manager and their responsibilities and duties include:

- a) Consultation with Departmental field staff and personnel in other agencies, in relation to cases of children in need of care and protection;
- b) Convening and chairing case conferences involving children in need of care and protection;
- c) Developing case consultation skills in District Managers;
- d) Case discussion with Residential Care staff in relation to abused children;
- e) Facilitating liaison between workers and agencies in relation to child at risk cases;

- f) In consultation with District Managers and Regional Operations Managers, identifying the staff development needs of each Region in respect of child protection matters;
- g) Acting as Regional child protection advocates in budgeting; allocations to resources; and development of programs to ensure services to children at risk, and their families;
- h) Advocating the regional funding of community support projects that are essential to the preventive work of child protection;
- i) Undertaking review, with appropriate staff, of existing child protection services; and conducting research in relation to planning future services;
- j) Encouraging the development of, and being actively involved in the activities of Children at Risk Committees (see Part V, Chapter Three of this Manual); as well as maintaining a regional register of Children at Risk Committees, noting their membership and functions, and supplying up-to-date information to the Program Officer, Child Protection, Central Office Family and Children's Services Policy Unit, for inclusion in the State Register of Children at Risk Committees;
- k) Contributing to the development of child protection policy.



3.2 The Department requires to possess specific **qualifications Regional Community Program Officers, Child Protection** which are described in Section 3.1 of **Appendix 29: a Chart illustrating the Program Officer's function** is at **Appendix 40** and a **Statement of Duties** of the position is at **Appendix 34a)**

4 **SPECIALIST OFFICERS, CHILD PROTECTION (CHILD PROTECTION WORKERS)**

4.1 Located in a number of the Department's Community Welfare Offices (see Chart at **Appendix 7a**) and at the Department's Hunter and Illawong Child Protection and Family Crisis Services, the Specialist Officer, Child Protection (Child Protection Worker) undertakes wider responsibilities in relation to the care and protection of children, than the casework services provided by Community Welfare Officers and Community Welfare Officers, Child Protection.



4.1.1 Those officers located in Community Welfare Offices are responsible to the District Manager (see Statement of Duties of District Manager at **Appendix 38a**)); the officers attached to the 'Montrose', Illawong and Hunter units are responsible to the Executive Officer of those units (see **Appendix 32 b**) and **33** for a Statement of Duties of the Executive Officers).

4.2 Child Protection Workers are currently involved in a range of duties that include:

- a) Joint family assessments of children at risk in counsel with Departmental staff and personnel from other government and non-government agencies;
- b) Working with Community Welfare Office staff and personnel from other agencies, on appropriate case management;
- c) Involvement in case conferences;
- d) Development of alternative services to children at risk; such as parent groups, Playgroups, Occasional Care and Preschools;
- e) Through consultation with District Managers and other Departmental staff a development of procedures that ensure notifications of child abuse are followed up in a systematic and comprehensive way;
- f) Development of community structures; such as Children at Risk Committees, that can facilitate services; provide community education; and monitor service delivery to notified cases;
- g) Assistance in training of Departmental staff - and staff of other agencies, in child protection matters;
- h) Consultation with senior staff members of other government and non-government agencies at a local level, on procedures for co-ordinating effective service delivery to children at risk;
- i) A contribution to the development of child protection policy.

4.3 In all cases, the Child Protection Worker, in conjunction with the District Manager, has responsibility for a direct service in respect of the identification, assessment and case management of cases of children at risk referred to the Community Welfare Office; either in conjunction with other Community Welfare Officers, or as the actual provider of the service. In addition, as an essential preventive measure, some community work must be undertaken.



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4.4 The Department requires Child Protection Workers to possess specific **qualifications** which are described in Section 6.2 **Appendix 31: a Statement of Duties** of the Child Protection Worker is at **Appendix 38 d).**

4.4.1 See also Paras 7.1 to 7.7 of this Part for a **summary of the responsibilities** of the Specialist District Officer, Child Protection.

5 COMMUNITY WELFARE OFFICER, CHILD PROTECTION

5.1 Located in a number of the Department's Community Welfare Offices (see Chart at **Appendix 6a)** Specialist District Offices, Child Protection are responsible to the District Manager.

5.2 Specialist District Officer's, Child Protection are involved in a range of duties that include the provision of services to the community in relation to children/adolescents/families in need or 'at risk' - with a particular emphasis on child protection. Duties include counselling and developing/liasing with community networks.

5.3 The Department requires Specialist District Officers, Child Protection to possess specific **qualifications** which are described in Section 6.1 **Appendix 31: a Statement of Duties** of the Specialist District Officer is at **Appendix 38 c).**

5.3.1 See also Paras 7.1 to 7.7 of this Part for a **summary of the responsibilities** of the Community Welfare Officer, Child Protection.

6 COMMUNITY WELFARE OFFICERS

6.1 Currently, all Community Welfare Officers in metropolitan and country offices of the Department provide assessment and follow-up treatment to notified cases of children at risk. **A Statement of Duties** of Community Welfare Officers is at **Appendix 38 b): see also Section 7 of this Part for a summary of the responsibilities of the Community Welfare Officer, where such an officer is involved in the case management of a child at risk.**

7 A SUMMARY OF THE RESPONSIBILITIES OF A COMMUNITY WELFARE OFFICER/ COMMUNITY WELFARE OFFICER, CHILD PROTECTION/CHILD PROTECTION WORKER

7.1 The Community Welfare Officer/Community Welfare Officer, Child Protection/Child Protection Worker has an independent statutory responsibility in relation to the provisions of the *Community Welfare Act, 1982*. This ultimate responsibility requires that reaching decisions such as apprehension or court action are taken by officers on the basis of their own assessment and direct experience of a particular situation.



- 7.1.1 While it is viewed as a professional responsibility for officers to seek advice from peers, supervisory staff or specialist workers as appropriate, consultations must take place in the context of this statutory responsibility.
- 7.2 After receipt of a notification a field officer has a responsibility to ensure that an assessment is made of the child and family. Procedures related to the filling in of Forms 1, 2 and 3 in the situation where a child is registered must be followed: see Paras 2.2; 2.5; 2.6, Part 1, Chapter Two of this Manual - Pages 2.1.5 and 2.1.6.
- 7.3 Field Officers also have a responsibility for ensuring that families - where a child is notified and subsequently registered - receive consistent, co-ordinated and realistic services. Field officers of the Department of Youth and Community Services act as co-ordinators of registered child protection cases and at times are the Primary Worker for the child and family.
- 7.4 The most appropriate casework approach in child protection cases is an approach that draws on the expertise of a range of disciplines and agencies - and, where appropriate, cultural groups. A range of services including individual counselling; family support; community network; community groups and relevant children's services are appropriate to child and family intervention.
- 7.5 Field officers have a responsibility for ensuring that where a child is registered as in need of care, the services of a Primary Worker are utilised until such time as the child is no longer considered at risk of abuse.
- 7.6 In the role of co-ordinator, field officers have a responsibility for ensuring that contact with a family is not terminated or that the case is 'filed down' until such time as the child is no longer considered 'at risk' of abuse.
- 7.7 In cases where a child is notified but is not subsequently registered, field officers have a responsibility to ensure that families have a knowledge of and access to the financial and social support services of the Department and local community agencies, as required.
- 7.8 Field officers have a responsibility in cases where a child is registered at 'Montrose' to ensure that the file at the Community Welfare Officer contains copies of Forms 1, 2, 3, 3b; the initial assessment report; case plan; case conference and case review reports; documentation of injury; re-injury; and major events in the family's life. Where the officer is the Primary Worker, summary reports of the work's contact with the child and/or family must be attached to the file at, at least, three monthly intervals. More detailed recording of involvement is advised.



CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES

PART I
CHILDREN'S RIGHTS

SECTION	CONTENT	PAGE
1	STATUTORY BASE	5.1.1
2	PRINCIPLES	5.1.1
3	POLICY AND PROCEDURES	5.1.2

**CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES**

**PART VII
CHILDREN'S RIGHTS**



1 STATUTORY BASE

- 1.1 The statements of principle in *Section 77 of the Community Welfare Act, 1982*, highlight the rights of children in need of care.

2 PRINCIPLES

- 2.1 Rights for children in the welfare context derive from:

- a) An understanding of children's needs;
- b) Their dependence on adults;
- c) And their powerlessness in our society.

- 2.2 Because of their developmental immaturity, young children are not usually in the position to instruct their carers about what they need nor to change a system that is unresponsive to their needs. Understanding what children need is a complicated process. Adults usually bring to their care of children **their** personal beliefs about children's needs. Often these beliefs are realistic and sensitive. Often, however, personal belief systems may not be consistent with the child's developmental level or lifestyle, or the beliefs may be influenced by demands from other quarters.

- 2.3 Adults play a major role in children's development. Usually, direct responsibility is delegated by society to the parents of a child. Much is expected of parents in our society. Parents must protect children from harm and physical deprivation, provide nurturance, and guide children in the practices and rules of our society. When parents fail to protect or care for their children, or if the child behaves in an antisocial way, the State has the power to intervene and the power to assume responsibility for that child.

- 2.4 When children come into State care and/or control there is usually a presumption that the parent's care has not been adequate and the implication is that the State can provide better care or control than the parent.



2.4.1 The State, therefore, assumes the responsibilities of the parent to the child; responsibilities such as protection, nurturance and guidance. As well, the State has a moral responsibility for the quality of this care to be high and beyond reproach, in order to justify the major dislocation and intrusion that flows from intervention into family life and the possible removal of a child to out-of-home care.

2.5 Children's developmental immaturity and their financial and emotional dependence on adults means that they depend on adults for care and guidance but, at the same time, they are not able to successfully hold adults accountable for the quality of their response. In order, therefore, to fulfil our obligation to children, adults must hold each other accountable for the care of children. In the community this is achieved, in relation to parents, through the application of child protection legislation and custody provisions in the Family Law Court and the Supreme Court.

2.5.1 One way in which the Department of Youth and Community Services can hold itself accountable to the children in its care, and at the same time guide the assessment of children's needs - and our response to these needs, is by commitment to a charter of guiding principles. These principles can be described as 'rights' in that they are based on the notion of fair and equitable treatment for the child, but their strength can only come from a sense of obligation and commitment to children on the part of Departmental officers.

5 POLICY AND PROCEDURES

3.1 The following set of principles was compiled from a range of Departmental and non-Departmental material and is designed to reflect children's basic psychological and physical needs, as well as a concern for their legal standing.

3.1.1 These principles are the criteria underlying the assessment and review of policies and practices in all residential settings and foster care programs:

- a) Children have a right to care and protection from all forms of abuse; and for their environment to provide them with the material and emotional means necessary for their optimal development;



- b) Children have a right to be informed of their legal status, to protection under the law and to have access to legal counsel, legal action and conditions consistent with their standing before the law;
- c) Children have a right to information concerning their lives and to participate in planning their future;
- d) Children have a right to retain their links with their family and culture of origin and for the care situation to be handled in the least disruptive way possible;
- e) Children in care have a right to be participating members of their community and to retain the same status as children who live with their parents;
- f) Children have a right to conditions which show recognition of and respect for their unique identities;
- g) Children have a right to a stable environment and to be provided with a program in that situation which is tailored to their individual needs;
- h) Children have a right to educational opportunities that encourage and support their total development.

3.2 Children who are **wards** should be told what that means legally; their entitlements and the ways in which their wardship status can be reviewed.

3.3 Children should have free and private access to '**official visitors**'; see *Section 6, Part II, Community Welfare Act, 1982 - Appendix 24.*

3.4 Each residential setting should develop two complementary methods of allowing children to voice their suggestions and complaints. Firstly, regular meetings for the children and care staff should have, as their goal, the encouragement of children to voice their opinions concerning what has been good and what has been a problem within the household since the last meeting.

3.4.1 A second method for ensuring a child's right to speak out about the situation for that particular child, is by defining a procedure for children to voice **serious complaints** * - which they cannot voice at regular home meetings, about treatment they have received, or conditions in the residential care/control setting. Such a procedure may involve direct and private contact with:



- a) The **Unit Manager/Superintendent**;
- b) An '**official visitor**' - see **Appendix 24**;
- c) A **Board of Review** (see *Sections 119, 120, of the Community Welfare Act, 1982, Appendix 23*);
- d) An officer from the **Ombudsman's Office**; see '**Role of the Ombudsman**', Part VIII of this Chapter;

and, during this type of interview, the child must be allowed to have any person(s) of that child's choice sit in on the discussion. Any complaint brought by a child to a Unit Manager/Superintendent or to 'official visitors' should be documented, and a copy - including recommendations, should be forwarded to the relevant Regional Director.

3.4.2 Children in Foster Care: Community Welfare Officers supervising the placement of a child in foster care should develop a relationship of trust, with the child in care, that will allow the child to voice serious complaints * against carers, should the need arise to do so.

- * A 'serious complaint' includes incidents of abuse; withholding legal or medical counsel; failure to ensure that a child has contact with that child's family, when contact is part of the case plan; limitations on a child's civil liberties; and, where the complaint involves any form of abuse - physical, emotional or sexual, 'Montrose' Family Crisis Service must be notified; see Paras 3.1 and 3.2 Part II of this Chapter.

3.5 Children in residential care and in foster care have the same civil rights as children living with their families, such as:

- a) Compensation for injury;
- b) Access to medical treatment;
- c) Free and appropriate education;

and other rights accepted as the norm for children living with their families: see also Part VIII of this Chapter.



CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART II
PRINCIPLE AND POLICY

SECTION	CONTENT	PAGE
1	DEFINITIONS	5.2.1
2	PRINCIPLES FOR GUIDING THE CARE OF CHILDREN IN RESIDENTIAL UNITS	5.2.2
3	CHILDREN IN DEPARTMENTAL TRAINING CENTRES AND REMAND CENTRES	5.2.5
4	CHILDREN IN FAMILY GROUP HOMES	5.2.5
5	CHILDREN IN NON-GOVERNMENT ALTERNATE CARE FACILITIES	5.2.6



CHAPTER FIVE

PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART II

PRINCIPLE AND POLICY

1 DEFINITIONS

1.1 For the purposes of this Manual a **residential setting** is a facility with the following characteristics:

- a) The facility is established for children who are temporarily or permanently under the care of the Department of Youth and Community Services;
- b) The physical setting is owned or rented by the Department of Youth and Community Services;
- c) The persons who provide care for the children are employees of the Department of Youth and Community Services.

1.1.1 A 'residential facility' includes Training Centres; Remand Centres; establishments; special units such as Assessment Centres; Group Homes and Hostels.

1.2 For the purposes of this Chapter, '**foster care**' is defined as an option of full time child care, away from the natural family, that is utilised by field officers for the care of children. Foster care is characterised by the following features:

- a) The service is established for children who are:
 - i) Under the guardianship of their natural parents;
 - ii) Under the guardianship of the Minister for Youth and Community Services;
 - iii) Remanded in care by a Children's Court;
- b) Care is provided by a foster parent/parents;
- c) The physical setting is a family home that is owned or rented by the foster family;



- d) Foster parents are usually persons who voluntarily assist the Department's work by contributing to the foster care program;
- e) Foster parents are not necessarily employees of the Department of Youth and Community Services;
- f) Foster parents receive financial assistance from the Department, for the care they provide, through the 'Fostering Out Allowance' (for Wards); and Temporary Foster Care payments;
- g) Foster parents receive emotional and professional support from the Department's Community Welfare Officers; and from Alternate Care Officers who are employed in a number of the Department's Community Welfare Offices.

1.3 There are two situations in which children in residential facilities and in Foster Care require care.

1.3.1 **An incident of abuse** occurs when a person who is caring for a child in a residential setting or where foster parents in a foster care situation, assault or ill-treat the child, or expose or subject the child to behaviour that psychologically harms, or is likely to harm the child regardless of whether the child has consented; see *Section 4 (1) of the Community Welfare Act, 1982*.

1.3.2 **Systems abuse** is the negative impact - on a child's emotional, intellectual and physical development and well-being, of policies and practices that are designed for purposes other than to identify and meet the child's needs.

1.3.3 Part III of this Chapter describes Incidents of Abuse in a residential setting; Part IV describes Systems Abuse in a residential setting.

1.3.4 Section 1, Part VII of this Chapter describes Incidents of Abuse in foster care; Section 2, Part VII defines the Department's principles and policy relating to protection of children from systems abuse in foster care.

2 PRINCIPLES FOR GUIDING THE CARE OF CHILDREN IN RESIDENTIAL UNITS AND IN FOSTER CARE

2.1 The Department's role in the identification and management of systems abuse in a residential facility and in foster care is not as clear cut as in the situation where an incident of abuse is identified. There are no specific statutory provisions that set down requirements for the quality of care provided for children in Departmental residential settings that are enforceable in law.



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- 2.1.1 The *Community Welfare Act, 1982*, however, makes statements in the *Objects of Part VII and Part X* that are to be observed as principles guiding the enforcement of the Act.
- 2.2 Although responsibilities are not specifically stated in law the Department has an ethical responsibility in the provision of high quality care for children.
- 2.2.1 In assuring care and/or control of a child, the Department - in most cases - presumes that it offers a higher quality care than the child's parent(s). Further, the style of care the Department offers acts as a model of parenting to the community.
- 2.2.2 The Department, therefore, has a responsibility - to the children who are dependent on it for care and parenting; to the parents from whom the right to care for their child is withheld; and to the community, in general, for services to be qualitatively high and accountable.
- 2.2.3 The Department's **Regional Community Program Officers, Substitute Care**, (operating from Regional Offices) **are responsible** - on a regional basis - for the assessment, co-ordination and promotion of the quality of substitute care, and to provide professional support, guidance and development of field staff dealing with children in care. The Caseworkers, Substitute Care also develop and interpret policy on wards and substitute care programs.
- 2.2.4 The Department requires Community Program Officers, Substitute Care to possess specific **qualifications** which are described in Section 3.2, **Appendix 31: a Statement of Duties of Community Program Officers, Substitute Care** is at **Appendix 34 b).**
- 2.2.5 The Department's **Alternate Care Officer** (see also Paras 2.4 to 2.4.2) of this Section, assist in the development of a sense of **identity*** for children in care and work as part of a team delivering direct services to families who have been separated through a child, or children, entering substitute care.
- * 'identity': to develop in the child a sense of who they are, where they come from, a knowledge of their family and, wherever possible, maintain links with the child's family of origin.
- 2.2.6 Alternate Care Officers are also responsible for the recruitment of foster parents and their continuing development for a range of care including boarding placements; temporary care; short term care; long term care and part time care, as well as developing supportive community networks for foster parents, adoptive parents and natural parents.



- 2.2.7 **Qualifications** required by Alternate Care Officers are described in Section 6.4, **Appendix 31**, and their **Statement of Duties** is at **Appendix 38 e**).
- 2.3 The idea that the 'interests of the child are paramount' is a guiding principle that the Court takes account of in many matters concerning children; in the Children's Court decisions are said to be made in the child's best interest: children, therefore, are entitled to protection from harm while in the Department's care or in a foster care program: see also Section 2, Part II, Chapter One of this Manual, and Section 1, Part VI of this Chapter.
- 2.3.1 Because the standards that operate in **residential facilities** have the potential for meeting a child's needs or for harming a child, these standards should be based on an explicit child-focused philosophy of care, and should be subject to continuing evaluation and program development by the Unit Manager; see Parts I and IV of this Chapter.
- 2.4 The service required of **foster parents**, by the Department, is particularly demanding, and Community Welfare Officers and Alternate Care Officers (see Para 2.2.6 of this Section) are responsible for the continuing support and supervision of foster parents.
- 2.5 in order to prevent abuse of children through an unresponsive system of care there must be basic principles of care on which staff and Departmental management agree. This set of principles (see Part VII, Section 3 of this Chapter) then becomes:
- a) A framework for developing a positive plan for children in the residential setting; and in foster care;
 - b) A framework against which particular practices can be held accountable.
- 2.5.1 There are relevant statements and principles in this Manual and in the Department's *Policy and Procedure Manual, Wards* that are aimed at influencing the quality of care. The process, however, of assessment and review of practices over the wide range of residential facilities the Department operates would be more effective if accomplished in relation to a unifying set of principles that are acknowledged, understood and implemented by all staff: **these principles are outlined in Part I and Part VII of this Chapter.**



- 2.5.2 **Guidelines to the use of punishment and discipline in residential facilities** are currently being prepared by the Department and will be added to this manual when they are completed. Policy and procedure in relation to discipline and punishment for young offenders in Training Centres is described in *Part 2, Chapter Seven*, of the Department's *Training Centres Policy and Procedure Manual*; policy and procedures related to discipline and punishment in remand Centres is described in the *Department's Policy and Procedure Manual, Remand Centres*.

3 CHILDREN IN DEPARTMENTAL TRAINING CENTRES AND REMAND CENTRES

- 3.1 *Part II, Chapter One* of the Department's *Policy and Procedure Manual, Training Centres* describes the Department's responsibilities in relation to the care of young offenders: the principles outlined in that policy document are also relevant to the care of children in Remand Centres.
- 3.2 Policy and procedures in relation to assaults on residents in centres for young offenders are described in *Part IV, Chapter Four* of the Training Centres policy manual; *Part IV, Chapter Seven* of that manual describes policy and procedures in relation to discipline and punishment of young offenders in Departmental establishments.

4 CHILDREN IN FAMILY GROUP HOMES

- 4.1 As with foster care placement, children placed in **Family Group Homes** are faced with separation from their family and the difficulties of adjusting to unfamiliar people and routines when they are at a vulnerable stage of their lives. The Department's responsibilities for the protection of children extends to this form of care.
- 4.2 The principles outlined in Parts II, VII and VIII of this Chapter apply generally to children placed in Family Group Homes.
- 4.3 Officers supervising Family Group Homes should be particularly aware of additional pressures placed on Family Group Home Houseparents - due to the numbers of children placed in the home; the potential increase in problems stemming from the trauma experienced by these children as a result of separation, and the increase in frustration levels experienced by the Houseparents in dealing with the different areas of responsibility of the Department: these problems produce an environment where the potential for abuse is high.



- 4.4 **Principles:** procedures outlined for the notification and investigation of cases of incidents of abuse of children in foster care (see Section 1, Part VII of this Chapter) should generally be followed in cases of abuse in Family Group Homes.

5 CHILDREN IN NON-GOVERNMENT ALTERNATE CARE FACILITIES

- 5.1 The statutory basis whereby the Department can specify policy, procedures and practices in relation to the care of children placed in non-government alternate care facilities - which are established and managed by agencies such as community-based organisations or religious and other benevolent agencies, is set out in *Schedule 3* of the *Community Welfare Act, 1982*: the part 'Provisions Relating to Certain Licences and Authorities' (*Schedule 3*) states, *inter alia*:

'6. A licence or authority is subject -

(a) to any condition prescribed for licences or authorities or for a class of licences or authorities to which it belongs'

* 'Licence' includes a licence for a residential care centre, an intellectually handicapped persons centre or a residential centre for handicapped persons; an 'authority' refers to an authority to operate a fostering agency.

- 5.1.1 It is anticipated that the Regulations pertaining to the care of children in non-government alternate care facilities (and the Departmental guidelines to the Regulations) which will be made under the Act, will endorse the principles, policy, procedures and practices as described in the various Parts of this Chapter.
- 5.1.2 Therefore, Departmental procedures and practices in relation to the care of children in alternate care facilities - particularly in regard to notifications or complaints relating to incidents of abuse - must also be carried out in non-Government alternate care facilities.
- 5.2 It is the responsibility of Regional Directors to establish mechanisms, in their Region, to influence, support and assist the non-Government sector to establish such practices in the management of their facilities - as described in this Chapter.
- 5.2.1 Officers of the Central Office Alternate Care Committee; Regional Community Program Officers, Substitute Care; local office Alternate Care Officers, and Regional Community Program Officers, Child Protection are the appropriate Departmental officers to assist Regional Directors in their consultation with the non-government sector.

CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART III
INCIDENTS OF ABUSE IN A RESIDENTIAL SETTING

SECTION	CONTENT	PAGE
1	PRINCIPLES	5.3.1
2	POLICY	5.3.2
3	PROCEDURES FOR NOTIFICATION	5.3.6

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- 1 'Child Abuse, how satisfied are we', *Community Care*, May 5, 1983.
- 2 *Self-Discipline and Pastoral Care - A Report of the Community Inquiry Into Pupil Behaviour and Discipline in Schools*, (Thomas Report), New South Wales Department of Education, September, 1980, p 65.
- 3 Ibid, p 66.
- 4 *Royal Commission on Human Relationship, Final Report*, Vol. 2, p 19 (AGPS, Canberra, 1977).



CHAPTER FIVE

PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART III

INCIDENTS OF ABUSE IN A RESIDENTIAL SETTING

1 PRINCIPLES

- 1.1 *The social context within which children in residential institutions are cared for is constantly changing. In this respect such children do not differ significantly from those who live at home with their parents. Both are subject to the same changes and uncertainties. There is a lack of consistency in adult expectations of children and in what is regarded as reasonable in terms of attitudes and sanctions towards them. Appropriate treatment of children cannot therefore be seen in a vacuum but in accordance with values developed within changing cultural, political, economic and professional climates' 1*
- 1.2 A major difference between a family setting and a residential care setting, as it applies to incidents of abuse, is that the Department of Youth and Community Services has a responsibility to ensure that an employee who abuses a child in Departmental care is prevented from abusing other children while in the Department's employment.
- 1.3 Incidents of abuse in a residential setting have an immediate and often observable affect on a child. A child who is abused in a residential setting is analagous in many respects to a child abused in a family situation.
- 1.3.1 Examples of what could be constituted as abuse are:
- a) The action constitutes a criminal offence in that it is a physical assault on a child; or a sex-related offence against a child; see Section 4.1 a) b) Page 2.2.2 and Section 6, Page 3.6.9 of this Manual;
 - b) The action breaches a statutory regulation or a rule or policy relating specifically to a child's physical or emotional well-being or treatment;
 - c) The action impairs rather than improves a child's condition;



- d) The action runs counter to what could reasonably be accepted as the healthy development of a child, having regard to the child's age, condition, aptitude and ability;
 - e) The child is required to participate in techniques or processes not recognised as approved practice, and which have not been appropriately sanctioned.
- 1.4 The Department's responsibility for intervention and management of child abuse extends to all children, and should particularly relate to children in Departmental care, where the assumption of care by the Department often comes about through the assessment of an officer of Youth and Community Services that acceptable care and/or control over a child has not been provided by that child's parent(s)/guardian.
- 1.5 In line with the services developed by the Department for abused children and their families, procedures for the identification and management of incidents of abuse in a residential setting should be child-focused, and should ensure an independent, professional assessment of the care setting and the development of a case plan in line with the child's needs.

2 POLICY

- 2.1 To protect children from actual abuse, the following principles are to be adhered to by Unit management:
- a) No corporal punishment is to be used on children in care;
 - b) The use of 'time out' or withdrawal of privileges is to be monitored by the psychologist or senior staff member of the facility; this is to ensure that control techniques are sensitive to each child's personality - and whether the child's age, and behaviour are appropriate for the form of discipline - so as to provide a consistent way of managing a child;
 - c) Staff should be fully familiar with what constitutes 'abuse' and a child 'in need of care' under the *Community Welfare Act, 1982* - as well as the *Objects* of the Act (*Section 5*); the *Objects* of *Part VII (Section 45 and Division 6* of that Part;
 - d) Should any member of staff act towards a child in a physically, emotionally or sexually-abusive way, the Unit Manager should be notified - see 'Procedures for Notification', Section 3 of this Part. The Unit Manager has a responsibility to investigate and report findings to the Regional Office.



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- 'corporal punishment' is the administration of punishment of a physical nature - such as caning, flogging or beating, striking, hitting or other such action that inflicts pain and humiliation, as a means of creating fear in the child, and as a method of imposing discipline.

2.2 In communities serviced by schools - both government and non-government, '*corporal punishment is a very divisive issue*',² however, the majority of the members of the Committee of Inquiry into Pupil Behaviour and Discipline in Schools were opposed to the use of corporal punishment and believed that its use in schools should diminish. This majority view was based on the principles that:

'corporal punishment is founded on the false premise that members of our society respond to force and not to reason: a premise that is alien to the values embedded in the idea of education for individual development; ... it is only the young who are placed in a position where force can be substituted for reason; and that the use of corporal punishment in schools is undesirable as it can teach a child that he lives in a violent world and that if he wishes to control someone else or to solve a problem between himself and another person he should use force or make that person afraid by the threat of force; ... that corporal punishment can be psychologically damaging and that it does not contribute to learning'.³

2.2.1 Because of the disparity between the majority and minority views of the Committee, the Committee recommended that schools devise a discipline policy in consultation with their school communities, to meet their particular needs and circumstances, and that they give specific consideration to the question of abolishing the use of corporal punishment.

2.2.2 The Department agrees with the principles espoused by the majority views of the Committee as well as with the views expressed in the Final Report of the Royal Commission on Human Relationships that 'as long as schools, and others to whom the care of children is committed, use physical means of punishment, this will convey subtle messages to parents that such methods are appropriate, and not so subtle messages to children that society approves of authority based on force'.⁴



- 2.2.3 The New South Wales Department of Education, in its *Instructions and Information for the Guidance of Teachers* states (Section 3.2.5 'Corporal Punishment and Detention of Pupils', Para 3.2.5.1 (6)) that 'where resorted to in extreme cases, corporal punishment is to be administered on the palms of the hands in the customary manner with a light cane. All other forms of corporal punishment are strictly forbidden'; and (in Para 3.2.5 (8)) that 'if a parent makes a request in writing that his child be not caned, the teacher shall not use the cane upon that child. Under these circumstances, the parent must be given to understand that the child is not thereby exempt from the discipline of the school, but is subject to appropriate action, other than corporal punishment, in the event of serious misdemeanour.'
- 2.2.4 **Policy and procedures in relation to the caning of children in schools** - administered by the Department of Education and operated in Departmental establishments, and in schools where children attend who are in Departmental care - are presently being discussed by the Department and the Department of Education (through the Interdepartmental Committee on Child Abuse and the Interdepartmental Committee on Emotionally Disturbed Children). It is anticipated that procedures will be established whereby caning of children would not be permitted and that counselling and specific child management techniques (particularly for those children who are persistently disruptive within the classroom) would be provided to a child by residential care staff, in conjunction with staff of the school, staff of the Department of Education Directorate of Guidance and Special Education, Regional Guidance Clinics, School Counsellors, and Specialist Counsellors.
- 2.2.5 Residential care staff should ensure that parents are aware of their right to inform schools, should they wish to do so, that they do not permit caning of their child - see Para 2.2.3. A form letter (see **Appendix 30**) is available for parent's use from the organisation, People and Teachers Against Violence, P.O Box 355, Double Bay, 2028, New South Wales.
- 2.3 Individual members of staff employed in residential facilities are personally accountable for their treatment of children and it is the responsibility of facility management to ensure that staff are aware of agency policy and procedures designed to protect children and promote their well being.
- 2.3.1 The way in which the material and emotional needs of children in care can be met are described in Part IV of this Chapter.



- 2.4 Workers in welfare have legitimate needs to be supported and offered supervision that increases their motivation, concern and capacity to work with emotionally-draining problems. **Support to and supervision of staff must be maintained by management, particularly in instances where staff work in circumstances of stress and harassment:** see also Part IV of this Chapter, particularly Paras 1.4 and 1.4.1, Page 5.4.1, and Part VI of this Chapter.
- 2.5 Any Departmental staff member who believes, on reasonable grounds, that a child has been assaulted or neglected in the meaning of *Part VII* of the *Community Welfare Act, 1982* is required to notify the Director-General (or delegated officers) - see Para 1.5, Part 1, Chapter Two - Page 2.1.3 - of this Manual; **the procedures relating to such notification are described in Section 3 of this Part.**
- 2.5.1 The attention of Departmental staff is also drawn to *Sections 301* and *302* of the Act in that **it is an offence to abuse a child or intellectually handicapped person:** see Para 1.4.4, Part 1, Chapter Two - Page 2.1.2 - of this Manual.
- 2.6 After receipt of a notification, the Director-General (or delegated officer) is obliged to ensure that the allegations are investigated and appropriate action is taken. The *Community Welfare Act, 1982* states that this action may include reporting to the police; see *Subsection (5), Section 102* of the Act.
- 2.7 Also, *Sections 92, 93 and 94* of the *Public Service Act, 1979* set out procedures for dealing with breaches of discipline and applicable punishments. Where a child is abused in a residential setting, the action may amount to a breach of discipline under the *Public Service Act*.
- 2.7.1 In the event of the Department charging an employee with a breach of discipline, the action must be heard before a Public Service Board enquiry. The procedure and practice of this Board of Enquiry are described in the Regulations under the *Public Service Act, 1979*. Where a breach of discipline is established, one of the board's options is dismissal of the officer from the Public Service: see also Para 3.8.1 of this Part.



3 PROCEDURES FOR NOTIFICATION

- 3.1 Where a Departmental worker in a residential setting observes an incident/incidents that could be considered 'abuse' as defined in the *Community Welfare Act, 1982 (Section 4(1) of the Act)*, that staff member must directly inform the Unit Manager, either verbally or in writing: the Unit Manager must immediately inform the Regional Director.
- 3.2 On receipt of an allegation the Unit Manager is required to make a **formal notification** (under *Section 102 of the Act*) to 'Montrose' Child and Family Crisis Service; the Unit Manager must immediately document the facts of the situation as described by the notifier.
- 3.3 The person who notifies the child as 'at-risk' to the Unit Manager will be considered as the notifier under *Section 102 (2) of the Act* and as such is protected by the provisions of *Section 102 (6) of the Act*.
- 3.4 On receipt of a notification at 'Montrose' the Executive Officer or Co-ordinator of 'Montrose' must immediately contact the Regional Director, of the relevant region, to discuss the incident(s).
- 3.5 The Regional Director at this point has the responsibility for ensuring that:
- a) An independent comprehensive investigation and assessment of the situation takes place;
 - b) The staff member against whom the allegation is made is informed of the notification and the procedure for assessment that will follow;
 - c) Where the staff member's continued contact with the child/children in question may constitute risk to the children, the staff member should be temporarily rostered to other duties.
- 3.6 Independent investigation and assessment of the allegations, the care setting and the child's needs should include the following persons:
- a) The Operations Manager;
 - b) The Unit Manager;
 - c) The Regional Community Program Officer, Child Protection.
- 3.6.2 The role of the Operations Manager is to co-ordinate the investigation and assessment: the role of the Unit Manager is to co-ordinate the Regional Community Program Officer, Child Protection and co-workers in a joint assessment.

3.7 **Assessment** of the situation should contain information on the following:

- a) The child's physical condition: the exact procedure in relation to medical assessment and the required documentation for a child believed to have been physically or sexually abused or injured, is described in Section 3, Part II, Chapter Three of this Manual, and these procedures should be followed in this situation; however Para 3.7 (Part II, Chapter Three) is not applicable and the members of the assessment team will take on the role of the Community Welfare Officer/Child Protection Worker outlined in that Section;
- b) The grounds for notification or for concern: these should include:
- i) Statements by the child (where possible) describing the incident and what circumstances led to the incident;
 - ii) Statements by the staff member who allegedly abused the child, describing the situation in which the incident allegedly took place, and that worker's action in the situation;
 - iii) Statement by the staff member who made the complaint detailing the source of information and an account of the incident in the same detail as outlined in ii);
- c) Assessment of the relationship of the staff member and child concerned, with specific reference to observations of past and current behaviour;
- d) Assessment of the child's family and Departmental history;
- e) Assessment of the staff member's personal and Departmental history: such assessment may be seen as an invasion of personal privacy; however, if the incident is to be assessed in context and the best decision made for child and the staff member concerned, then the same information that is required from parent(s)/guardian in child abuse assessments in the community is also required where the incident takes place in a Departmental establishment. The staff member has the option to not discuss personal details and should be informed about this right;
- f) Assessment of the child's emotional, intellectual and educational functioning; and, where it is in the child's best interests, referral of the child for specialist assessment by a paediatrician, psychologist or speech therapist should be arranged: see Section 4, Part II, Chapter Three of this Manual.





3.7.1 After assessment officers are advised to fill in Forms 1, 2 and - if the case is registered - Form 3 as described in Part 1, Chapter Two of this Manual. Given the different circumstances that can arise - it may be difficult to complete Form 2 - Community Welfare Officers/Child Protection Workers and Unit Managers involved in assessment are requested to forward Form 2 (even if not completed), with the assessment report attached, to 'Montrose'.

3.8 After assessment, a **case conference** should be called immediately. The Chairperson in this situation should be the Regional Director or Operations Manager. The Chairperson has the delegation:

- a) To involve the staff member who is the subject of the allegation;
- b) To involve other relevant persons, such as the Central Office Program Officer, Child Protection (or that officer's delegate), as well as the Unit Manager; the Regional Community Program Officer, Child Protection; or relevant non-Departmental persons such as official, visitors (see Para 3.3, Part 1 of this Chapter, Page 5.1.3;
- c) To make the final decision as to the outcome of the case conference, where there is disagreement among participants as to the appropriate decisions;
- d) To request written reports from participants;
- e) To nominate an officer to produce a formal written report (see Para 3.8.2).

3.8.1 The aims of the case conference are:

- a) Through review and discussion of the assessment, to draw conclusions as to whether the allegation was substantiated or not;
- b) To share relevant information that arises out of the assessment;
- c) To develop a case plan in relation to the child involved;
- d) Where substantiated, to review all possible options open to the Department - **including provision of support systems to the staff member**, as well as possible disciplinary actions -and make appropriate decisions, see Para 2.6.1 of this Part;
- e) **Where unsubstantiated, to offer affirmation and support to the staff member involved;**
- f) To review policy and practices that operated in the situation and make appropriate recommendations related to changes in policy or practice.

- 3.8.2 The case conference must formalise its discussion and decisions through a written report; see Para 3.8 e). The original of this report must be submitted to the Regional Director for confirmation of decisions taken. A copy must be forwarded to 'Montrose' and to The Director, Operations, Central Office and the Central Office Program Officer, Child Protection to arrange for policy amendments where recommended, and considered appropriate.
- 3.9 The procedures outlined in this Section should also be adhered to if the incident - as outlined in Para 3.1 of this Section - is reported by a child who is either the alleged victim, or another resident.
- 3.9.1 These procedures should also be adhered to if the allegation comes from another source; such as the Ombudsman's Office or an 'official visitor' (see Para 3.4.1 to 3.4.2, Part I of this Chapter - Page 5.1.4); or the child's parent(s) guardian.





CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART IV
SYSTEMS ABUSE IN A RESIDENTIAL SETTING

SECTION	CONTENT	PAGE
1	PRINCIPLE	5.4.1
2	POLICY	5.4.3

CHAPTER FIVE



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PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART IV

SYSTEMS ABUSE IN A RESIDENTIAL SETTING

1 PRINCIPLE

- 1.1 Identifying systems abuse in any program or service requires recognition of elements of the total system that may potentially harm the child who is the user of the service or program.
- 1.2 Although the immediate impact of an abusive system is not as readily observable as with an incident of physical, emotional or sexual abuse, the long term effects are equally detrimental to the child; see also Para 4.1 c), Page 2.2.2 of this Manual.
- 1.3 If a residential setting, for example, is characterised by policies and/or practices that are not fundamentally child-oriented, the child continually receives messages that he or she is of less value and consequence than the structures developed to care for the child. The extreme effect of this situation is that the child develops institutional behaviour or becomes institutionalised. In less extreme cases, however, some of the following behaviour can be observed:
 - a) The child fails to develop skills in forming relationships;
 - b) The child has a limited capacity to be loving and caring;
 - c) The child is unable to take responsibility for his/her actions nor to assess the consequences of those actions;
 - d) The child fails to develop skills for independent living;
 - e) The child under-achieves intellectually and/or educationally.
- 1.4 The effects of abusive systems are so powerful that staff members can themselves be victims of the structure and develop rigid, less responsive ways of relating to the children and each other. At the extreme of the continuum is the worker who becomes institutionalised.



- 1.4.1 In order to be responsive, nurturing and objective enough to review their own behaviour, staff in a residential setting must be well supported, trained and cared for by management:
see **Part VI of this Chapter.**
- 1.5 Any program or service has the potential to indirectly disadvantage or harm the children unless specific, repeated steps are taken to review policies and practices in the light of childrens needs.
- 1.6 Children in a residential setting are sometimes in need of care and/or protection in situations where discreet incidents of abuse cannot be identified. The following statements describe features of a residential setting that have the potential to cause abuse of children:
- a) Major decisions affecting the child's life are taken for reasons of administrative, financial or political efficacy;
 - b) Programs are permanently structured in line with a group identity rather than having an 'individual child' focus;
 - c) programs are permanently structured in line with administrative, financial and staffing needs;
 - d) Review of the program is based on efficiency and staff satisfaction rather than childrens' needs;
 - e) Staff demands and comfort take precedence over children's demands and comfort;
 - f) There is confusion among staff and management as to the principles of care under which the unit operates and the expected standards of care;
 - g) There is confusion and/or large differences among staff members about their role in relation to the children and the style of involvement, both nurturing and disciplinary, that is acceptable.
- 1.7 The role of the residential care worker and that worker's resources and values are the thread that pulls the environment together for children.
- 1.7.1 The residential care worker cannot be the same as a child's parent. The worker does not have the same historical or biological significance to the child, nor does the worker usually have the continuity in the child's life that parents have.



- 1.7.2 The child care worker, however, has much to offer the child. Although the worker cannot become the parent, a child's need to form attachments and bonds does not cease with the separation from the parent.

2 POLICY

- 2.1 Identification and management of systems abuse in a residential setting must commence with the acceptance by Unit management and other residential staff of a set of basic principles that:
- a) Ensure the child has certain irrevocable rights in the care situation;
 - b) Provides a statement of values and guiding principles for staff working in the care situation;
 - c) Provide a framework for regular assessment, review and amendment, where required, of policy and practices.
- 2.1.1 The policy and procedure in relation to the rights of children in care are described in Part I of this Chapter; see particularly Para 3.1.1 of that Part (Page 5.1.2) for a description of the principles underlying the rights of children in care.
- 2.2 All practices and programs of the Unit should be developed or reviewed in accordance with these principles: with the needs of the children concerned, as the primary focus.
- 2.3 **Unit Managers must develop a specific action plan based on the principles; such an action plan to be submitted annually to the Regional Director. A draft Action Plan, including a statement about the role of Residential Care Workers, is provided in Appendix 20 for the information of Unit Managers and their staff.**
- 2.4 An important aspect of each Unit's Action Plan will be regular six-monthly reviews of the plan by the Unit Manager and staff: the results of these reviews must be submitted to the Regional Director for consideration.
- 2.5 Unit Managers are advised to utilise the services of the Regional Caseworkers, Substitute Care and the Regional Community Program Officer, Child Protection in the development of their Action Plan bi-annual evaluations.



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CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART V
SPECIAL MEDICAL EXAMINATIONS AS PRESCRIBED UNDER
SECTION 49 OF THE COMMUNITY WELFARE ACT, 1982

SECTION	CONTENT	PAGE
1	PROCEDURES FOR UNIT MANAGERS OF SPECIAL FACILITIES AND FOR MANAGERS OF LICENSED RESIDENTIAL PREMISES	5.5.1



CHAPTER FIVE

PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND IN FOSTER CARE

PART V

SPECIAL MEDICAL EXAMINATIONS AS PRESCRIBED UNDER
SECTION 49 OF THE COMMUNITY WELFARE ACT, 19821 PROCEDURES FOR UNIT MANAGERS OF SPECIAL FACILITIES AND FOR
MANAGERS OF LICENSED RESIDENTIAL PREMISES

1.1 Special medical examinations as prescribed under *Section 49* of the *Community Welfare Act, 1982* Act (see **Appendix 12**) should only apply if they are in the interest of the child, and should only be carried out in the following circumstances:

- a) To determine if a child is in need of medical care due to:
 - i) Trauma caused by sexual assault; and/or
 - ii) Presence of venereal or other disease;
- b) To establish evidence of sexual assault.

see also Section 1, Part 3, Chapter Three of this Manual.

1.1.1 Where these circumstances do not apply, special medical examinations must not be carried out.

1.2 Consents to special medical examinations must be sought from the parents and/or the child and agreed to by the Minister, in accordance with *Section 49, (5) and (6)* of the *Community Welfare Act, 1982*.

1.2.1 *Section 49 (7)* of the Act provides for medical examination to be carried out by order of the Children's Court should such examination be unreasonably refused or cannot reasonably be obtained.

1.3 The Act also provides for:

- a) A parent and/or the child to nominate whether the examination should be carried out by a male or female medical practitioner (*Section 29 (8)* of the Act);
- b) Counselling of the child in relation to the nature of the examination and its effects (*Section 49 (9)* of the Act).



- 1.3.1 It is the responsibility of the facility Manager to provide a Counsellor for the child.
- 1.3.2 In the choice of a counsellor, it is not necessary to have someone who has a medical qualification. The extent of the person's qualifications will depend on the particular circumstances of the case and the nature of the examination and its complexity. What is important, when choosing a counsellor, is that that person has appropriate qualities and attributes for such a task and has a positive relationship with the child; for example, a member of the residential facility staff, or a family friend of the child could be appropriate in a given situation, or, the appropriate person, at a given instance and circumstance, could be a Nursing Sister on the doctor's staff. It is also important, so as not to frighten the child and parents, that the counsellor does not over-emphasise the effects of the examination.
- 1.4 Where a child and/or parent seeks a second medical opinion and there is a disagreement between the two doctors, the matter must be brought before the Children's Court to decide whether the examination should take place.
- 1.5 The facility Manager must be responsible for the completion of the appropriate sections of the relevant medical examination form - **'Special Medical Examination Form' (ME 49) (Appendix 12)**, and is responsible for ensuring that the appropriate sections are filled in by, and explained to, the parent and/or the child.
- 1.6 Where there is any possibility of misunderstanding due to language difficulties and cultural divergencies, the facility Manager must provide a qualified interpreter for the child and/or the family (see Para 1.2.3 b), Part VI, Chapter Three of this Manual - Page 3.6.3).
- 1.6.1 In the case of Aboriginal families, the Manager must consult with appropriate Departmental Officers and/or Aboriginal agencies, as outlined in Paras 1.3 to 1.3.2, Part VI, Chapter Three of this Manual - Page 3.6.4.
- 1.7 *Section 8, Part 1, Chapter Four* of the Department's *Policy and Procedure Manual, Training Centres* also describes the procedures as they apply to special medical examinations for young offenders in Departmental Training Centres.



CHAPTER FIVE
PROTECTION OF CHILDREN IN ESTABLISHMENTS
AND IN FOSTER CARE

PART VI
THE STAFF PERSPECTIVE IN PREVENTION OF ABUSE IN
RESIDENTIAL FACILITIES

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3	EXPECTATIONS PLACED ON RESIDENTIAL CARE WORKERS	5.6.3
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CHAPTER FIVE

PROTECTION OF CHILDREN IN ESTABLISHMENTS
AND IN FOSTER CARE

PART V

THE STAFF PERSPECTIVE IN PREVENTION OF ABUSE IN
RESIDENTIAL FACILITIES

1 PRINCIPLE

1.1 While it is necessary to have clear procedures to protect children in residential facilities, it is equally necessary to identify factors within a setting that might contribute to the abuse of a child. The research related to abuse within a family indicates a range of environmental factors, as well as personal factors, that are present when a parent physically abuses a child. These environmental factors are equally significant in situations where the parent/child relationship is emotionally abusive.

1.2 In a residential setting, residential care workers (including Youth Workers (child care workers)) are entrusted with the care of the children in the facility. From the child's perspective these officers of the Department have a position of responsibility and status. Although the residential care worker cannot be the child's parents, they are typically placed in a surrogate-parent role; particularly in the model of care that utilises houseparents or married-couple managers.

1.2.1 In Training Centres, the relationship between residential care workers and the young offenders is more removed from a parenting role in that the child's need for adequate care is not the primary reason for committal. Youth workers, however, do have immediate authority over, and responsibility for, the young people in the facility, and, in many situations, the workers develop a close, caring relationship during the period of the young person's remand or committal.

1.2.2 In all residential facilities a system of relationships and traditions develops as in a family. Both in the family and a residential care setting the group process develops a life of its own and, by its existence and role, affects those involved in that group.



1.3 Although the analogy between a residential facility and a family is not consistent at all levels, there are common features - as described in the previous paragraphs of this Section, that make the conclusions of family-based research relevant to the residential care setting. The following Sections of this Part describe:

- a) Some of the features of abusive families;
- b) The historical expectations placed on residential care workers and how these expectations may give rise to some of the factors described in a);
- c) Ways in which the residential care worker's responsibilities can be structured so that abuse of children at the system, or at an individual level, is less likely to occur.

2. ABUSIVE FAMILIES

2.1 The causes of abuse within a family are complex, and psychological and environmental factors are interactive rather than operating exclusively.

2.1.1 There are a small number of situations where a parent's psychological problems are the major factor in the abusive situation. In most families, however, a parent's personal problems are exacerbated by environmental stress, including, at times, the particular child. Some of the factors that have been found to be significant are:

- a) Low self esteem and poor self-image;
- b) A sense of powerlessness and failure;
- c) Externalised loci of control; that is, the parent is unable to take responsibility for his/her actions, but consistently blames external events or persons;
- d) Difficulty in forming relationships based on trust;
- e) Low tolerance of frustration;
- f) Inflexible ideas about the disciplining of children and acceptable modes of behaviour of children;
- g) Unrealistic expectations of the child;
- h) Lack of support from the marriage partner and from family and friends;
- i) Social isolation;



- j) A difficult or unwanted child;
- k) Marital conflict;
- l) Economic stress and/or housing problems;
- m) Personal history of abuse and deprivation as a child;
- n) Lack of organisation within the family.

2.2 Although many families - where abuse is occurring - feel a sense of hopelessness about their problems, counselling and supportive services can be very effective in reducing the major stresses on the family, including the psychological factors and the destructive interactions that are part of the family system.

3 **EXPECTATIONS PLACED ON RESIDENTIAL CARE WORKERS**

3.1 A residential care setting, like a family, is a system whose vital components are people. When people come to work with young, vulnerable children or adolescents, they bring with them their own personal histories of child care, and their attitudes to children.

3.1.1 In general, this personal contribution is a positive resource, but it is a resource that requires support and continuing evaluation both by the worker and management.

3.2 Historically, there are both real and unwritten expectations placed on residential care workers that, in many situations, undermine the support available to the workers from their peers, management, and the environment in general. Residential care workers are often expected to:

- a) Respond equally to all children;
- b) Deal consistently and sympathetically with large numbers of unrelated children who usually bring with them their own emotional problems and positive/negative attitudes to adults;
- c) Never lose their temper with children, despite provocation;
- d) Remain innovative, and contribute to program development without any continuing training, 'time out' or a team support structure;
- e) Cope with conflicting demands - in relation to their role and responsibilities, from children; peers; consultants, and different levels of management;
- f) Complete administrative work and reports on the children;
- g) Cope with isolation from other programs, agencies, and peers.
- h) Work irregular hours,



- 3.3 In order to fulfil these expectations, residential care workers would need to be consistently exceptional people with very few personal needs. The reality, however, is that workers in residential care have the same needs for recognition, 'fair' working conditions and support, as other workers: their role also requires an emotional contribution that many other positions do not.
- 3.4 Residential care management's approach in this area needs to acknowledge the demanding nature of the work, and the personal and professional needs of workers; otherwise, the expectations of workers, and the structure of the residential care setting, can allow many of the personal and environmental factors, that characterise abusive situations, to develop in the care setting.
- 3.5 Where abuse occurs in a residential setting it cannot be viewed as an isolated incident, nor only as a responsibility of the individual worker. The same broad contextual perspective that field workers bring to their intervention in families needs to be applied to the care setting.
- 3.5.1 One of the key elements in any management plan for a family, is the recognition of what factors were of significance in the family system and what changes need to occur in order to prevent further abuse.
- 3.6 The Department has a responsibility, both to the children it cares for and the staff who care for those children, to promote an approach that limits the possibility for abusive systems to develop, or for incidents of abuse to occur.
- 4 PREVENTION OF ABUSE IN RESIDENTIAL SETTINGS - RESPONSIBILITIES OF UNIT MANAGEMENT**
- 4.1 Prevention of child abuse in a residential setting at the systems level, and in terms of individual incidents, requires a willingness by residential care management to have realistic expectations and personnel policies that contribute to the effective functioning of its staff.
- 4.2 The personnel policies that need to be addressed encompass recruitment, training, program structure, and the philosophy and practice of supervision. Conditions of work also need to be carefully evaluated in the light of the worker's responsibilities.



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4.3 Of major importance to worker morale is the value placed on working with children in a residential setting. Residential care workers will contribute more effectively if their role is acknowledged as being of high status, associated with clear goals, expectations and responsibilities. Rather than 'care' being the sole responsibility of the worker, the residential care staff should be acknowledged as resource people who can contribute to case plans, decision-making, and program development.

4.4 To fulfil a more valued, powerful role, residential care workers require staff development courses which should be arranged by the residential care management - in conjunction with the Department's Senior Staff Development Officer; such courses to be arranged with Departmental resources and/or in negotiation with external tertiary education establishments. Staff development courses will enable staff to develop confidence in their knowledge base and skills. Attendance at such courses should be a pre-requisite to working with children in the Department's residential care facilities.

4.4.1 Residential care workers, including Youth Workers (child care workers); Program Supervisors; Managers; Superintendents, and Matrons, require:

- a) A knowledge of child development practices; child behaviour and management of children;
- b) An awareness of the community resources and family supports systems which are available within the community; and
- c) Possess groupwork, negotiation and problem solving skills.

4.4.2 **Qualifications** currently required, and the present **Statements of Duties** of specific residential care workers are in the Appendixes of this Manual as listed:

- a) Superintendents (**Appendixes 39 a) and b)**);
- b) Managers (**Appendix 29 c)**);
- c) Matrons (**Appendixes 39 g) to 39 k)**);
- d) Youth Workers (**Appendix 39 f)**); including Chief Youth Worker, (**Appendix 39 c)**) and Senior Youth Worker (**Appendix 39 e)**);
- e) Program Supervisors (**Appendix 39 m)**).

4.5 Further, structures that allow for team support and a cessation of work ('time out') to allow for attendance at staff development programs and program-oriented team meetings, should be made available.



- 4.5.1 It is also important to develop a caring and non-abusive situation in the residential care facility, by providing opportunities for staff to participate in, and share activities with the resident children and with each other; particularly where activities can be developed that are of mutual interest and enjoyment.
- 4.5.2 All residential care workers and the resident children should be given the opportunity to participate in decisions regarding management and program setting within the residential facility.
- 4.6 Supervision is an important part of a professionalised approach to work, and where the clients are vulnerable - or needy children, supervision is integral to service delivery.
- 4.6.1 In a residential care setting, positive feedback and a shared evaluation of the service, and each individual's contribution to that service, is an essential part of the supervision process.
- 4.6.2 Each worker needs to feel personally valued by the Manager/ Superintendent for that worker's unique contribution, and to be valued by peers as a member of a team. In order to teach children to trust, staff must be open and trusting towards each other.
- 4.7 One of the key factors in helping a family to overcome an abusive pattern is the degree of communication, open discussion and flexibility that the family system allows. Where a family is unable to interact easily with other members of the community, or is unable to accept other perspectives, social isolation and mutual dependency result and prevent further personal growth. Within a residential care setting, it is essential to the personal growth of the staff for the system to be organised or arranged so as to allow for, and welcome other perspectives, contributions and support networks.



CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND FOSTER CARE

PART VII
CHILDREN IN FOSTER CARE

SECTION	CONTENT	PAGE
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2	PROTECTION OF CHILDREN FROM SYSTEMS ABUSE IN FOSTER CARE	5-7.4



CHAPTER FIVE

PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES
AND FOSTER CARE

PART VII

CHILDREN IN FOSTER CARE

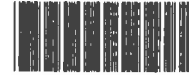
1 INCIDENTS OF ABUSE IN FOSTER CARE

1.1 Principles:

- 1.1 Children placed in foster care are faced with separation from their family and with the difficulties of adjusting to unfamiliar people and routines at a vulnerable point in their lives. As the Department's responsibility for intervention and management of child abuse extends to all children, this responsibility should particularly relate to children for whom the Department arranges foster care as a consequence of natural family breakdown.
- 1.1.2 Children in foster care often bring with them - to the care setting - an attitude to carers, and behaviours that require enormous tolerance, flexibility and an adjustment to these factors - by the foster parents and their own children.
- 1.1.3 Incidents of abuse in foster care have a significant affect on a child and may further limit a previously abused child's ability to adjust to a family setting.
- 1.1.4 In accordance with the services developed by the Department for abused children and their families, procedures for the identification and management of abuse in foster care should be child-focused and should ensure an independent professional assessment; and the development of a case plan appropriate to the child's needs.

1.2 Policy

- 1.2.1 Departmental Officers who believe, on reasonable grounds that a child has been assaulted or neglected in foster care - in the meaning of *Part VII* of the *Community Welfare Act, 1982* are required to notify the Director-General (or delegated officers); see Paras 1.4.1 and 1.5, Part 1, Chapter Two of this Manual - Page 2.1.2.
- 1.2.2 After receipt of a notification the Director-General (or delegated Officer) is obliged to ensure that the allegations are investigated and appropriate action is taken. The *Community Welfare Act, 1982* states that this action may include reporting to the police - see *Subsection 5, Section 102* of the Act.



1.2.3 As well as an assessment of the child's immediate needs and the development of a case plan in accordance with Chapter Three of this Manual, an assessment and consideration of the foster family's suitability for further placements, must take place.

1.3 Procedures

1.3.1 When a Departmental officer receives information, or observes an incident that could be considered abuse of a child in foster care, that staff member must directly inform the District Manager.

1.3.2 On receipt of an allegation, the District Manager must make a notification - under *Section 102* of the *Community Welfare Act, 1982*, to 'Montrose' Child Care and Family Crisis Service; and inform the Regional Director.

1.3.3 Under the terms of the legislation, any Departmental officer has the right to notify an incident of suspected child abuse and is protected, under the provisions of *Section 102(6)* of the Act; see Para 1.4.3, Part 1, Chapter Two of this Manual - Page 2.1.2. Usual Departmental procedure, however, has delegated this responsibility to the District Manager.

1.3.4 The District Manager, on receipt of notification of the allegation, is responsible for ensuring that:

- a) A comprehensive investigation and assessment of the situation takes place in accordance with the procedures outlined in Chapter Four of this Manual;
- b) The foster parent involved is informed of the notification;
- c) Where a child's continuing safety cannot be guaranteed in the foster placement, an appropriate alternative placement is immediately found.

1.3.5 Where a Community Welfare Officer is the Primary Worker, that Officer should gain assistance from the Community Welfare Officer, Child Protection/Child Protection Worker - if available, or the Regional Community Program Officer, Child Protection.

1.3.6 After assessment, a case conference must be held. This conference should include the participation of direct service personnel and either the Regional Community Program Officer, Child Protection or the Regional Caseworker, Substitute Care; the conference should be 'chaired' by the District Manager. Consideration should be given to the inclusion of the foster parent concerned - where appropriate.



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- 1.3.7 Officers are advised to fill in Forms 1, 2 and - if the case is registered - Form 3 as described in Part 1, Chapter Two of this Manual. Given the different circumstances that can arise, it may be difficult to complete Form 2. Field Officers and Unit Managers involved in assessment are requested to forward Form 2 (even if not completed), with the assessment report attached, to 'Montrose'.
- 1.3.8 The results of the case conference must be clearly communicated to the foster parents and to the natural parents: the aims of the case conference are:
- a) Where the allegations are substantiated, to review all possible options open to the Department, including provision of support to the foster parents; a moratorium on future placements or a decision to discontinue the placement of children with the foster parent concerned;
 - b) To share relevant information that arises out of the assessment;
 - c) To develop a case plan in relation to the child involved;
 - d) Where the allegation is unsubstantiated, to offer affirmation and support to the foster parent/s involved;
 - e) To review policy and practices that operated in the situation and make appropriate recommendations related to changes in policy or practice that might be useful.
 - f) To recommend whether the foster-parent should be prosecuted, or the matter reported to the police.
- 1.3.9 The case conference must formalise its discussion and decisions through a written report. The original of this report must be submitted to the Regional Director for confirmation of decisions made and a copy of the report must be forwarded to 'Montrose': a copy should also be forwarded to the Director, Operations, for information - and for discussion with the Central Office, Family and Children's Services Policy Unit Program Officer, Child Protection, and to arrange for policy amendments - where recommended and considered appropriate.
- 1.3.10 These procedures should be adhered to regardless of the source of allegations.



2 PROTECTION OF CHILDREN FROM SYSTEMS ABUSE IN FOSTER CARE

2.1 Principles

2.1.1 Systems abuse of children in foster care can arise due to several factors in a Foster Care program:

- a) The recruitment of foster parents;
- b) The continuing support and monitoring of the foster parents' involvement with the foster children;
- c) The initial placement of a fostered child;
- d) The review of placement, and case planning in relation to a child in care.

2.1.2 Prevention of abuse by the foster care system is as much a Departmental responsibility as protection of children from incidents of abuse.

2.1.3 The principles of care, as outlined, in Part VII of this Chapter, apply equally to the foster care program.

2.2 Policy

2.2.1 Identification and management of systems abuse in the foster care setting must commence with the acceptance, by the foster parents and Departmental staff managing the foster care program, of the basic principles relating to children in a care situation; and the principles designed to reflect children's basic psychological and physical needs, as well as a concern for their legal standing; as outlined in Para 2.1, Part IV, (Pages 5.4.3) and Para 3.1.1 Para 2.1, Part IV (Page 5.4.3) and Para 3.1.1, Part I of this Chapter (Page 5.1.2).

2.2.2 All practices related to the foster care program should be developed and reviewed in accordance with these principles; with the needs of the children concerned, as the primary focus.

2.2.3 District Managers must develop a specific action plan based on these principles; such an action plan to be submitted annually to the Regional Director for approval.

2.2.4 An important aspect of each Community Welfare Office Foster Care Action Plan will be regular six-monthly reviews of the plan by the District Manager and relevant staff.

2.2.5 District Managers are advised to utilise the services of the Regional Caseworkers, Substitute Care in the development of their bi-annual Action Plan.



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2.2.6 **Cultural considerations:** children from another cultural background, including Aboriginal children, may be particularly at risk of systems abuse if they are placed in a culturally inappropriate or insensitive foster placement. Placement with this group of children should consider their immediate emotional needs as well as their long-term need for cultural identity and continued contact with their family and culture or origin:
See also, Section 1, Part VI, Chapter Three of this Manual.



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CHAPTER FIVE
PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES

PART VIII
ROLE OF THE OMBUDSMAN

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1	STATUTORY BASE	5.8.1
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CHAPTER FIVE

PROTECTION OF CHILDREN IN RESIDENTIAL FACILITIES

PART VIII

ROLE OF THE OMBUDSMAN



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1 STATUTORY BASE

1.1 *Section 12(3) of the Ombudsman Act, 1974 as amended* provides for the right of children in Departmental care to complain to the Ombudsman about anything that affects them whilst they are in the care of the Department.

1.2 *Section 5(2) of the Act* states that the Department (as a 'public authority'^{*}) is wrong in its actions (towards a child in care) if such actions are:

- '(a) contrary to law;*
- (b) unreasonable, unjust, oppressive or improperly discriminatory, whether or not it is in accordance with any law or established practice;*
- (c) based wholly or partly on improper motives, irrelevant grounds or irrelevant considerations;*
- (d) based wholly or partly on a mistake of law or fact;*
- (e) conduct for which reasons should be given but are not given; or*
- (f) otherwise wrong.'*

* individual public servants are included in the definition 'Public authority': see Para 2.3 of this Part.

2 POLICY AND PROCEDURES OF DEPARTMENTAL OFFICERS IN RELATION TO THE ROLE OF THE OMBUDSMAN

2.1 A Departmental pamphlet (**Appendix 27 a**) which is made available to all children admitted to the care of the Department, advises of the procedure that a child should follow if wishing to make a complaint to the Ombudsman. A pamphlet (**Appendix 27 b**) outlining the role and function of the Ombudsman is available from the Ombudsman's Office, 14th Floor, 175 Pitt Street, Sydney, 2000 (Tel: (02) 235 4000): a pamphlet providing similar information and printed in English, Greek, Serbian, Turkish and Vietnamese, is also available from the Ombudsman's Office.

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- 2.2 Staff from the Ombudsman's office visit Departmental establishments and some ward residential care units on a regular basis - generally at two-monthly intervals. The purpose of these visits is to provide an 'outreach' service to those children who are not readily able to have access to the Ombudsman's office. It is the responsibility of Unit Managers to ensure that resident children are informed of these visits and that the children are able to attend these 'outreach' visits: see also Para 3.4.1, Part 1 of this Chapter, Page 5.1.4.
- 2.2.1 The Ombudsman's office will also make arrangements to discuss the role and function of the Ombudsman, with Departmental staff in a group setting, should staff at any of the residential establishments wish to take advantage of this service.
- 2.3 Under the Ombudsman Act, 1974, individual public servants are included in the definition 'public authority' (Section 5(1) of the Act) and Departmental officers can therefore be written to individually by the Ombudsman's office, and be required to answer the Ombudsman's enquiries. In these circumstances Departmental officers are asked to forward, to the Director-General of the Department, a copy of their reply to the Ombudsman.
- 2.3.1 It is the practice of the Ombudsman's office to forward, to the Director-General, a copy of any correspondence directed to a Departmental officer.
- 2.3.2 Regional Directors should assist individual officers who are called upon to respond in writing to the Ombudsman's office, but on the clear understanding that the officer concerned, as the 'public authority' under the Ombudsman Act, is responsible for the terms of the reply.
- 2.4 Where the Ombudsman writes directly to the Director-General - when matters concern a Departmental establishment or institution, a copy of the letter is forwarded, by the Ombudsman's office, to the appropriate Regional Director and to the Superintendent or Manager of the establishment or institution concerned. In all other matters, a copy of the Ombudsman's letter to the Director-General is forwarded to the appropriate Regional Director.



2.4.1 Regional and Central Office Directors (including Assistant Directors) are to ensure that all requests from the Ombudsman's Office - for information relating to a complaint - are given priority attention, and the following procedures apply in respect to all complaints received from the Ombudsman's office:

- a) No more than ten (10) days after a letter is sent from the Ombudsman's Office (that is, ten calendar days from the date shown on the Ombudsman's letter), the Director/Assistant Director/Operations Manager/Branch Head/Senior Program Officer is to telephone the Executive Assistant to the Director, Operations, Central Office, to:
 - i) Advise how the substantive issues raised in the Ombudsman's letter are being dealt with;
 - ii) Advise what form the draft reply will take (that is, historical outline of events and/or excerpts from the Departmental file) and what approach is proposed to the problem raised;
 - iii) Advise whether any other section of the Department is involved (for example, another Region) and whether liaison will be required in order to finalise a reply. Attention should be drawn to any matters of policy which will need to be resolved centrally;
 - iv) Advise when a draft reply will be sent to Central Office (not less than five (5) working days before the final reply is due at the Ombudsman's Office);
- b) Draft replies are to be prepared on CENTRAL OFFICE letterhead showing - as Contact Person, the Executive Assistant to the Director, Operations, BY NAME, telephone (02) 689 8111, and are to be prepared for the Director-General's signature.* The Regional Director or - as relevant - the Assistant Directors, Central Office Policy Units, must sign off the file copy of the draft reply as evidence that that officer has checked and endorsed the reply.

* Written final replies in response to the Ombudsman on matters that have policy implications are signed by the Director - General: other written replies may be signed by the Director, Operations.



2.4.2 The objective of these arrangements is to enable the information gathering process to commence earlier than may otherwise be the case and thereby enable a reply to be sent to the Ombudsman at the earliest possible date.

2.5 Procedures related to the rights of **young offenders** in Departmental facilities, in relation to complaints they may seek to make to the Ombudsman, are set out in *Section 1, Part V, Chapter Six* of the Department's *Policy and Procedure Manual, Young Offenders*.



CHAPTER SIX

**PROTECTION OF CHILDREN UNDER PART VII
(SECTIONS 51 and 54, DIVISION 1;
AND DIVISION 5) OF THE
COMMUNITY WELFARE ACT, 1982**

PART I: CHILDREN IN EMPLOYMENT

Legislative base; Children's Employment Licence;
staff procedures in relation to suspected or
potential abuse of children in employment;
children and pornography; use of children
for begging.

PART II: OTHER CAUSES OF POTENTIAL INJURY TO CHILDREN

Tattooing of children; children left unsupervised
in motor vehicles;



CHAPTER SIX

**PROTECTION OF CHILDREN UNDER PART VII
(SECTIONS 51 and 54, DIVISION 1;
AND DIVISION 5) OF THE
COMMUNITY WELFARE ACT, 1982**

PART I

CHILDREN IN EMPLOYMENT

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1	LEGISLATIVE BASE	6.1.1
2	CHILDREN'S EMPLOYMENT LICENCE	6.1.1
3	STAFF PROCEDURES IN RELATION TO SUSPECTED OR POTENTIAL ABUSE OF CHILDREN IN EMPLOYMENT	6.1.3
4	CHILDREN AND PORNOGRAPHY	6.1.3
5	USE OF CHILDREN FOR BEGGING	6.1.4

CHAPTER SIX

PROTECTION OF CHILDREN UNDER PART VII
(SECTIONS 51 and 54, DIVISION 1;
AND DIVISION 5) OF THE
COMMUNITY WELFARE ACT, 1982

PART I

CHILDREN IN EMPLOYMENT

1 LEGISLATIVE BASE

- 1.1 Sections 72 to 76, Division 5, Part VII of the Community Welfare Act, 1982 provides the legislative base for the development of Departmental policy in relation to children in employment.

2 CHILDREN'S EMPLOYMENT LICENCE

- 2.1 Children are required to be licensed if they are employed to take part in entertainment or exhibition or where they offer items for sale (Section 71 (1) of the Act).
- 2.2 Section 76 of the Act sets out the mandatory requirements related to licences to employ children.
- 2.3 The specific conditions of licensing are recorded in the Regulations attached to the Community Welfare Act 1982: these Regulations are currently being prepared.
- 2.4 Street trading no longer requires a Children's Employment Licence; however, under Section 73 of the Act it is an offence to employ a child under 14 years of age in street trading.
- 2.5 The Department has the statutory responsibility in relation to the licensing of children who are employed, and through its licensing role, has a responsibility to ensure that the child's welfare and safety are considered before issuing a licence. The Department's statutory responsibility for child protection further gives the Department a role in ensuring that children are not physically or emotionally harmed or exploited. For example, the growth of the advertising industry has resulted in the use of large numbers of children in advertisements and a large number of advertisement directed towards children; as a consequence the Department has a responsibility to ensure that the content of the advertising (and/or a film) script, or the behaviour required of the child, does not physically or emotionally harm the child.



2.6 In order to fulfil the Department's direct statutory responsibilities in relation to the implementation of employment licensing provisions and regulations, a **Children's Employment Officer** is employed by the Department. That officer is responsible for administration of licensing requirements; liaison with the sections of industry that employ children; legal action where breaches of the provisions of the Act, or the Regulations under the Act, are identified; and policy advice to the Program Officer, Child Protection - Central Office Family and Childrens Services Policy Unit in relation to the special problems of children who are employed.

2.6.1 The Children's Employment Officer, however, does not only have an administrative role to fulfill, but also has a professional responsibility to:

- a) Monitor conditions for children in employment, as well as monitoring the entertainment industry's expectations of children and its awareness and responsiveness to children's needs;
- b) Carry out systematic on-site checks of children's conditions of employment;
- c) Provide policy advice to the Family and Children's Services Policy Unit in relation to the program as a whole;
- d) Take legal action in situations where a significant breach of the Act, or the Regulations under the Act, is detected;
- e) Encourage self-regulation in relation to use of children in the entertainment industry through regular liaison with various sections of the industry;
- f) Develop information retrieval systems and a knowledge of practices in those areas covered by the provisions of the *Community Welfare Act, 1982* relating to the employment of children.

2.6.2 The Department requires the Children's Employment Officer to possess specific **qualifications** which are described in Section 4.2 of **Appendix 31: a Statement of Duties** of the Children's Employment Officer is at **Appendix 36**.

2.6.3 As the companies that employ children are mostly in the Central Metropolitan Region of the Department's operations, the Children's Employment Officer is employed within that Regional Office enquiries in respect of licenses should be directed to that office.



3 STAFF PROCEDURES IN RELATION TO SUSPECTED OR POTENTIAL ABUSE OF CHILDREN IN EMPLOYMENT

- 3.1 When it comes to the attention of a Community Welfare Officer that a child is being taken advantage of, is abused or is placed in a physically or emotionally harmful situation in the course of the child's employment, then the officer must investigate the situation and consult with the District Manager as to the best course of action; such as notifying the Police Juvenile Crime Squad (see **Appendix 22**). This responsibility extends to children employed in street trading or busking which may contravene *Section 73* of the Act and at times places children in situations that are open to exploitation.
- 3.1.1 The Children's Employment Officer is also available for consultation, and should be notified of such cases.
- 3.2 See also Para 2.4, Part 1, Chapter Three of this Manual (Page 3.1.1) in relation to a criminal offence committed by an adult in respect of a child.

4 CHILDREN AND PORNOGRAPHY

- 4.1 Under *Section 72(3)(b)* of the Act 'a child is employed for pornographic purposes if, in the course of employment, the child -
- (i) is engaged in an activity of a sexual nature; or
 - (ii) is in the presence of another person who is so engaged.'
- 4.2 Under *Section 72 (1)* of the Act the penalty for persons so employing a child is \$5,000 or imprisonment for three (3) years, or both.
- 4.3 Departmental officers who believe that a child is being used for pornographic purposes, are directed:
- a) To **notify** the child as a child in need of care and protection; and
 - b) To discuss, with their District Manager, the advisability of a Police Juvenile Crime Squad Unit (**Appendix 22**) involvement.
- 4.3.1 See also Para 2.4, Part 1, Chapter Three of this Manual (Page 3.1.1) in relation to a criminal offence committed by an adult in respect of a child.



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5 USE OF CHILDREN FOR BEGGING

5.1 It is an offence under *Section 74* of the Act (Penalty \$500) to use a child for the purpose of:

- 'a) begging or receiving alms;'* or
- b) inducing the giving of alms, whether by providing any entertainment or exhibition or otherwise.'*

5.2 Where a child is observed (by Departmental Officers) busking and/or begging and the child **appears to be distressed by such activities**, the parents - where possible - should be informed about the legal provisions prohibiting the child's performance or begging.

5.2.1 Departmental officers who believe that a child is being used for the purpose of begging, in a manner which constitutes abuse of that child, should follow the procedures as described in Para 4.3 and 4.3.1 of this Part.



CHAPTER SIX

**PROTECTION OF CHILDREN UNDER PART VII
(SECTIONS 51 AND 54, DIVISION 1; AND
DIVISION 5) OF THE COMMUNITY WELFARE ACT, 1982**

PART II

OTHER CAUSES OF POTENTIAL INJURY TO CHILDREN

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1	TATOOING OF CHILDREN	6.2.1
2	CHILDREN LEFT UNSUPERVISED IN MOTOR VEHICLES	6.2.1



CHAPTER SIX

PROTECTION OF CHILDREN UNDER PART VII
(SECTIONS 51 AND 54, DIVISION 1; AND DIVISION 5)
OF THE COMMUNITY WELFARE ACT, 1982

PART II

OTHER CAUSES OF POTENTIAL INJURY TO CHILDREN

1 TATOONG OF CHILDREN

- 1.1 It is an offence under *Section 51, Part VII of the Community Welfare Act, 1982* for any person to tatoo 'in any manner' any part of the body of a child unless that person has first obtained the written permission of a parent of the child:

'to tatoo the child in that manner on that part of his body'.

- 1.2 As the law places clear responsibility on the tatooist to refrain from tatooing a child - unless the tatooist first obtains the written and specific permission of the child's parent or guardian, it is not the role of this Department to visit tatooists to ensure that persons under the legal age are not being tatooed.
- 1.3 However, should Departmental officers believe that a tatooist, in that officer's area of work, is not conversant with his/her responsibilities under the Act, then it would be advisable for the officer to so inform that person.
- 1.4 Departmental officers who believe that a child has been, or is likely to be tatooed in contravention of the Act, should consult with the District Manager as to the best course of action to follow; such as notifying the Police Juvenile Crimes Squad (**Appendix 22**) so that Action can be initiated against the offender; see also Para 2.4, Part 1, Chapter Three of this Manual (Page 3.1.1) in relation to a criminal offence committed by an adult in respect of a child.

2 CHILDREN LEFT UNSUPERVISED IN MOTOR VEHICLES

- 2.1 It is an offence under *Section 54, Part VII of the Community Welfare Act, 1982* for a person to:

'leave any child in his care in a motor vehicle without proper supervision for such period or in such circumstances that the child becomes or is likely to become emotionally distressed or that his health is or is likely to be permanently or temporarily impaired.'



2.2 Should the circumstances arise that a Departmental Officer is made aware of and/or is in the vicinity of a child left unsupervised in a motor vehicle in conditions in contravention of the Act, the following procedures should be followed by that Officer:

- a) If the child's condition appears to require/or is likely to require urgent medical treatment and the parents/carers are not immediately available, access to the interior of the car - if the doors are locked - should be gained by any means available, even should action have to be taken to break a car window;*
- b) Call an ambulance;
- c) Take details of the circumstances, such as car registration number, condition of child and other relevant details;
- d) Notify the District Manager (responsible for the area where the incident occurs) of the circumstances;
- e) Notify the Police Child Mistreatment Unit (note also Para 2.4, Part 1, Chapter Three (Page 3.1.1) of this Manual in relation to a criminal offence committed by an adult in respect of a child);
- f) If the immediate whereabouts of the parent(s) is not known then the officer must take steps, as soon as possible to inform the parent(s) of the action taken and of the child's whereabouts; See also Para 2.1.3, Part 1, Chapter Two of this Manual - Page 2.1.4.

* *Section 85 (2) and (3) of the Community Welfare Act, 1982* provides statutory authority for such action: 'premises' as described in this Section of the Act are defined as 'includes any land, building, vehicle or vessel': (see *Section 4* of the Act).



CHAPTER SEVEN

INVESTIGATION OF DEPARTMENTAL INVOLVEMENT WITH DECEASED CHILDREN AND CHILDREN WHO ARE SEVERELY RE-INJURED

PART I: DEATH OF A CHILD

Legislative base; reporting of death; procedures relating to management of case

PART II: CHILDREN WHO ARE SEVERELY RE-INJURED

Notification; responses to complaints or investigations of Departmental involvement with 'children at risk' cases



CHAPTER SEVEN
INVESTIGATION OF DEPARTMENTAL INVOLVEMENT WITH
DECEASED CHILDREN AND CHILDREN WHO ARE SEVERELY
RE-INJURED

PART 1
DEATH OF A CHILD

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3	PROCEDURES RELATING TO MANAGEMENT OF A CASE	7.1.2

CHAPTER SEVEN**INVESTIGATION OF DEPARTMENTAL INVOLVEMENT WITH
DECEASED CHILDREN AND CHILDREN WHO ARE SEVERELY
RE-INJURED****PART 1****DEATH OF A CHILD****1 LEGISLATIVE BASE**

1.1 There are no mandatory requirements under the *Community Welfare Act, 1982* relating to the notification, by Departmental officers, of cases where there has been a death of a child when the Department has been involved in the protection of that child because of notification that the child was in need of care.

1.1.1 However, because of the Department's legislative responsibilities towards children and their families in the case of abuse, details of the death of a child, in these circumstances, must be reported to specific officers of the Department and to other authorities.

2 REPORTING OF DEATH

2.1 The District Manager of the supervising office, or any other Departmental officer who becomes aware of the death of a child, in the circumstances described in Para 1.1 of this Part, must notify such a death to the 'Montrose' Family Crisis Service.

2.2 The Executive Officer of the 'Montrose' Family Crisis Service is to ensure that all such deaths are reported to:

- a) The Director-General;
- b) The Director, Operations, Central Office;
- c) The Operations Manager or Regional Director of the Region in which the child was residing;
- d) The Program Officer, Child Protection, Central Office; and
- e) The Child Mistreatment Unit of the Police Department (see **Appendix 22**).



- 2.2.1 **The Director-General will then refer the case to the Minister for his decision as to the need for a formal review into the circumstances of the death. However, an initial review must be held at the Regional Level, and the Regional Director, in conjunction with appropriate Regional and Community Welfare Office staff, must co-ordinate a review of the Department's involvement in the case: the report of the review and its recommendations, must be forwarded to the Director-General, and a copy held on the relevant local and Regional Office files.**
- 2.2.2 **If the Minister so decides, the case will be referred to the Practices and Procedures Review Committee for its enquiry, recommendations and report: see Section 12, Part IV, Chapter Three of this Manual - Paras 12.2 to 12.5 - Page 3.4.22.**
- 2.2.3 The Practices and Procedures Review Committee will report to the Director-General.
- 2.3 In every case where there are other children in the parent's care, consideration is to be given to notifying these children to the 'Montrose' Family Crisis Service: this notification does not, and need not imply registration.

3 PROCEDURES RELATING TO MANAGEMENT OF THE CASE

- 3.1 In every case where there are other children in the parent's(s') care, the Regional Community Program Officer, Child Protection, as the officer representing the Operations Manager, must be involved in the subsequent management of the case. The Operations Manager may also choose to be directly involved.
- 3.2 The role of the Regional Community Program Officer Child Protection will involve:
- a) Ensuring that Specialist Child Protection personnel (such as a Child Protection Worker) are involved with the relevant Community Welfare officer in joint assessment of the family. Particular attention is to be paid to the degree to which other children in the family may be in need of protection;
 - b) Co-ordinating - in consultation with the Operations Manager, a conference of those people involved in the case in order to share information, discuss the assessment - as mentioned in Para a) - and decide the future management of the case. The decision as to who will attend such a conference is made by the Operations Manager in counsel with the Regional Community Program Officer, Child Protection.

3.2.1 Such a meeting must include all those officers substantially involved in the case but may include:



- a) The Regional Community Program Officer
Child Protection;
- b) The District Manager or Community Welfare
Officer/Child Protection Worker;
- c) Officers of the 'Montrose' Family Crisis
Service;
- d) Representative of the Police Department
Child Mistreatment Unit;
- e) Representative of the hospital involved;
- f) Other persons considered to be relevant
to the management of the case.

3.3 For the worker, involvement with the death of a child can be a painful and often guilt-provoking experience and senior Regional Office staff must ensure adequate support is provided for those officers immediately involved with the family prior to the child's death.



CHAPTER SEVEN
INVESTIGATION OF DEPARTMENTAL INVOLVEMENT WITH
DECEASED CHILDREN AND CHILDREN WHO ARE
SEVERELY RE-INJURED

PART II
POLICY

SECTION	CONTENT	PAGE
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2	RESPONSES TO COMPLAINTS OR INVESTIGATIONS OF DEPARTMENTAL INVOLVEMENT WITH 'CHILDREN AT RISK' CASES	7.2.2

CHAPTER SEVEN

INVESTIGATIONS OF DEPARTMENTAL INVOLVEMENT WITH
DECEASED CHILDREN AND CHILDREN WHO ARE
SEVERELY RE-INJURED

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PART II

POLICY

1 CHILDREN WHO ARE SEVERELY RE-INJURED

- 1.1 In all cases where a child known to officers of the Department is severely **RE-INJURED**, the following procedures are to apply:
- 1.2 The District Manager of the supervising office, or the Community Welfare Officer involved, must notify the child to the 'Montrose' Family Crisis Service.
- 1.3 The Executive Officer of the 'Montrose' Family Crisis Service is to ensure that all such cases are reported to:
 - a) The Director-General.
 - b) The Director, Operations, Central Office;
 - c) The Operations Manager or Regional Director of the Region in which the child was residing; and
 - d) The Program Officer, Child Protection, Central Office Family and Children's Services Policy Unit
- 1.3 W The Director-General may refer the case to the Minister for his decision as to the need for a formal review by the Practices and Procedures Review Committee, as described in Para 2.2.2 Part 1 of this Chapter - Page 7.1.2.
- 1.4 The relevant Regional Director (or that officer's delegate), in conjunction with appropriate Regional and Community Welfare Office staff, is required to co-ordinate a review of the Department's involvement in the case: the report of the review, and its recommendations must be forwarded to the Director-General, and a copy held on the relevant local and Regional Office files.
- 1.5 Procedures in respect of case management will apply as in Section 3, Part 1 of this Chapter - Page 7.1.2.

2 RESPONSES TO COMPLAINTS OR INVESTIGATIONS OF DEPARTMENTAL INVOLVEMENT WITH CHILD AT RISK CASES

2.1 In all cases where the Department's involvement in a 'child at risk' case becomes a matter of public criticism or concern, the following procedures are to apply:

- a) The relevant Regional Director (or that Officer's delegate), in conjunction with the appropriate Regional and Community Welfare Office staff, must co-ordinate a review of the matter;
- b) A report of the review, and its recommendations, must be forwarded to the Director-General, and a copy held on the relevant Regional and local office files.

2.2 The Director-General may refer the case to the Minister for his decision as to the need to refer the matter to the Policy and Procedures Review Committee for its enquiry, recommendations and report; see Section 12, Part IV, Chapter Three of this Manual - Paras. 12.2 to 12.5 - Page 3.4.22.



CHAPTER EIGHT
CHILDREN'S ADVOCACY

PART I: ADVOCACY AND THE DEPARTMENT

Principles; policy; advocacy program



**CHAPTER EIGHT
CHILDREN'S ADVOCACY**

**PART I
ADVOCACY AND THE DEPARTMENT**

SECTION	CONTENT	PAGE
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CHAPTER EIGHT
CHILDREN'S ADVOCACY



PART I

ADVOCACY AND THE DEPARTMENT

1 PRINCIPLES

- 1.1 Advocacy refers to the function of 'one who pleads for another' or, 'one who speaks on behalf of another'. Advocacy is most commonly understood in the legal context, where a Solicitor or Barrister represents a client from whom instructions have been received by the advocate: in this situation there is a clear relationship between the advocate's behaviour and the wishes of the client.
- 1.2 Advocacy is currently a much used word in welfare services. The function of welfare advocates, however, are not as 'clear cut' as in the legal world although, at times, welfare workers represent their clients in situations where they do receive instructions from their clients.
- 1.2.1 For example, a Community Welfare Officer might discuss an extension of the due date for an electricity bill with the County Council - after a request by the client, or the Council worker, to support the client's case within the bureaucracy.
- 1.2.2 At times, a Departmental officer might speak for a teenager in a difficult family situation; for example, where there is a breakdown in communication between the young person and the parents and that young person confides in, and relies on the officer to talk to the parents on the child's behalf.
- 1.2.3 There are other situations, however, where Departmental officers act for a client but the basis for the words or actions is not as identifiable. This is particularly evident where the subject of the officer's action is a young child. Without direct instructions the legitimacy of the actions becomes a major issue. Doing or saying something on behalf of children or less capable adults can become paternalism and a denial of individual self-determination where there is not a firm basis for the action.
- 1.3 In the welfare context, legitimacy for certain actions on behalf of children is often said to come from the child's right to protection or from a perception of children's needs. For workers in the Department of Youth and Community Services, taking action on behalf of children is guided by statutory provision where the action is for the protection of the child.



- 1.3.1 Intervention in families or in a system in response to a violation of children's needs is more difficult to understand or prescribe. Most people have, from their own life experiences, a set of beliefs about what children need. Many psychologists and social scientists have written extensively on the area. There is, however, no definitive answer just as there can never be a detailed, predictive description of normal behaviour.
- 1.3.1 A fair assessment of children's needs is often further clouded when workers are subjected to conflicting demands. For example, the situation often arises where a worker has developed a close and supportive rapport with parents. Part of that relationship is an understanding of the difficulties the parents have faced in their own childhoods and are facing currently. The worker in this situation is loyal and committed to the parents.
- 1.3.2 Often, the worker sees a child, in the family, emotionally abused over a long period of time before focussing attention on that child. The worker's caring for the parents, appreciation of their problems and fears of causing conflict in the relationship often clouds the worker's realisation and acceptance of the child's life. In this situation it is easy to rationalise the child's pain by saying that 'the family is the client'; or, 'confronting the parents will make things worse for the child'.
- 1.3.3 The continued frustration of that child's emotional needs cannot be eradicated overnight by a parent's change of heart. Work with, or for the child, can go on simultaneously with the parents and the issue of the child's needs and well-being must be raised and dealt with in the case plan if the child's interest are to be seriously considered.
- 1.4 At a different level, the demands of a system can often cloud the worker's judgement of what a child or children need. The demands of a high work load sometimes means that a child is placed in foster care without due consideration for the type of child; the child's experience; or the child's continuing needs in relation to the family of origin.
- 1.4.1 In the Department's residential establishments the demands of changing rosters, the numbers of children living in the establishment, and administrative requirements can result in children not receiving individual assessment or care that is specifically related to their developmental level or personal situation.

Ann Lewis

CHILD PROTECTION GUIDELINES

PART THREE

GUIDELINES FOR

FIELD OFFICERS

IN

CHILD PROTECTION

INTERVENTION

AUGUST, 1986

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ADDENDUM

Add to: Grounds for Notification - Emotional Abuse:

Parent's alcohol or drug abuse harms the child's emotional well-being.

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GUIDELINES FOR FIELD OFFICERS IN CHILD PROTECTION INTERVENTION

FOREWORD

These guidelines are a revision of the previous 'Instructions for Field Officers in Child Protection', and are based on consultation with field staff and management.

The changes incorporated into the new guidelines reflect changes in both Departmental practice and policy. The general trend of the changes is to more clearly define our responsibility in the Child Protection area and to improve the targeting of our services. This has become necessary due to the recent massive increase in notifications and the lack of clarity about what constitutes abuse or neglect and what the Departments' responsibilities are. The changes include more specific and clearly defined grounds for notification, clearer criteria for registration and revised grounds for closure etc. These will mean that a better service will be offered to children who are in need of protection, while other children and families in need will be more appropriately dealt with by Family Support and other Services. While the Department has a commitment to prevention in Child Protection, given its statutory responsibility and limited resources, it is not necessarily the only organisation to provide appropriate preventative services.

Case management of Child Protection cases must be multi-disciplinary and shared with other Government and community agencies. While the Department is the only agency with statutory responsibility for Child Protection intervention, it has neither the resources nor capacity to carry the responsibility of prevention, education and services alone. At a policy level, liaison through the Child Protection Council's Procedures and Interdepartmental Relations Committee ensures that co-operation is developed between the Government and non-Government agencies. At a local level this can be achieved through the development of good formal and informal working relationships.

It is understood that we cannot ensure the protection of every child in the State, even those who come to our attention. Officers who follow these guidelines and act in good faith will be supported by the Department to the highest level. When a death occurs or a child is seriously abused, the Department and community will share the responsibility.

These guidelines will be introduced from 25 August 1986 and will be fully operational by 1 October 1986. In January 1987 a review of the guidelines will take place. Officers are encouraged to forward comments for the review to the SPO (CP), Client Services Policy Unit by 9 January 1987.

Enormous demands have been made on officers of the Department through the Child Protection programme, and the response has demonstrated a high level of commitment in the management of Child Protection cases. These guidelines are designed to assist and support staff by clarifying definitions, procedures and responsibilities in Child Protection intervention. It is anticipated that they will further professionalise our service.

H. Heilpern
Director-General

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GUIDELINES FOR FIELD OFFICERS IN CHILD PROTECTION INTERVENTION

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2. Child Protection Assessment Form
3. Child Protection Update Form
4. Medical Examination Order Form
5. Use of Medical Examination Orders

1. PHILOSOPHY

1.1 BASIC TENETS

Children have distinct rights. Adults' responsibilities to children are reflected in Principle 2 of the United Nations Declaration of the Rights of the Child (1954).

"The child shall enjoy protection and shall be given opportunities and facilities, by law and by other means, to enable him/her to develop physically, mentally, morally, spiritually and socially in a healthy, normal manner and in conditions of freedom and dignity."

Child abuse and neglect are phenomena caused by a combination of forces at work in the individual, the family, the community and the culture. Such complex causes require a multi-disciplinary, cross cultural and community response.

The responsibility for children is communal rather than individual. Few parents can provide for all their childrens' needs and services should be available as a matter of right. The role of any one service is inevitably limited and should be defined.

1.2 GOAL

To ensure that children are adequately protected from situations which are physically or emotionally damaging to the child or which deprive the child of adequate shelter, nourishment, care and safety and to ensure that intervention improves the child's situation.

1.3 LEGISLATIVE ROLE

The Department has a statutory responsibility for Child Protection which is legislatively based in the Child Welfare Act 1939 (as amended), and will shortly be covered by the Community Welfare Act 1982.

The Department's statutory responsibility is to investigate notifications of abuse and neglect and to take appropriate action. This may include court action where the child's safety cannot be otherwise maintained. The Department also has responsibility for ensuring the availability of suitable substitute care for children who are removed from their parents.

Based on its statutory obligations, the Department has clear responsibility for the co-ordination of all services engaged to protect children, and for advocacy on behalf of the child. The Departments of Health, Police and Education have specific responsibility for Child Protection as currently defined in the Interdepartmental Guidelines.

Other roles of the Department include the support of families with children, the funding of non-government organisations to service parents and children, and community education.

1.4 PRINCIPLES OF INTERVENTION

1. The Department's Child Protection intervention focusses on the child as the primary client, but always considers the critical importance of an intact family to a child's well being. Departmental services, therefore, must address the needs of families as well as individual children.
2. The Department's first responsibility is the protection of children who have suffered damage and/or are likely to be further damaged if we do not intervene.
3. The Department's primary role is interventionist and priority is to be given to assessment, case co-ordination and referral.
4. Given that child abuse and neglect is caused by a combination of forces at work in the individual, the family and the community, a multi-disciplinary approach to intervention should be taken. The Department does not have the resources to address all aspects of child abuse - nor is it necessarily the most appropriate agency to do so.
5. Intervention by the State is serious and may have both positive and negative consequences. It should always be our goal for intervention to result in positive change for the child.
6. The Department's statutory powers are substantial and should not be used lightly or invoked where other strategies are more desirable. However, where the child's safety cannot be guaranteed otherwise, we must be willing to use our statutory authority (e.g. removal of the child to a safe place by apprehension).
7. Intervention must be sensitive to cultural diversity, disability and other special needs.

2. DATA SYSTEM

A centrally maintained database is an essential part of our Child Protection Service.

Effective Child Protection intervention requires the availability of accurate and up-to-date information on notified children and their families, for the following purposes:-

- . to identify cases of reabuse
- . to detect 'hospital shopping' and mobile families
- . to provide information on children and their families which assists assessment and case management
- . to provide data for the purposes of programme evaluation and planning, research and development.

No officer can conscientiously attempt to protect a child unless he/she incorporates into practice the data base up-date with regard to a child's status.

Therefore, notifications and registration decisions must be referred to the Central Registry as soon as possible, with other pertinent information. Completion of the Child Protection Intake, Assessment and Update Forms is not a separate clerical task but a part of good casework practice.

2.1 DATABASE ENTRY, MAINTENANCE AND ENQUIRY

1. The Department's Child protection computer database is a record of all children notified and registered. It is a record of information from the Child Protection Intake, Assessment and Update Forms.
2. The Central Registry is a new Unit with on-line computer access, created to perform computer tasks on behalf of C.W.C.'s. Data Entry Operators will perform the following computer functions:
 - . generation of notification numbers
 - . database retrieval of client history
 - . updating the intake, assessment, case closure and client file location data in the computer

The Central Registry will operate during office hours.

3. After hours, Crisis Care Workers at the Child Protection and Family Crisis Service will perform the following computer functions:
 - . generation of notification numbers
 - . data base retrieval of client history

2.2 DATABASE DELETION

1. A notification will remain on the database for a period of two years.

If after two years a notification has not been registered and there have been no further notifications, the name of the child and home family members will be deleted from the data base.

Requests may be made by D.M.'s., S.C.W.O.'s or R.D.O.'s to remove a child's name before two years. Approval must be obtained from the Regional Director.

2. If a case has been registered, the name of the child and home family members remain on the database for five years after the case has been closed or until the child turns 18 years of age, whichever comes first.

Requests may be made by D.M.'s, S.C.W.O.'s or R.D.O.'s to remove a child's name before this time. Approval must be obtained from the Director Operations.

3. GUIDELINES FOR INTERVENTION

3.1 NOTIFICATION

3.1.1 NOTIFICATION PROCEDURES

1. All allegations which constitute a notification will be officially recorded at the Central Registry.
2. Child Protection Intake forms are to be completed at the point of initial notification regardless of whether the notification is received at a Community Welfare Centre, the Central Registry or the Child Protection and Family Crisis Service.
3. The duplicate of the CPI form is always retained by the unit receiving the initial notification and the original forwarded to the appropriate unit as confirmation of information phoned through.

COMMUNITY WELFARE CENTRES

1. The person receiving an allegation must have the necessary training and skills to elicit the maximum relevant information and make a decision regarding notification. The DM/RDO will be responsible for designating such officers and ensuring the necessary training is provided.
2. Notifications received at CWC's will be recorded on a Child Protection Intake form and phoned to the Central Registry as soon as possible and within one working day. (Departmental staff are encouraged to make notifications during office hours.) The Child Protection Intake original will be forwarded to the Central Registry as confirmation, as soon as it is signed and dated by the DM/SCWO/RDO.
3. The person who completes the CPI form is responsible for the information being brought to the immediate attention of the DM/SCWO/RDO and the Child Protection Worker (where available) with an urgency rating recommendation.

CENTRAL REGISTRY (02) 8185555
Toll-free line (008) 425288
(for client use)

CENTRAL REGISTRY

1. Data entry operators will receive notifications from Departmental staff during office hours and enter them directly onto the computer database. Data entered in this manner will be verified when the CPI is received from the CWC.
2. Data entry operators will generate a notification number.
3. Data entry operators will provide the CWC with a notification history.

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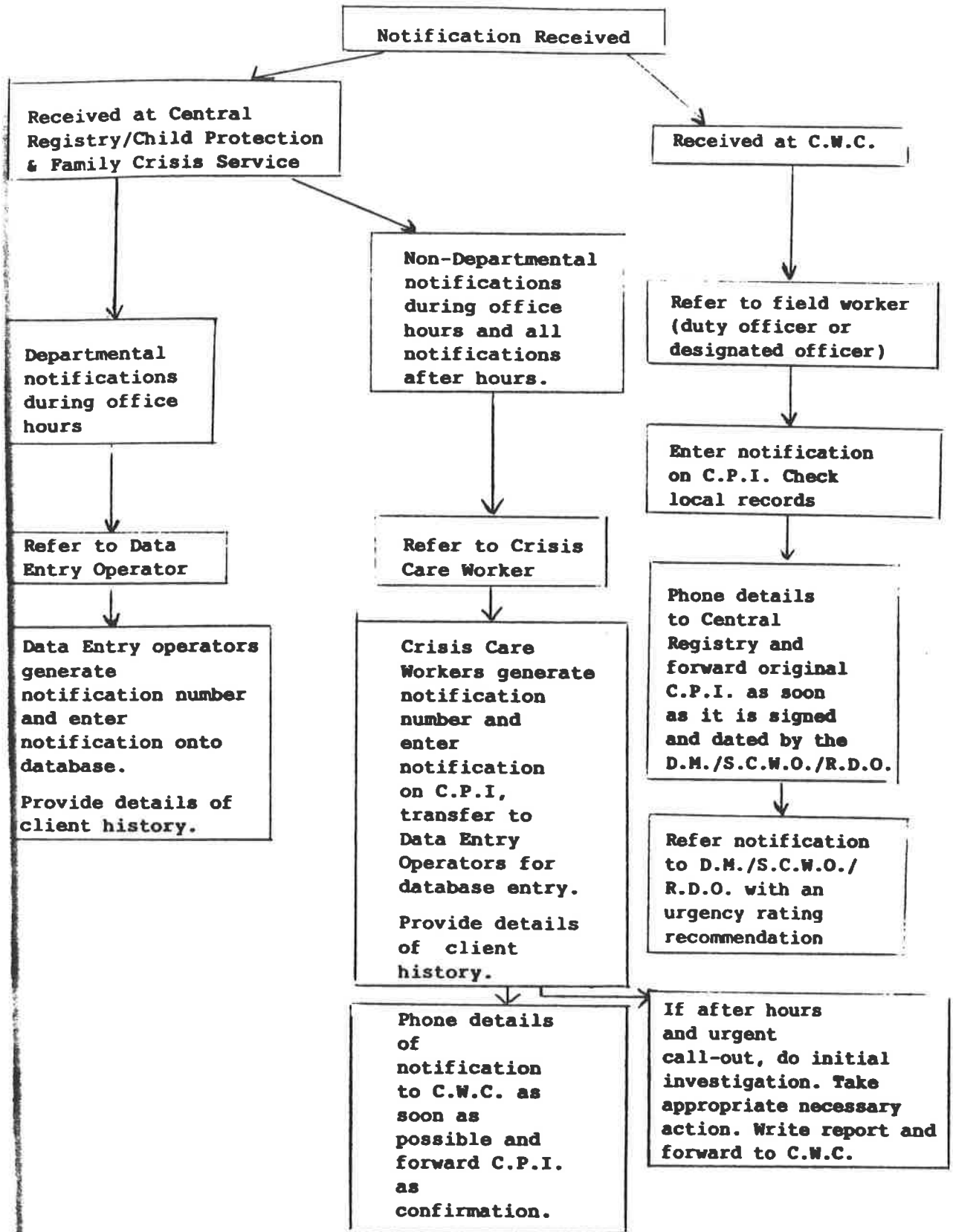
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CHILD PROTECTION AND FAMILY CRISIS SERVICE

1. Crisis Care Workers will receive notifications from non-Departmental staff during office hours and all notifications after hours. They will record the notification on a CPI which will be transferred to the CR for database entry.
2. Crisis Care Workers will generate a notification number.
3. Crisis Care Workers can provide details of client history to Departmental staff and authorised personnel.
4. Crisis Care Workers will phone details of the notification to the appropriate Community Welfare Centre as soon as possible, and forward the CPI as confirmation.

FLOW CHART 1 - NOTIFICATION



3.1.2 GROUNDS FOR NOTIFICATION

In line with the new Child Protection Intake Form there will only be four grounds for notification:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Neglect

All notifications should refer to a specific ground for notification upon which it is alleged that a child's safety is at risk. An allegation should be notified if the notifier provides information that gives the officer reasonable grounds to believe that a child's safety is at risk.

If an allegation does not constitute a notification, there are 3 options for action:-

1. Notation without any further action
2. Referral to another Departmental Service (e.g. Social Welfare Assistance)
3. Referral to another agency (e.g. Family Support Services).

Physical Abuse

Allegations of non-accidental injury to a child (including excessive discipline) by the parent/caregiver.

This ground should be used to cover the following instances:

- . Facial/Head bruising
- . Other bruising
- . Lacerations/Welts
- . Cuts/Abrasions
- . Burns/Scalds
- . Dislocations/Sprains/Twisting
- . Skull Fractures
- . Other Fractures
- . Internal Injuries/Shaking
- . Attempted Suffocation
- . Attempted Strangulation
- . Attempted Drowning
- . Intentional Poisoning
- . Intentional or Abusive Administration of Alcohol or other harmful inappropriate Drugs
- . Death of child due to non-accidental injury
- . Death of sibling due to non-accidental injury
- . Threats to physically harm of child
- . Child drug dependant at birth
- . Child foetal Alcohol Syndrome at birth

Sexual Abuse

- i) Allegations of sexual behaviour towards a child by someone known to the child and who is in a position of power over the child, e.g: Household/Family members. Neighbours/Teachers, etc.

This ground should be used to cover the following instances:

- . Inappropriate fondling
 - . Genital exposure
 - . Oral sexual behaviour
 - . Penetration by an object, penis, finger, etc.
 - . Exposure to prostitution
 - . Exposure to pornography
 - . Used for prostitution purposes
 - . Used for pornographic purposes, voyeurism (e.g. inappropriate observation of child when nude, etc.)
 - . Exposing child to inappropriate sexual behaviour by others
 - . Exposure to adult masturbation
 - . Child sexual behaviour with an animal
 - . Exposed or exploited sexually
 - . Threat of sexual abuse.
- ii) Allegations of sexual behaviour towards a child by a stranger, coupled with lack of appropriate response by the parents/caregivers and/or lack of community resources.

Emotional Abuse

Allegations that the child is being harmed as a result of:

- . Continual scapegoating
- . Severe verbal abuse
- . Continual rejection
- . Being physically or socially isolated as punishment
- . Threats of neglect, sexual or other abuse
- . Parent suffering from a chronic psychiatric disorder which harms the child's emotional well being
- . Parent's developmental delay harms the child's emotional well being
- . Failure to thrive (non-organic)
- . Child's behaviour towards self (e.g. suicide attempts) or towards others (e.g. inappropriate sexual behaviour) indicating that child has been abused.

Neglect

Allegations that the child is being harmed as a result of:

- . Failure to control access to poisons/Alcohol/Drugs
- . Failure to provide food
- . Failure to provide shelter
- . Failure to provide clothing
- . Failure to adequately protect the child's health (e.g. extremely unhygienic home conditions)
- . Failure to provide necessary medical care
- . Malnutrition
- . Being left inappropriately without supervision.

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3.2 INVESTIGATION PROCEDURES

3.2.1 URGENCY RATINGS

Once a notification has been received at a CWC, the first investigation procedure is to assign an urgency rating. The DM/SCWO/RDO is responsible for assigning an urgency rating and entering it on the CPI form, dated and signed.

There are 3 urgency ratings

Category 1 - Immediate (don't delay)

Category 2 - Prompt (within two working days)

Category 3 - Within 5 working days.

These ratings set outside limits for action, but all investigations must be initiated as soon as possible.

Category 1 (Immediate - don't delay)

These are cases where an allegation implies a child is being harmed at present, is being threatened with harm or there is immediate danger of harm.

For example

- . Child is presently being physically or sexually abused;
- . An adult is threatening to harm a child they are caring for;
- . An adult is attempting/threatening to harm themselves where a child is present;
- . A child is threatening/attempting to harm themselves;
- . A child has suffered an apparent assault and the informant is concerned about releasing the child to the parent's care;
- . A young child is left in a situation which may endanger them;
- . A child requests immediate intervention;
- . Where previous incidents of abuse have occurred which suggest the child is seriously at risk;
- . Where a child's safety would be threatened without immediate removal;
- . Any allegation about a child in substitute care;
- . Any other situation which the DM/SCWO/RDO judges to be in need of immediate action.

Category 1 notifications are to be investigated by the first appropriate available worker.

Category 2 (Prompt investigation must be initiated within two working days)

These are cases where investigation is high priority but where the child is believed to be currently safe.

For example

- . Serious neglect;
- . Serious emotional deprivation or abuse;
- . Child being deliberately confined, e.g. locked in house;
- . Child subjected to or alleged to be threatened with unduly harsh punishment regularly;
- . Parental behaviour sufficiently bizarre or irresponsible to cause concern for child's safety;
- . Where a child is currently safe but likely to move into a threatening situation;
- . Further allegation in case already known to Department;
- . All suspected non-accidental injuries where the child is presently not under immediate threat or risk;
- . Any allegation of sexual abuse not covered by Category 1;
- . Any other situation the DM/SCWO/RDO judges to require prompt attention.

Category 2 notifications are to be investigated by the most appropriate workers.

Category 3 (An investigation must be initiated within 5 working days).

These cases where the allegation indicates ongoing/long term situations and the child's immediate safety is not an issue.

For example:

- . Renotification where case is under supervision and where allegation suggests no immediate harm is likely.
- . Allegations of neglect or emotional abuse which do not indicate that the child's immediate safety is at risk.

N.B.

School default is not a ground for notification. If a school alleges that a child is at risk as defined by the grounds for notification, this allegation will be dealt with in the same way as all other notifications, regardless of whether school default is involved.

Any notification not allocated within 5 working days or an investigation initiated within 10 working days must be immediately referred to the Regional Director.

3.2.2 ALLOCATION OF WORKERS

The DM/SCWO/RDO is responsible for allocating a worker and entering his/her name and position on the CPI form.

All initial contact visits should be made by two workers whenever possible, unless the child is likely to be seriously endangered by the delay. The DM/SCWO/RDO should ensure a second worker is selected wherever possible. The second worker need not always be a YACS officer but should be selected for complementary skills, ethnicity, gender, specialist knowledge etc. Whenever available, a second worker should be involved in the initial investigation.

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If the urgency rating is 1, the DM/SCWO/RDO must allocate the first appropriate available worker, and a second worker where possible. If the urgency rating is 2 or 3 the DM/SCWO/RDO must allocate two appropriate workers.

3.2.3 INITIAL INVESTIGATION

The objectives of the initial investigation are to ascertain the validity of the allegations and to assess the safety of the child.

Before initial contact is made with the child/family, as much information should be gathered as feasible to assist in planning the initial contact. This may include further discussion with the informant, checking with other agencies if known, consultation with the District Manager, Senior Community Welfare officer or Resident District Officer and Child Protection Worker.

The initial investigation should cover the following:

1. The child MUST be seen and, if verbal, interviewed.
2. The child's primary caregiver MUST be seen, informed of the notification and interviewed.
3. A decision regarding the allegations must be made.

a) Are the allegations substantiated?/Is there evidence of abuse or neglect?

Basis: - admissions by adults
- corroboration by child - verbal or behavioural
- evidence of injuries observed or medically validated.

b) Are the allegations clearly unsubstantiated?

c) Is further investigation required to substantiate the allegations?

Basis: - further assessment by professional caseworker (e.g.) psychiatrist, doctor
- interviews with other family members, neighbours, teacher etc.

4. Safety of Child

A decision regarding the child's safety must be made.
How safe is it to leave the child in his/her present circumstances?
What is your assessment of the likelihood of further abuse or damage?

Basis: - attitude of carers
- availability of other adults, responsible others to ensure safety
- the physical surroundings
- prior history
- are other siblings also at risk?
- child's ability to seek help if necessary

If the decision is made that the allegations are substantiated AND the child is not safe, take immediate necessary action required to safeguard the child (e.g. removal/apprehension). The workers making the evaluation of the situation are to use their professional judgement and discretion. They must inform the District Manager, Senior Community Welfare Officer or Resident District Officer as soon as possible if such action has been taken.

In all other cases they are to consult with the District Manager, Senior Community Welfare or Resident District Officer before taking further action or recommending closure.

After the initial investigation the workers must brief the District Manager, Senior Community Welfare Officer or Resident District Officer and Child Protection Worker, or the most senior officer present, as soon as possible.

All information, observations, statements and any other assessment reports must be recorded and documented in report form.

On the basis of the initial investigation report the District Manager, Senior Community Welfare officer or Resident District Officer will make a decision as to whether registration/further involvement is warranted and this decision is recorded on the CPA form.

DISCRETION REGARDING INVESTIGATION PROCEDURES

The DM/SCWO/RDO has discretion to approve that no home visit occur following a notification where:

a) the child is not at immediate risk of abuse or neglect and the level of risk is low

AND

b) the child and his/her caregiver are in a helping relationship with an agency who has taken responsibility for this relationship continuing

AND

c) the agency is prepared to furnish the Department with an assessment report and to ensure that the Department is informed of the progress of the case

AND

d) the agency is prepared to inform the family of the notification.

If, however, the assessment suggests that the child should be registered, a home visit must be made.

3.2.4 PROCEDURES FOR INVESTIGATING NOTIFICATIONS OF CHILDREN IN SUBSTITUTE CARE

For the purposes of this section, substitute care is defined as all Departmental and non-Departmental substitute care, family group homes, Departmental establishments etc.

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1. Notification

- i) Any officer receiving an allegation regarding the abuse or safety of a child in substitute care must notify the Central Registry and the appropriate DM/SCWO/RDO immediately.
- ii) The Senior Officer in the Community Welfare Centre receiving such information is to immediately inform the Operations Manager, who will approve the necessary investigatory procedures.
- iii) The Operations Manager has responsibility for informing the Regional Director, who will inform the Director, Operations.
- iv) The case is to be given a priority 1 rating.
- v) A copy of the Child Protection Intake form is to be forwarded to the Regional Director by the DM/SCWO/RDO.

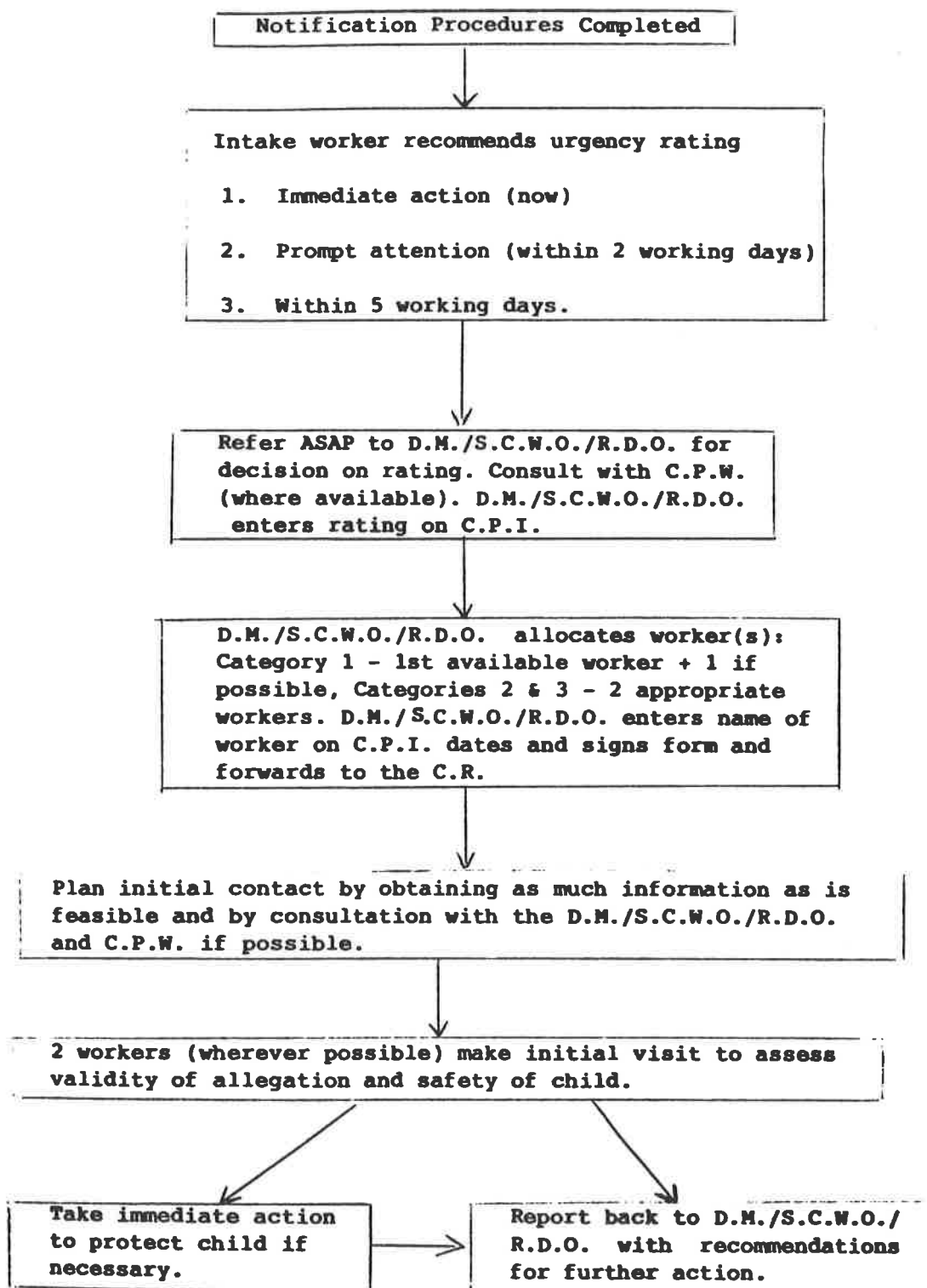
2. Initial Investigation

- i) The investigation of the allegation is to be conducted in consultation with the Operations Manager and Community Programme Officer (Child Protection).
- ii) Where the child is in the care of an establishment and the allegation involves Department staff, the Operations Manager must investigate the allegations directly or appoint a senior investigating officer.
- iii) The investigation of allegations will normally be made by the Child Protection Worker (where available) and one other worker.
- iv) The investigating officer/case co-ordinator must be a different officer from the worker who arranged the placement or has current responsibility for the case. This worker should be consulted and involved as a support person during the investigation.
- v) Investigation procedures are to follow those described earlier in this document.
- vi) A report of the investigation, assessment and registration decision, and any subsequent reports, are to be forwarded to the Regional Director. The Regional Director has responsibility for forwarding these reports, with comments, to the Director, Operations.

3. Case Conferences

When a case is registered, the case conference is to include either the Community Programme Officer (Child Protection) or the Community Programme Officer (Substitute Care), and is to be chaired by the DM/SCWO/RDO or CPO (CP) or OM.

FLOW CHART 2 - INVESTIGATION



3.3 REGISTRATION

3.3.1 REGISTRATION CRITERIA

Registration indicates the need for continued Departmental involvement to ensure a child's protection, whether this involves direct case management or case co-ordination.

Registration must take place where:

a) the alleged ground(s) for notification is/are substantiated AND the child is assessed as being in need of ongoing protection to ensure his/her safety

OR

b) the investigation has uncovered evidence to substantiate another ground(s) for notification AND the child is assessed as being in need of ongoing protection to ensure his/her safety.

3.3.2 REGISTRATION PROCEDURES

1. The decision to register is made by the DM/SCWO/RDO who are the officers with this delegation.

2. There are 4 decision choices after initial investigation:-

(i) Registration criteria are met - REGISTER.
DM/SCWO/RDO nominates case co-ordinator.

(ii) Registration criteria are not met - DO NOT REGISTER,
make any appropriate referrals and CLOSE.

(iii) Registration criteria are not met but initial investigation suggests there are some risks to the child's safety - DEFER REGISTRATION DECISION FOR 28 DAYS to allow for further assessment/implementation of short-term action plan.

DM/SCWO/RDO nominates case co-ordinator and approves short term action plan which is devised to help clarify a registration decision. DM/SCWO/RDO makes registration decision after 28 days. All notified cases not registered after 28 days are to be closed.

(iv) Family cannot be located for assessment - DO NOT REGISTER - CLOSE*

THE DECISION TO REGISTER MUST BE MADE WITHIN 28 DAYS OF NOTIFICATION. ALL CHILD PROTECTION ASSESSMENT FORMS MUST BE COMPLETED AND RETURNED TO THE CENTRAL REGISTRY WITH A REGISTRATION DECISION WITHIN THIS TIME.

3. If a child is registered the caregivers MUST be informed.

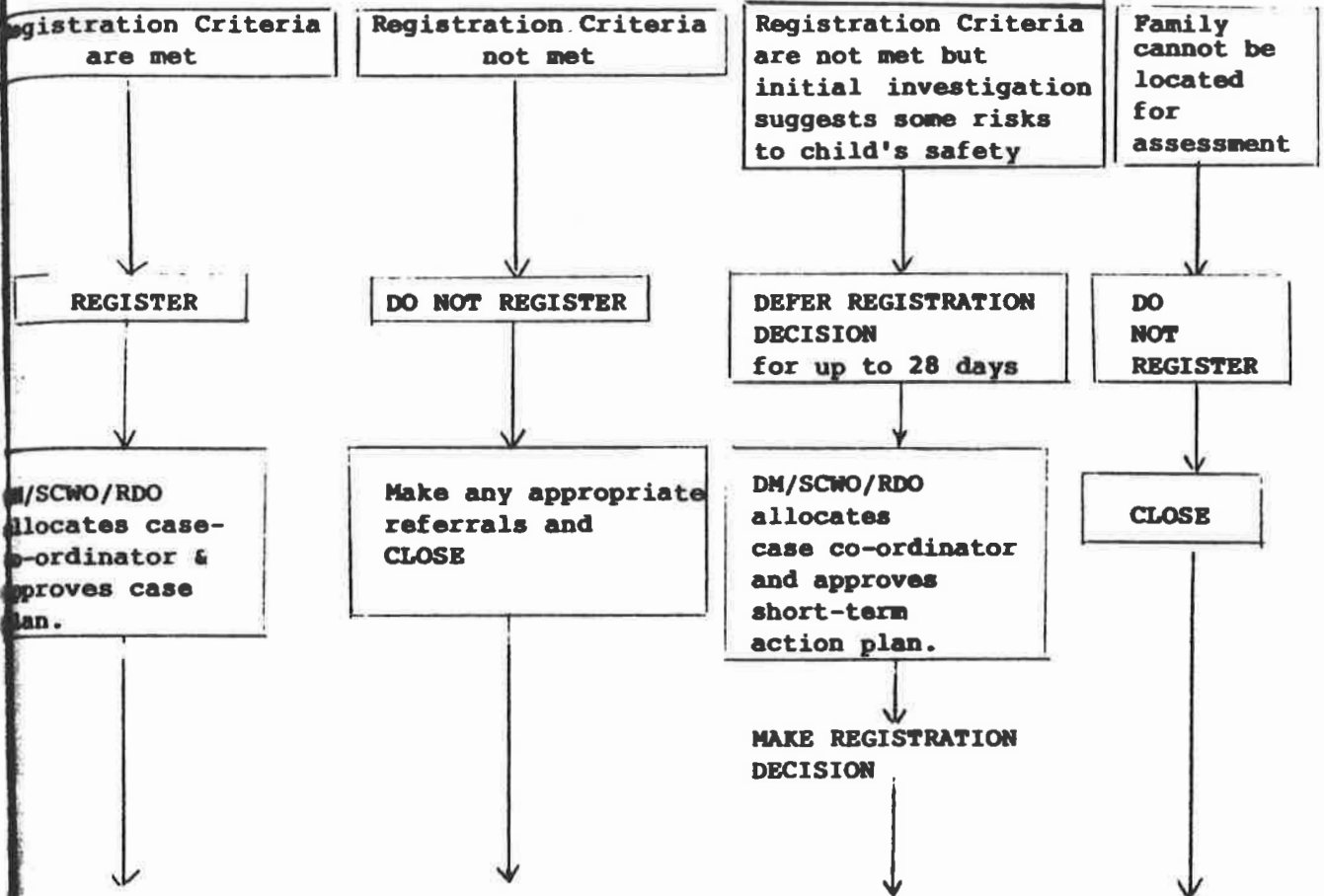
4. Case conferences will no longer be mandatory on registration.

* If the family are located subsequent to CLOSURE and held about the child's safety, they should be re-notified.

FLOW CHART 3 - REGISTRATION

INITIAL INVESTIGATION COMPLETED

One of these options:



ALL REGISTRATION DECISIONS MUST BE MADE AND THE CHILD PROTECTION ASSESSMENT FORM COMPLETED AND RETURNED TO THE CENTRAL REGISTRY WITHIN 28 DAYS OF NOTIFICATION.

3.4 CASE MANAGEMENT

Case management for the protection of children involves the use of multiple strategies to ensure that the safety and well-being of the child is increased.

A Departmental Officer must be the case co-ordinator and is responsible for ensuring the child/family receives the best available services as agreed in the case plan. Whilst some of these services may be provided by the Department, others may be negotiated with other agencies or informal networks. It may therefore be appropriate to use workers from other agencies as case workers or support workers. However as the Department of Y.A.C.S. has statutory responsibility for Child Protection, we cannot formally delegate responsibility to another agency for the safety of a child.

Departmental staff are reminded of the need for confidentiality and the rights of the individual especially when discussing cases with workers from other agencies.

3.4.1 CASE MANAGEMENT ASSESSMENT

Assessment of an abused or neglected child begins at the initial investigation. Further assessment should be based on the understanding that this is a continuing process which is an integral part of the Department's responsibility and case management strategy with families.

The goal of assessment is to:

- 1. Obtain information through observation and discussion;
- 2. The continued evaluation of information;

so that informed decisions can be made about the child's safety and the family's ability to provide a secure environment for the child.

The focus in assessment must be on the risk level to the child and the factors which influence this.

A thorough assessment will include the following:-

- i) Consultation with anyone who may have knowledge of the family and who can validate the worker's observations or contribute to the assessment.
- ii) Validation by a co-worker or worker from another agency who may have contact with the family.
- iii) Expert assessment if required.
- iv) Documented observations of the child's injury or behaviour, documented allegations made by a child, documented records of parent's behaviour.
- v) Assessment of the child's physical and intellectual development and functioning.
- vi) Assessment of parent's potential to adequately care for and protect the child.
- vii) Assessment of stress factors which overall accumulate with other evidence to increase the risk to the child's safety.
- viii) Documentation of previous injuries/damage to subject child or siblings.

NOTE: Children's Services Advisers are trained in Child Protection, particularly of younger children. They are a resource in assessment.

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Any assessment of the child's situation must take into account not only their interactions with their primary care givers but also their relationships with siblings, other relations and support systems. Children may have access to resources beyond their immediate families and this should be considered as part of the process of assessment.

All assessment information must be documented on the CPA form and in a factual written report under the following headings:

- i) The initial allegation;
- ii) The findings of the initial investigation;
- iii) The action taken enabling a more thorough assessment to be made;
- iv) Detailed and validated assessment reports demonstrating the need for registration or not;
- v) The risk level to the child;
- vi) Anticipated further action based on the assessment;
- vii) Details of any cultural variables which influence the child's situation;
- viii) Recommendations for District Manager/Senior Community Welfare Officer/Resident District Officer's approval.

SPECIALIST ASSESSMENTS

Assessment of the child or care givers may include evaluations by others where the Field Officer does not have the professional skills to make an expert judgement. The Field Officer's role is often to make a decision that other expert opinion is required.

Where specialist services are not available from the public sector, requests should be made through the Regional Director for fee for service funds. If funds are unavailable the Regional Director should request a budget allocation from Central Office.

Medical

This should be done where a child is seen to be or is alleged to have been:

- i) physically injured
- ii) seriously neglected
- iii) suffering from malnutrition or failure to thrive
- iv) sexually assaulted
- v) suffering drug or alcohol abuse
- vi) suspected of being developmentally delayed due to abuse or neglect.

It is preferable that a paediatrician makes this assessment. If a paediatrician is unavailable a registered experienced medical practitioner should assess the child.

If a Departmental Officer (or a Police Officer) believes that a child has been abused, and the parents/caregivers refuse to have the child medically examined, then the officer can serve a Medical Examination Order on the person/s who appears to have the ongoing care of the child.

Service of such a notice must not be undertaken without the prior approval of the DM/SCWO or RDO except where the delay required to do this would be likely to result in the child being subjected to immediate abuse, or where a child requires immediate medical attention.

If a medical examination order is issued and is not complied with, a warrant to remove the child may be obtained from a magistrate.

When a child has been medically examined a medical examination report must be provided by the examining doctor.

Specialist Psychological Assessments

Referral to a psychologist is indicated where:

- i) It is suspected the parents/caregivers are intellectually delayed such that the child is at risk of harm and the parents need assessment;
- ii) A child is suspected of being developmentally or intellectually delayed and needs assessment;
- iii) The behaviour of a child indicates problems in intellectual functioning or relationships;
- iv) A child is behaving in a way which causes significant distress to the parents/caregivers;
- v) A parent requests an assessment of a child's behaviour which has been observed to be abnormal or unmanageable.

Specialist Speech Assessment

A language or communication difficulty has been identified which requires further assessment and/or remediation.

Psychiatric Assessment

Specialist consultation and/or assessment is required where the parents/caregivers are suspected of being psychiatrically disturbed or demonstrate behaviour which is believed to require assessment by a psychiatrist, and their behaviour adversely affects the child.

3.4.2 CASE PLANS

A thorough assessment involves planning. The case plan may be part of the assessment process initially, to determine the risk level to the child, or it may be a plan for the on-going management of the case.

A case plan is a practical outline of tasks that workers will undertake to assess or manage a child protection case.

Case plans should:

- i) Be time limited and include a review date;
- ii) Clarify the roles of various workers to the case co-ordinator and support workers;
- iii) Be goal oriented and realistic;

with special reference
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workers;

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- iv) Include action to be taken to address identified areas which cause risk to a child;
- v) Wherever possible be fully negotiated with the caregiver and the child if appropriate;
- vi) Be approved by the District Manager/Senior Community Welfare Officer/Resident District Officer.

3.4.3 CASE CONFERENCES

A case conference is a formal group process involving direct service workers, which seeks to share information and come to appropriate decisions in relation to case planning and case management. Clients or children may be included in a case conference.

Case conferences must be held in the following situations:-

- i) When a child has been apprehended and court action is proceeding or has been initiated.
- ii) When court action is being considered.
- iii) When a registered case is also subject to Family Court Action.
- iv) When consideration is being given to removing a child from their current placement.
- v) When restoration is being considered.
- vi) When a registered case is renotified and the investigation substantiates a serious allegation.
- vii) When other agencies are involved and expected to contribute to case management planning.
- viii) When an investigation has been completed and substantiated a notification of a child in substitute care

OR

Whenever requested by a DM/SCWO/RDO/CPO(CP)/DO/CPW., worker from another agency or caregivers.

The Chairperson of the case conference must have the delegated authority to implement recommendations.

Participants in a case conference should provide written reports available wherever possible. These should include:

- i) Assessment reports (medical, psychiatric, psychological);
- ii) Child's safety assessment reports;
- iii) An account of the intervention already carried out or envisaged;
- iv) Any other reports which will assist the case conference to make recommendations or decisions which will affect the child/family.

The outcome of the case conference should be an agreed case plan which clearly specifies the roles and task of the various workers, especially the Case Co-ordinator and Case Workers.

The proceedings of the case conference should be recorded and circulated to the participants and involved workers as soon as possible after the conference, including a listing of participants and their positions.

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3.5 CASE REVIEW

A case review is an essential part of the case management process and occurs whenever an assessment of a case takes place between at least the accountable worker (Case Co-ordinator) and the District Manager/Resident District Officer/Senior Community Welfare Officer.

The goals of a case review are to:-

- i) Monitor the appropriateness and effectiveness of the agreed upon goals as set out in the case plan;
- ii) Evaluate effectiveness and appropriateness of the service being provided to the child/family as set out in the case plan;
- iii) Reassess the risk factors to the child;
- iv) Amend the case plan if necessary;
- v) Provide direction and support to the workers involved with the case under review;
- vi) Keep the District Manager/Resident District Officer informed of progress in a case and to give professional supervision to the worker.

The case review outcome should be documented on a Child Protection Case Management form.

A date for a further review should be agreed upon at the time of any case review unless a decision to close has been made.

3.6

CASE CLOSURE

1. CLOSURE OF 'NOTIFIED BUT NOT REGISTERED' CASES

Notified cases which are not registered should be closed within 28 days of the notification.

Closure involves:

- i) Approval by the DM/SCWO/RDO not to register.
- ii) Informing the client of the decision.
- iii) Referral if necessary.
- iv) Informing the Central Registry by return of the CPA form within 28 days of notification.

The DM/SCWO/RDO must approve non-registration/closure of a notified case.

2. CLOSURE OF REGISTERED CASES

Closure of registered cases involves:

- i) A case review with the DM/SCWO/RDO
- ii) Documenting grounds for decision on a case closure form
- iii) Informing the client of the decision
- iv) Informing other agencies involved of the decision
- v) Referral if necessary
- vi) Informing the Central Registry via a CPU form.

The DM/SCWO/RDO can approve the closure of a registered case following a case review where a decision is made to close.

The grounds for decision to close are as follows:

- i) The child can no longer be considered at serious risk of neglect or physical sexual or emotional abuse where one of the following has occurred:
 - . the behaviour of the parents/caregivers towards the child has changed and there have not been any further incidents of abuse
 - . the relationships between parents/caregivers and child have demonstrably changed to the benefit of the child
 - . there have been significant changes in the situational/ stress factors that previously contributed to the necessity for registration of the child, such that the family situation is no longer contributing to the child being considered seriously at risk.
- ii) The child's whereabouts are unknown and all efforts to achieve contact have been unsuccessful.
- iii) When no further action is liable to lead to any change AND when monitoring over a period of two years has indicated no increase in the risk to a child, despite the continued presence of risk factors. When a case is closed on these grounds, the case closure form should be forwarded to the Operations Manager.

4. RESPONSIBILITIES IN CHILD PROTECTION

4.1 ALL STAFF

Where a staff member cannot respond to these guidelines due to workload or absence, it is obligatory for that staff member to immediately advise his/her supervising officer.

4.2 DISTRICT OFFICERS

District Officers' responsibilities in Child Protection will usually be in their role as case co-ordinator and/or case worker.

4.3 CASE CO-ORDINATOR

The case co-ordinator is always an officer of the Department who is responsible for ensuring that continuing appropriate and realistic services are offered to families where a child has been notified.

In cases where a child is notified but is not subsequently registered, the case co-ordinator has a responsibility to ensure that families have a knowledge of, and access to, the financial and social support services of the Department and local community agencies, as required, although it may be the case worker who informs them.

The co-ordinator has specific responsibilities in registered cases to ensure that:

- . Child Protection Intake and Child Protection Assessment forms are completed and returned to the Central Registry;
- . A case plan is developed;
- . The case plan is implemented;
- . The case plan is regularly reviewed;
- . Case conferences are held, when appropriate;
- . Regular case discussion with case workers are held;
- . Support and consultation to case workers is provided;
- . They are available if requested to do joint interviews with the case worker;
- . The case is supervised when the case worker is on leave or when no other appropriate case worker is available;
- . The Central Registry is informed when the family moves or the case is closed (via a CPU form);
- . Regular written reports are obtained from the workers;
- . The file at the Community Welfare Office is maintained and contains copies of:

- Child Protection Intake and Child Protection Assessment forms
- Initial investigation reports
- Injury/Medical documentation
- Assessment reports
- Case Plan
- Case Conference reports
- Case Review Reports/Child Protection Case Management Forms
- Court evidence/reports/court order receipt - if court action taken
- Summary reports of workers' contacts with child/family
- Closure Reports/Child Protection Case Closure Form
- Child Protection Update Form if required.

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4.4

CASE WORKER

The case worker (usually but not necessarily an officer of the Department) is the person working most closely with the family, and who has the major responsibility for casework. However, if the case worker is from another agency, we cannot formally delegate responsibility to them for the safety of a child.

The responsibilities of the case worker are to:

- . Be involved in initial investigations when appropriate;
- . Do initial investigations where applicable;
- . Do ongoing family assessments focussed on risk to the child;
- . Develop in consultation with the case co-ordinator a case plan;
- . Review progress in the case on a regular basis with the case co-ordinator;
- . Request case conferences as necessary;
- . Provide referral to other services/agencies when required;
- . Provide advocacy, support and assistance to the child/family;
- . Document involvement in reports detailing the following:

- Assessment information
- Case Plans
- Case Conference details
- Progress reports
- Significant events
- Grounds for closure

. Complete the necessary forms (CPI, CPA and CPU) - where the case worker is a Departmental Officer.

4.5

CHILD PROTECTION WORKER

The responsibilities of the Child Protection Workers are to:

- . Whenever possible be one of the workers who do initial investigations;
- . Be available for case workers or case co-ordinators in a consultative capacity or to do a joint assessment;
- . Assist the District Manager/Senior Community Welfare Officer/Resident District Officer by providing advice regarding all aspects of the case management process;
- . Be the resource person in the office for Child Protection matters;
- . Assess staff needs for training and support and inform the District Manager/Resident District Officer;
- . Be the liaison person on Child Protection for other agencies;
- . Involve themselves in community education/development and advocacy issues;
- . Be the case co-ordinator in a small number of cases (recommended no more than 5).

SUBSTITUTE CARE WORKER

When removal of a child from the family is being considered decisions regarding appropriate placement should include consultation with substitute care officers where available.

being considered decisions
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consultation with

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4.7

DISTRICT MANAGER/RESIDENT DISTRICT OFFICER/
SENIOR COMMUNITY WELFARE OFFICER

The responsibilities of the DM/RDO/SCWO are to:-

- Oversee the management of cases and exercise professional judgement in decision making, and the DM/RDO to oversee the Child Protection System generally;
- Supervise the notification procedures and ensure all notifications are forwarded to the Central Registry;
- Inform the Operations Manager of Notifications of children in Substitute Care;
- Assign urgency ratings and ensure that they are recorded on the Child Protection Intake form;
- Allocate case co-ordinator and approve selection of case workers;
- Make registration decisions and ensure completed and signed CPA forms are returned to the Central Registry as soon as possible and within 28 days;
- Approve recommendations by staff for:

- i) removal of children from their home
- ii) use of court
- iii) police involvement
- iv) restoration of children
- v) use of medical examination orders
- vi) use of warrants

- Approve case plans;
- Approve case conference decisions;
- Review registered cases every three months;
- Make case closure decisions;
- Ensure the case file records the Department's involvement and documents all pertinent reports and decisions;
- Consult with the Child Protection Worker regularly;
- Provide professional supervision for staff and support as necessary;
- Monitor staff workload and the DM/RDO to inform the Regional Director on a regular basis of overload situations;
- DM/RDO to inform the Regional Director and Central Registry of the death or serious reabuse of a child;
- Be aware of staff training needs;
- Liaise with other agencies as necessary.

4.8

UNIT MANAGERS IN DEPARTMENTAL ESTABLISHMENTS AND INSTITUTIONS

The responsibilities of the Unit Manager are to:

- Be responsible for the prevention of children being abused or neglected at the systems level;
- Ensure adequate training is provided for staff in Child Protection;
- Provide professional supervision and support to staff;
- In the case of an allegation which indicates a child in their care is at risk, MUST immediately inform the Regional Director and ensure a notification is made to the Central Registry.

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4.9

COMMUNITY PROGRAMME OFFICER (CHILD PROTECTION)

The responsibilities of the Community Programme Officer (Child Protection) are to:

- . Act as a consultant to field staff;
- . Chair case conferences at their discretion;
- . Facilitate liaison between Departmental workers and other agencies;
- . Advise the Operations Manager in Child Protection matters;
- . Advise the Client Services Policy Unit on policy matters;
- . Formulate policy;
- . Evaluate regional staff training needs;
- . Be the resource person for Child Protection in the region;
- . Assist the Operations Manager in investigating notifications of Children in Substitute Care;

4.10

OPERATIONS MANAGER

The responsibilities of the Operations Manager are to:

- . Be responsible for the quality of Child Protection work and professional support and supervision of District Managers/Resident District Officers;
- . Monitor registration decisions;
- . Consult with the Community Programme Officer (Child Protection) regularly;
- . Co-ordinate investigations of Notifications of children in Departmental Establishments where the allegation involves Departmental staff;
- . Consult with the CPO (CP) and DM/SCWO/RDO on all notifications of children in substitute care and inform the Regional Director.

4.11

REGIONAL DIRECTOR

The responsibilities of the Regional Director are to:

- . Be responsible for the overall administration, staffing and resourcing in the Region to enable staff to adequately perform their duties in Child Protection cases;
- . When advised of a notification of a child in Substitute Care, the Regional Director must inform the Director-Operations, and forward all reports;
- . When advised of the death or serious reabuse of a notified child he/she must inform the Director-Operations.

4.12

THE EXECUTIVE OFFICER-CHILD PROTECTION AND FAMILY CRISIS SERVICE

The responsibilities of the Executive Officer are to:-

- . Provide professional supervision and support to Crisis Care Workers;
- . Ensure Community Welfare Centres are informed of cases in their area;
- . Ensure resource information is available to callers and it is reliable;
- . When advised of the death or serious reabuse of a notified child inform the Director-Operations.

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4.13 CRISIS CARE WORKERS

The responsibilities of the Crisis Care Workers are to:-

- . Receive all notifications after hours and notifications from non-Departmental agencies and the general public during office hours;
- . Generate notification numbers;
- . Record all notifications they receive on a Child Protection Intake Form, to be transferred to the Data Entry Operators for data entry;
- . Inform CWCs of notifications in their area;
- . Provide Departmental staff and other authorised personnel with details of client history;
- . Provide counselling and resource information to callers;
- . Provide after hours investigations and intervention in Child Protection cases in the Sydney Metropolitan Regions.

4.14 DATA CONTROL CO-ORDINATOR

The responsibilities of the Data Control Co-ordinator are to:-

- . Manage the data base on a day to day basis;
- . Ensure the validity of system input;
- . Provide supervision to Data Entry Operators;
- . Produce and distribute monthly and quarterly reports;
- . Responding to queries from the field about the data system.

4.15 DATA ENTRY OPERATORS

- . Receive notifications from Departmental staff during office hours;
- . Generate notifications numbers;
- . Record all notifications by entering them onto the computer database;
- . Provide Departmental staff and other authorised personnel with details of client history;
- . Maintain and update the Central Registry database by entering Child Protection Intake, Assessment and Update data.



DEPARTMENT OF YOUTH AND COMMUNITY SERVICES CHILD PROTECTION ASSESSMENT

Original: distribute / Duplicate: retain

Notification No.

Notification Date / /

Time : :
hh mm (24 hour clock)

Office Co.

Assessment Date / /

Time :

Children subject of notification:

CHILD NO.	Surname (Alias)	Given names (Alias)	Est. Age	Date of Birth			Sex M/F	Abuse Type	Previous Not Y/N	Previous File Y/
				dd	mm	yy				
1				/	/	/				
2				/	/	/				
3				/	/	/				
4				/	/	/				

Name	Address	Type	Suburb	Postcode	Phone
Number	Street				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Action	Child Number 1	Child Number 2	Child Number 3	Child Number 4
Initial medical action 1 = None 2 = Medical examination 3 = Medical treatment 4 = Hospital admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial placement action 1 = No change in placement 2 = Temporary foster care 3 = YACS res. care 4 = Other alt. care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial legal action 1 = None 2 = Section 148c 3 = Children's Court 4 = 2 and 3 5 = Family Court of Australia 6 = Both Family and Children's Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse details Role of abuser 1 = This information not known 2 = Family/type relationship to child 3 = Other person known to child 4 = Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most severe abuse

Other abuse: Enter up to five additional abuse codes in order of severity if possible

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABUSE CODES

- NOTE:** If no abuse confirmed, enter XX for most severe abuse. Leave other abuse blank.
- | | | | | |
|---|---|---|---|--|
| <p>Physical</p> <ul style="list-style-type: none"> 01 No visible injuries 02 Bruising 03 Facial/head bruising 04 Other bruising 05 Warts/abrasions 06 Cuts/abrasions 07 Burns/scalds 08 Dislocations/sprains/strains 09 Skull fracture 10 Pressure (other than skull) 11 Internal injuries 12 Intentional poisoning 13 Unintentional drug administration 14 Stunted (non-accidental) 15 Death of sibling (non-accidental) | <ul style="list-style-type: none"> 16 Attempted strangulation 17 Attempted suffocation 18 Attempted drowning 19 Drug withdrawal at birth 20 Foetal alcohol syndrome 39 Other physical | <p>Sexual</p> <ul style="list-style-type: none"> 41 Genital exposure 42 Inappropriate fondling 43 Masturbation 44 Oral sexual behaviour 45 Penetration by finger 46 Penetration by object 47 Penetration by penis 48 Sexual activity with an animal 49 Exposed to sexual behaviour by others 50 Exposure to prostitution 51 Used for prostitution 52 Exposure to pornography 53 Used for pornography 54 Threat of sexual abuse 55 Expose or exploit child sexually 59 Other sexual | <p>Emotional</p> <ul style="list-style-type: none"> 61 Severe verbal abuse 62 Continual scapegoating 63 Continual rejection 64 Social/physical isolation as punishment 65 Failure to thrive (non-organic) 66 Attempted suicide 67 Child threatened with neglect, physical, sexual or other abuse 68 Parent's deviant/abuse affects child 69 Parent's deviant/abuse adversely affects child 70 Parent's alcohol or drug use adversely affects child 79 Other emotional | <p>Neglect</p> <ul style="list-style-type: none"> 81 Failure to control access to poison/alcohol/drugs 82 Failure to provide food 83 Failure to provide shelter 84 Failure to provide clothing 85 Failure to protect child's health 86 Failure to provide medical care 87 Malnutrition 88 Failure to adequately supervise 99 Other neglect |
|---|---|---|---|--|

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DEPARTMENT OF YOUTH AND COMMUNITY SERVICES CHILD PROTECTION ASSESSMENT

ORIGINAL

Relatives:

Notification No.

In home with notified children
Surname (Alias)

Given names (Alias)

Est. Age

Date of Birth
dd mm yy

Sex
M/F

Relationship to child

Surname (Alias)	Given names (Alias)	Est. Age	Date of Birth dd mm yy	Sex M/F	Relationship to child			
					1	2	3	4
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					

Relationship Code: 1 = Parent; Natural 2 = Parent; Step 3 = Parent; Defacto 4 = Parent; Grand 5 = Parent; Other Relative
 6 = Parent; Adoptive 7 = Parent; Foster 8 = Parent; Guardian 9 = Sibling

Natural Parents: If not resident at children's home:

Surname (Alias) Given names (Alias) Phone

Mother Father

Number Street Type Suburb Postcode

Mother Father

Agencies involved: Coding for notifier status and agencies involved

HEALTH DEPT. 01 Hospital 02 Social Worker 03 Doctor 04 Nurse 05 Help Centre/CAR Team/Sexual Assault Team 06 Health Centre 07 Community 08 Child 09 Baby OTHER HEALTH 10 Social Worker 11 Psychologist 12 Doctor 13 Nurse 14 Speech Pathologist 15 Paramedic	WELFARE AGENTS 31 Family Court Counsellors 32 Refuge Worker 33 Youth Worker 34 Welfare Worker 35 Youth and Community Services EDUCATION/CHILD CARE 41 Child Care Worker (e.g., Family Day Care, Foster Family) 42 Preschool Teacher 43 Primary Teacher 44 Other Teacher 45 School Counsellor	POLICE 51 JSB 52 Other OTHER AGENTS 61 Probation and Parole Services 62 Other Gov't Dept 63 Community Organisations 64 Interstate Welfare 65 Self-child 66 Parent 67 Relative 68 Neighbour 69 Friend 70 Anonymous 99 Other, specify:	Agency of Primary Worker <input type="text"/> <input type="text"/> Other agencies involved Enter up to 5 codes as applicable <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---	---

Actions based on Assessment: Enter: A (Action taken); P (Proposed action); N (Needed but not available)

<input type="checkbox"/> Psychiatric assessment	<input type="checkbox"/> Individual counselling (e.g. Psychotherapy)	<input type="checkbox"/> Child returned home
<input type="checkbox"/> Psychological assessment	<input type="checkbox"/> Family counselling (e.g. Family therapy)	<input type="checkbox"/> Home care
<input type="checkbox"/> Speech assessment	<input type="checkbox"/> Group counselling therapy	<input type="checkbox"/> Family support service
<input type="checkbox"/> Medical assessment	<input type="checkbox"/> Speech therapy	<input type="checkbox"/> Family day care
<input type="checkbox"/> Case conference	<input type="checkbox"/> Medical therapy	<input type="checkbox"/> Other child care (e.g. preschool, day care)
<input type="checkbox"/> Family Court of Aust.	<input type="checkbox"/> Police involvement initiated	<input type="checkbox"/> Alternate accommodation for family
<input type="checkbox"/> Children's Court	<input type="checkbox"/> Child placed elsewhere	<input type="checkbox"/> Other (specify)

Survey No. 1 2 3 4

Name of Case Coord (Print) Signature Date

Assessment Decision

Risks meet registration criteria	Registration criteria not met
1 = Register Child	2 = Referred, closed 3 = Not at risk, closed 4 = Not located

Name of D.M. (Print) Signature

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DEPARTMENT OF YOUTH AND COMMUNITY SERVICES CHILD PROTECTION UPDATE

CP
ORIGINAL

Original: distribute / Duplicate: retain

Tick appropriate box:

- Case closed
- Change of address
- Case transferred
- Delete children from CPI

Notification No.

--	--	--	--	--	--	--

Originating office

Receiving office

Child Details

Surname (Alias)	Given names (Alias)	Est. Age	or	Date of Birth		
				dd	mm	yy
				/	/	
				/	/	
				/	/	
				/	/	

New Home Address

Number	Street	Type	Suburb	Postcode	Phone

D.M.
USE
ONLY

Name of D.M. (Print)

Signature

.....

Date

dd	mm	yy

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Appendix 5

CHILD WELFARE ACT - SECTION 148(C) (MEDICAL EXAMINATION ORDERS)

Section 148(c) concerns itself with a situation in which there is a belief on reasonable grounds that a child has suffered injury to his/her health as a result of being assaulted, ill-treated or exposed.

To confirm or dispel this belief it is necessary to have the child medically examined.

Section 148(c) provides a procedure by which this examination may be carried out, whether or not the child's parents consent.

In practice, when an officer believes on reasonable grounds that a child has suffered injury to his health as a result of being assaulted, ill treated or exposed and is of the opinion that a medical examination is necessary he/she should first attempt to have the child's parents consent to the medical examination taking place. It is only if they refuse or revoke consent that the provisions of section 148(c) need to be invoked.

The first act to be taken in the case of refusal is the serving of the prescribed notice. The provisions of Section 148(c) depend on Form 32 being served and understood by the client (an interpreter may be necessary). If it is not served and understood the provisions cannot apply. Three copies of the form are needed - one for the client, one for the hospital and one for the file. Prior to serving the form it is advisable to ensure a doctor is available to conduct the medical examination.

If the parents of the child comply with the demand in the notice then the purpose of the officer who served it has been attained. The original suspicion is either confirmed or dispelled by the medical examination.

If the suspicion is confirmed and to protect the child it is necessary to take further action the officer should then make a decision as to what that action should be.

Section 148(c) can only be invoked prior to apprehending a child or otherwise commencing action under the Child Welfare Act

If the child's parents fail to comply with the notice, Section 148(c) authorises Police officers and officers of Youth and Community Services to themselves present the child to a medical practitioner. In the exercise of their powers they may use all reasonable force, subject only to the requirement that they may NOT enter any place occupied as a dwelling "except under the authority of a warrant issued under Section 145 or 146."

c.c.v

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DOCS001528

The NSW Department of
**Youth and
Community
Services**



OPERATIONAL PROCEDURES

FOR

CHILDREN'S SERVICES

Volume 1 - Recommendations

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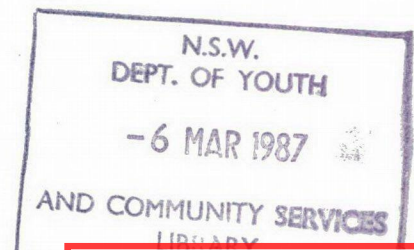
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Introduction

One of the major issues which arose from the Children's Services Review was the lack of consistent policy and procedures for Children's Services throughout the State.

The Operational Procedures for Children's Services have been developed to complement the on-the-job Training Program for Children's Services personnel and to provide a basic resource of procedures relating to the Children's Services Program Area.

It should be noted, however, that the procedures are by no means complete, and will need to be amended and added to in accordance with the new licensing requirements of the Community Welfare Act and Regulations, and the outcomes of the Pre-School Funding Review. As a consequence, functional areas which may require little change have been provided as the first step in the ongoing process.

NOTES:

1. Information about pre-school funding has not been included in these procedures. The current Pre-school Funding Manual is the appropriate resource for reference.
2. The Operational Procedures for Family Day Care will be issued as a separate publication.
3. The format of report forms in the Appendices is currently being re-developed. Their inclusion in this manual is for reference and as a guide to the collation of appropriate information when visiting services. The completed report forms will be issued separately in the near future.

Recommendations

1. That the Operational Procedures for Children's Services be adopted and implemented.
2. That a Working Party be established to review the Operational Procedures six months from implementation.
3. That the Working Party comprise representation from Funding and Licensing Children's Services Advisers, Community Programme Officers, Policy and Operations Directorates and the Resource Analysis Unit.

1. LICENSING AND CONTINUING SUPPORT TO EXISTING CHILDREN'S SERVICES

1.1 The responsibilities of the Children's Services Adviser in relation to the functions of Licensing and Continuing Support to services encompass:

- i) quality of care assessments
- ii) periodical visits and reports
- iii) annual reports
- iv) advice to staff, committees, private owners, in respect to Children's Services Child Development, and the program of care and education
- v) monitoring and evaluation of the day-to-day programming and administration within Children's Services.
- vi) Issue of Licences.

1.2 The Officer-in-Charge Funding and Licensing is accountable for the follow-up of matters relating to funding and licensing issues. Children's Services Advisers and Community Programme Officers will regularly receive "Action Required Checklists" from Funding and Licensing personnel with a specific date attached for the return of the required information.

1.3 Advisers are expected to attend to these matters within the specified time-frame so that Funding and Licensing personnel can adequately fulfil auditing requirements.

1.4 The Action Required Checklist is attached as Appendix 1.

3. QUALITY OF CARE ASSESSMENTS

3.1 In the routine course of visiting services, Advisers will be expected to assess the quality of care being offered.

3.2 The components of quality of care comprise:

- i) The amount and type of physical space.
- ii) Emotional and social environment: personal interactions between staff, children and parents.
- iii) Staff selection: attitudes, values, behaviour, skills, knowledge and training.
- iv) Programmes provided which cater adequately for the developmental needs of children.
- v) Service structure: adult:child ratios, age groupings, timetables, routines etc.
- vi) Discipline practices.
- vii) Equipment and furniture appropriate to children's ages and stages of development.

When assessing the elements of quality care inservices the Adviser must do so in the context of total care: the families involved, the type of service offered, the community in which the service is based as well as the developmental needs of the child.

4. PERIODICAL VISITS AND REPORTS

- 4.1 Services which are licensed by the Department are required to fulfil certain statutory requirements. Children's Services Advisers are responsible for ensuring that statutory requirements are maintained and the quality of care offered in services adequately meets the needs of the children.
- 4.2 It is expected that at least two periodical visits will be made to each service in a year in addition to the Annual Report visit.
- 4.3 Some services, because of continuing problems eg. lack of knowledge during the establishment phase, sub-standard care, inexperienced staff, management conflict etc. may require more than basic attention for some time. However, good quality services are still in need of support and the interest shown through periodical visits.
- 4.4 Visits made throughout the year by the Children's Services Advisers will have a different focus and/or intent. As a consequence, a range of information can be gathered from discussions and observations on each visit. This will be in keeping with the service objectives planned for the central service.
- 4.5 When reports are prepared after routine visits, it is important to highlight the outstanding matters which have an influence on the overall standard of care, and to make consistent recommendations when following through.

4.6 PROCEDURES FOR PERIODICAL VISITS

1. At the beginning of the year plan approximate times for routine visits to all centres (eg. 4 visits per week over a 14 week period = visits to 56 services).
 2. Plan the purpose of the visit in advance (eg. to observe outdoor programme - includes equipment, maintenance, use of play materials, programme planning, supervision etc.).
 3. Visit centre.
 4. Complete "Report on Child Care Service".
 5. Advise service ie. Director, Owner or Management Committee in writing of recommendations made.
 6. Forward report and correspondence to Regional Office via District Manager. Retain copies on local file.
 7. Advise Officer-in-Charge Funding and Licensing of follow-up required and who will do this eg. Officer-in-Charge, Adviser, Community Programme Officer etc.
 8. Officer-in-Charge Funding and Licensing will complete "Action Taken" section and re-submit to Adviser, after the period of time designated for follow-up.
- 4.7 The Report on Child Care Centre is attached as Appendix 3.

5. ANNUAL REPORTS

5.1 Under the terms of the Community Welfare Act, Annual Reports for Child Care Services are a statutory requirement of the Department.

5.2 An Annual Report will be required for every licensed Child Care Service.

5.3 Procedures for Annual Reports

1. The Officer-in-Charge Funding and Licensing will notify the Children's Services Adviser 3 months in advance that the Annual Report for a specific centre is due.
 2. The Officer-in-Charge Funding and Licensing will advise of outstanding matters that require attention at the time of the annual visit.
 3. The Adviser will visit, for a full assessment of licensing requirements and quality of care.
 4. On completion of the Annual Report for the Department, a report should be prepared for the Management Committee or private owner. This could be a copy of the completed Annual Report form or alternatively, a letter containing information from the report, including recommendations made at the time of the visit. The Children's Services Adviser prepares report and correspondence as soon as possible after the visit.
 5. The original report and correspondence and/or advice to the services is forwarded via the District Manager to the Regional Director.
 6. A copy of the report and correspondence is retained on the local file.
 7. The Officer-in-Charge Funding and Licensing will re-submit advice after 3 months for follow-up if required.
- 5.4 The Annual Report for a Child Care Service is attached as Appendix 4.
- 5.5 Advice to Child Care Services following Annual Report is attached as Appendix 5.

6. PROCEDURES RELATING TO GENERAL CORRESPONDENCE ON LICENSING MATTERS

- 6.1 When correspondence is received, a reply should be forwarded within 2 weeks after receipt of the letter.
- 6.2 If a delay is anticipated, then the delay will be acknowledged to the writer as soon as correspondence is received. Such acknowledgement will indicate that the matters and questions raised are being examined and/or investigated and that a detailed reply will be forwarded as soon as possible.
- 6.3 The Interim Reply to correspondence is attached as Appendix 6.
- 6.4 A copy of the correspondence received in the Regional Office and a copy of the acknowledgement will be forwarded to the relevant Children's Services Adviser, or Community Programme Officer with an "Action Required Check List", indicating the action to be taken by the appropriate officer. A copy is retained on the Regional Office file.
- 6.5 The Officer-in-Charge Funding and Licensing should resubmit the file for a period not exceeding four weeks, depending on the importance and/or urgency of the matters raised.
- 6.6 A reminder to the Children's Services Adviser or Community Programme Officer will be issued immediately on the expiry of the resubmit period if no reply has been received to date.
- 6.7 If, after a further 2 weeks, the requested information is still outstanding, the file will then be referred to the Operations Manager at Regional Office for direction.
- 6.8 Where officers reply to the writer direct, a copy of the correspondence will be forwarded to the Officer-in-Charge Funding and Licensing for attachment to the Regional Office file.

7. EXEMPTIONS

- 7.1 The Children's Services Adviser should recommend an exemption to the Regional Director with documentation to support such a recommendation. The C.S.A. cannot exempt on their own authority.
- 7.2 Circumstances where an exemption may need to be considered will vary according to the services, the community needs, geographical location and other support services available.
- 7.3 Where issues of concern arise the Adviser should discuss the issues with the Community Programme Officer to develop a course of action. Such action could mean meeting with the owner - in the private sector or the Committee of other services, to explain the breach of licensing that appears to have occurred. Input from Officer-in-Charge may also be required.
- 7.4 The Community Programme Officer may need to seek advice from Legal Branch in the Department if the issues warrant such action. If, after meeting with the Committee and/or the Director the Adviser and Community Programme Officer are unable to resolve the issue, further action through consultation with the Regional Director may be necessary.
- 7.5 A ministerial delegation has given Children's Services Advisers the authority to exempt two children only over the licence numbers of a service. If more than 2 children are to be accommodated over the licensed number, approval will need to be sought from the Regional Director.
- 7.6 Exemptions for children over the licensed number are given on the proviso that the child/ren will fill the first available vacancies.
- 7.7 The Application for Exemption from Licensed services is attached as Appendix 7.

8. PROCEDURES FOR REPLACEMENT OF STAFF IN CHILDREN'S SERVICES

- 8.1 In any centre where licensing requires qualified staff, the replacement staff should hold the appropriate qualifications, as per the Regulations.
- 8.2 If replacement of such qualifications on short notice is not possible, then the service may operate for a maximum of 5 working days only, using unqualified replacement staff.
- 8.3 If the service is to be inconvenienced for a longer period than 5 working days the C.S.A. must be notified as soon as possible.
- 8.4 A meeting between the C.S.A. and the Community Programme Officer is arranged in order to discuss the replacement staff situation and a course of action will be recommended to the Regional Director for Committee/owner.

9. DEPARTMENTAL ROLE IN RELATION TO
EMPLOYING BODIES AND INDUSTRIAL ISSUES IN CHILDREN'S SERVICES

- 9.1 The following issues have evolved from a number of industrial events in child care centres involving Community Programme Officers and Children's Services Advisers, committee management and staff.
- 9.2 The industrial events highlight the difficulties which might arise for the Advisers while fulfilling their advisory support role to both employer and employee and their legislative and professional responsibilities to the child and family.

Advisers and Committees

- 9.3 The only time and Adviser or Community Programme Officer can recommend that the Regional Director over-rule a decision of a committee is when:
- (i) The welfare of the child is at risk.
 - (ii) The committee is at variance with licensing regulations.
 - (iii) If the committee is in variance with the funding agreement, the Adviser or C.P.O. may need to make recommendations to the responsible funding body.

Adviser's Reports and Function in Industrial Matters

- (i) The Community Programme Officer or Adviser, upon the request of the Regional Director produces a factual documented report. The report is to contain only facts and not value judgements.
- (ii) The report should be a document which becomes a frame of reference or a basis of discussion in which both staff and committee participate.
- (iii) Such a document should be able to be tabled at any special meeting (if so called) thus allowing both parties (employer and employee) access.
- (iv) Any individual action taken following the above will be the sole responsibility of committee and staff.
- (v) Likewise it is their responsibility to negotiate further.
- (vi) The Community Programme Officer or Adviser, after producing documentation (upon request only) and bringing both parties together, does not enter into any further negotiation or discussion and withdraws.
- (vii) It is the employer's responsibility to let the Department know of the outcome.

9.5 Award Information

- (i) Community Programme Officers or Advisers refer all requests for award information to the appropriate organisation (such as the NSW Country Children's Services Association, Community Administered Pre-Schools Kindergarten Union of NSW, Department of Industrial

- (ii) When requests are made by private owners or individual committees they are to be referred to the Department of Industrial Relations or to the Employer's Federation of NSW.
- (iii) When requests are made by individual staff members these people should be referred to the above sources, or staff refer to their own appropriate union. Staff must assume responsibility for this themselves.

9.6 Departmental Officers and Unions

- (i) Departmental Officers are not bound to comment or respond to informal requests by union officials for information about staff or their performance; such requests should be presented to the Department.
- (ii) Neither should Departmental Officers be bound to comment or respond to informal requests by committees or Association/Employer Organisations.
- (iii) Ditto requests by staff about management.
- (iv) The Department's responsibility is to encourage all parties concerned to come together and express their concerns allowing each other access to information and a fair hearing.
- (v) The Department's responsibility ends there.

PART 2

DEVELOPMENT OF NEW SERVICES

Reference: "Information
Booklet for Establishing A
Child Care Centre"
Department of Youth and
Community Services
April 1986

10. DEVELOPMENT OF NEW SERVICES

10.1 The Community Programme Officer is responsible to the Regional Director for:

- (i) Planning projected Regional priority locations for new services in consultation with the Children's Services Team, the Regional Planner and Central Office.
- (ii) Advice on appropriateness of location of services for prospective new owners.
- (iii) Negotiations with the sponsoring body, Office of Child Care and/or Youth and Community Services.
- (iv) Establishment of the Management Committee and advice on legalities, tasks to be completed, licensing etc.

10.2 The Building Project Supervisors from Property and Services Branch in Central office are responsible to the Regional Director for:

- (i) Receiving and Assessing plans in accordance with the statutory requirements of the Act and Regulations.
- (ii) Site inspections.
- (iii) Oversight of construction and ensuring that buildings are of a suitable standard.
- (iv) Advising on functional lay-outs, landscaping, constructional materials and safety standards for children.
- (v) Technical advice to Regional Children's Services personnel.
- (vi) Final building inspections.
- (vii) Advice on Board of Fire Commissioner's recommendations.

10.3 The Children's Services Adviser is responsible to the Regional Director for:

- (i) Advice on functional aspects of the service eg. furnishings and equipment, staff selection, programmes supervision of children etc.
- (ii) Verification of licence applications.
- (iii) Licensing of service.

11. ADVICE ON FUNCTIONAL ASPECTS OF CHILDREN'S SERVICES PRIOR TO LICENSING

- 11.1 The functional aspects of Children's services relate to the appropriate use of indoor and outdoor play spaces, purchase of equipment, development of a challenging and stimulating playground, timetables, programming, rostering of staff, family grouping etc.
- 11.2 Different service types will require varying degrees of time and advice prior to licensing.
- 11.3 Regional Children's Services Teams should prepare written resource material to support the advice and recommendations made to ensure consistency across the Region.
- 11.4 Training programmes for new and/or prospective owners of private Child Care Centres should be organised Regionally with a licensing prerequisite that new owner/operators will complete the programme.

12. ASSESSMENTS AND RECOMMENDATIONS FOR LICENSING

12.1 Prior to the issue of a licence for a Child Care Service, it will be necessary to complete a comprehensive report on the proposed operation of the service.

12.2 The report fulfils two purposes:

- a) provides relevant details for the Funding and Licensing staff for licensing or future funding (if relevant);
- b) allows the Children's Services Adviser to ensure that the minimum standards are being met prior to licensing and gives him/her an understanding of the principles of Early Childhood Care and education exhibited by the Licensee and Authorised Supervisor.

12.3 The initial Report on Child Care Service is attached as Appendix 8.

12.4 Procedures for Issue of Licence

- (i) Licensee submits application for licence and advises proposed date of commencement.
- (ii) Adviser verifies references of licensee.
- (iii) Adviser visits service after licensee has notified of proposed date of commencement.
- (iv) Adviser completes first section of Initial Report form.
- (v) Adviser recommends issue of licence (with any special conditions which may be appropriate to the service) to the District Manager.
- (vi) District Manager authorises issue of licence and dispatches to licensee from the Community Welfare Centre.
- (vii) Adviser forwards copy of licence to Officer-in-Charge Funding and Licensing.
- (viii) Within one month after commencement of the service the Adviser will re-visit to complete the second part of the Initial Report Form relating to the quality of care.
- (ix) Recommendations made to the Director and/or staff with respect to the programme will be followed up in writing via the District Manager.
- (x) Recommendations relating to the physical environment, premises, equipment etc. will be followed up in writing to the Licensee (committee or owner) via the District Manager.
- (xi) The full report and copies of correspondence will be forwarded via the District Manager to the Regional Director.
- (xii) The Officer-in-Charge Funding and Licensing will re-submit the file after 3 months for follow-up if required.

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13. LICENSING PROCEDURES FOR SMALL CHILD CARE CENTRES

13.1 FIRST CONTACT:

- a) Initial contact from prospective owner/operator.
- b) Forward copy of requirements and suggested equipment list.

SECOND CONTACT:

- 13.2 i) Visit to assess - premises.
- suitability of equipment.
 - toilet and washing facilities.
 - sleeping and eating arrangements.
 - play areas, indoors and outdoors.
- ii) Discuss necessity for Council approval and facilitate application for same.
- iii) Provide advise on purchase of any required equipment/furniture.
- iv) Ask owner/operator for two copies of plans of house and the site plan.
- v) If above is satisfactory, leave applications for licence.

13.3 CONTACT 3

- arranged when Owner/Operator has received Council approval, prepared the plans and completed the application for licence.
- i) Prepare initial Report on Child Care Centre.
 - ii) Ensure that the licensee retains the original letter of Council approval.
 - iii) Adviser recommends issue of licence to District Manager.
 - iv) District Manager authorises issue of licence and dispatches to licensee from the Community Welfare Centre.
 - e) Adviser sends copy of licence, original report, plans, Council approval, licence applications via District Manager to Regional Director.

14. ILLEGAL CHILD CARE CENTRES

- 14.1 Information that a child care centre appears to be operating illegally may come to the Department's notice in a number of different ways.
- 14.2 The preliminary approach should be 'low key' and non-authoritarian; emphasis should be an alternatives which may be acceptable for licensing purposes. However, it must be remembered that court action may become inevitable; therefore it is important to carefully document facts, from the time of the first approach, concerning visits to the centre in question and particularly of other relevant information such as telephone calls.
- 14.3 The centre operator must be made aware, both verbally and in writing, that there are penalties for conducting unlicensed child care premises.
- 14.4 Where appropriate, and without appearing to condone or encourage the illegal operation of a centre, the Adviser's professional skills should be exercised by suggesting improvements, verbally or when visiting the centre, and followed up in writing, in activities which would enhance the quality of care being offered to benefit a particular child's social, emotional or educational development.
- 14.5 Where it appears that court action will be initiated against an operator, Council must be approached, in writing, to determine whether a Development Application for use of the premises as a child care centre, or for a similar function, has been lodged, and the outcome of that application.
- 14.6 Where it appears likely that court action will be necessary the facts should be reported verbally to the Department's Legal Officer, and the relevant files noted to this effect.

ROLE OF COMMUNITY WELFARE OFFICERS

- 14.7 The Children's Services Adviser must inform the Unit Manager where:
- i) Initial enquiries suggest a situation of grossly inadequate child care;
 - ii) The Adviser has been denied access to the premises allegedly being used illegally for child care services; and/or
 - iii) The Adviser's initial approach has not induced compromises which will enable licensing action to be initiated.
- 14.8 The Child Welfare Act, 1939, confers on a Community Welfare Officer the right of entry to a child care centre, and the officer's training includes matters pertaining to the collection and presentation of evidence.

FILE NOTATION

14.9 A file must be registered where even initial enquiries suggest or reveal that further action will need to be taken when a centre is operating illegally.

14.10 An old file can be a valuable item of evidence when it reveals that the operator has been made aware, at the time of application for establishment of a centre, of the requirement for licensing and the sanctions which may be exercised against operators of illegal centres.

15. PROSECUTION

15.1 STEPS LEADING TO PROSECUTION

Examination of papers in the Department's file on an illegally operating child care centre must provide evidence that:

- a) Enquiries have been made concerning the centre by appropriately qualified Departmental officers; that is, the Adviser, in conjunction with community Welfare Officers, or Supervising Officers with the Regional Administration, and that in their opinion the child care centre is operating illegally because (full reasons must be given);
- b) The operator has been advised verbally and in writing of the provisions of the Child Welfare Act, 1939 concerning the licensing of child care centres;
- c) The operator has been cautioned verbally and in writing that it is an offence under the Act to continue to conduct an unlicensed centre. (The letter containing the written warning should be registered and the delivery receipt must be attached to the file).

Evidence of illegal operation of a centre must be obtained by the Adviser and a prosecution can be launched on the basis of observation; that is:

- i) How many children have been observed entering the premises;
- ii) At what times the children entered and departed;
- iii) How the children arrived and departed from the premises;
- iv) How often were they observed arriving and departing;
- v) How many children were present when a visit was made to the centre by a Departmental officer;
- vi) The assessed age group of the children.

15.3 Evidence can also be obtained from parents/carers; questions of parents can provide direct evidence that:

- a) The children are not related to the caregivers;
- b) The service is provided for a fee (how much); gain (how obtained by the caregiver); or reward (how obtained by the caregiver).

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EVIDENCE

- 15.4 'Direct Evidence' is evidence which is obtained by your own personal observation: such evidence can include conversations and evidence of the senses; what is seen, heard, felt or perceived from smell and odour.
- 15.5 'Admission Evidence' is evidence gained from questions which were formed to elicit answers which could help as evidence.
- 15.6 Direct evidence is preferable in prosecution and Admission evidence is the second choice.
- 15.7 It is essential to determine who owns the premises and who is operating the service it may be necessary to bring more than one summons, and summonses may have to be issued against:
- i) The alleged Conductor;
 - ii) The alleged Controller;
 - iii) The Controller and the premises allegedly used for illegal child care.
- 15.8 Questions must be direct and not 'leading' and should be recorded as verbatim conversation in the style of 'I said'; 'she said'. The relevant conversation only should be recorded and the indication that other relevant matters were touched upon is indicated by the statement 'there was other conversation'.
- 15.9 Advisers must remember that the evidence they are eliciting must prove breaches of the provisions of the Child Welfare Act, 1939.
- 15.10 Statements illustrating how the breaches are affecting the care of the child are not essential to proving the centre is operating illegally. However, this information should be prepared and presented as it may assist the court in determining the extent of penalties to be imposed or other action to be taken.

In answer to the Advisers questions, the persons being interviewed must:

- i) Positively identify themselves as the person-in-charge;
 - ii) Name (describe) the facility they are providing;
- c) Indicate whether the children are related by blood to them;
- d) Reveal how many children re being cared for - for how long each day (between hours of and) and for how many days per week;

- v) Reveal whether the service is provided each day of the week or from Monday to Friday only; or on certain days only and for how long the service has been operating;
- vi) Reveal the ages of the children;
- vii) Reveal the cost of the service provided;
- viii) Admit that care is being given for two or more children under the age of 6 years who are not related to the persons being interviewed and/or the persons-in-charge;
- ix) If no monetary cost can be established, reveal whether the services are provided for 'gain' or 'reward';
- x) Reveal whether the children attending have not been given to the custody of the person in charge:
 - a) by any competent court;
 - b) by deed; or
 - c) by will;
- xi) State that the premises are not, in fact, licensed by the Department;
- xii) State that the carer is not licensed by the Department to care for the children attending;
- xiii) State that the children do not reside on the premises;
- xiv) State, if applicable, that the carer applied for a licence on (date) and the Director-General refused this application on (date);
- xv) State, if applicable, that since this refusal, no further application on the prescribed form has been forwarded to the Department;
- xvi) Answer whether the carer has been warned on (number of) occasions (and include dates) that he/she must be licensed.

15.11 Evidence of operation over the stated period should be supported, if possible, by a statement from the officer reporting the conversation indicating that:

15.12 'I have walked, driven, pass the premises (address) on (dates) and observed facts indicating the continuing of operations'.

THE DECISION TO PROSECUTE

15.12 When it has been determined that all conciliatory means have been exhausted and that prosecution must be initiated, the Officer-in-Charge Funding and Licensing Section must:

- i) Examine the file to ascertain that all essential matters have been reported upon and recorded in the required manner, and

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- ii) Ensure that no information proposed to be introduced, was gathered more than six (6) months prior to making the complaint where it seems likely that the information may be unacceptable for this reasons, it must be updated.
- 15.13 When all necessary information appears in order, a submission to the Director-General must be prepared by the Officer-in-Charge Funding and Licensing Section seeking approach to prosecute. The submission must be signed and forwarded to the Director-General by the relevant Regional Director.
- 15.14 It is the usual practise for the Director-General to discuss such cases with the Minister.
- 15.15 Immediately upon receipt of the Director-General's (Minister's) approval to prosecute, the file is to be referred to the Department's Legal Branch, which will already have been advised of potential prosecution.
- 15.16 Matters relating to applications for summons, the briefing of counsel and other like issues will be attended to by the Department's Legal Officer.
- 15.17 The results of any court action must be noted on the Regional Office file, with a copy to the Adviser for the local office file.

AFTER PROSECUTION

- 15.18 Where the decision of the court is that a centre must be closed, the centre is to be observed regularly for some months after the decision to ensure that operations do not continue or recommence in defiance of the court order.
- 15.19 The dates and results of such observation must be noted on the Regional Office File.
- 15.20 Any matter which suggests the court's order is being breached must immediately be checked by an Adviser's visit. If a breach appears to exist, the Department's Legal Officer must be informed by the Adviser, in writing. The relevant District Manager must also be informed.
- 15.21 Consistent breach of the court's order will result in the Department's Legal Branch seeking - in the Supreme Court - proceedings for a perpetual injunction.

16. SUBPOENAS

- 16.1 So far as terminology is concerned, a subpoena is issued in the State Courts for a witness to attend. In the Family Court the word summons is used instead of subpoena. The comments below in relation to subpoena apply equally to a summons in the Family Court.

Subpoenas

- 16.2 Subpoenas are issued to ensure the attendance of a witness at Court. They may be issued where it is thought that for any reason a witness may refuse to attend. A subpoena is also a form of protection for the witness.
- 16.3 Once subpoenaed the witness may be legally compelled to attend Court and state what he/she knows, and there can be no suggestion that he/she is acting unethically, from malice or for any other reason. It is therefore recommended that a subpoena be required in every matter for all witnesses who are Departmental employees.
- 16.4 All subpoenas are marked for a time on the day in question and remain in force for all days that the case continues until the witness is excused by the judge of magistrate. It is realised that sometimes the time of attendance presents some difficulties, especially for medical practitioners, but a specific time should be arranged in advance with the Solicitor for the attendance of the witness, although the subpoena will still read a certain time.
- 16.5 Note also that subpoenas may be issued for documents - eg. medical records, file, developmental records etc.

Warrants

- 16.6 If a subpoena is disobeyed, a warrant may be issued for the person to be brought before the Court and it is possible that he/she could be held in custody until the hearing of the case.

Presenting Evidence

- 16.7 On entering and leaving court it is customary to bow to the judge or magistrate as a representative of the Crown.
- 16.8 A witness is required to give evidence on oath, but if for any reason the witness does not wish to take an oath he/she may make an affirmation or declaration. If he/she elects to take this latter course, prior advice should be given to the Court Attendant or the Court Constable so that he/she is aware of the fact.

16.9 When you are called to give evidence, walk promptly to the witness box, making sure that you do not pass between the bar table and the bench on the way. The bar table is where the solicitors and/or barristers sit. The bench is where the magistrate or judge sits. The oath is usually administered by the court attendant or constable. He/she will say "Take the Bible in your right hand and face His/Her Honour/Worship", and you will take the book in your right hand, palm upwards, with your palm and fingers underneath the book and your thumb on top of it. The court constable or attendant will then say the following or similar words "The evidence you are about to give touching the matter now before the Court, shall be the truth, the whole truth and nothing but the truth so help you God". You are then required to say loudly and clearly, "So help me God". The book will then be taken out of your hand and you will stand until such time as the magistrate or judge tells you to be seated, when you will sit down.

16.10 If you are not taking an oath, the procedure is as follows: You will be called forward, told to stand up straight and face the bench, the attendant or court constable will then recite the following or similar, and you will be required to repeat it, phrase by phrase: "I (state your full name) do solemnly and sincerely declare and affirm that the evidence about to be given by me touching the matter now before this court shall be the truth, the whole truth and nothing but the truth".

16.11 In any case if a staff member is called as a witness in the capacity of an adviser, they should only give evidence which is impartial.

16.12 If a question is not understood then the witness should always ask for some clarification.

17. DEATH OF A CHILD WHILE ATTENDING A CHILD CARE CENTRE

- 17.1 As the licensing authority for child care services, the Department has a right to be informed immediately a child dies at a child care centre.
- 17.2 Because of its corporate responsibility for the overall well-being of all children in this State, the Department has a moral responsibility to provide support to families, as required, following notification of death. The procedures carried out by Departmental Officers reflect the principles.
- 17.3 Children's Services Advisers should make licensees and Authorised Supervisors of child care centres aware of the need for them to inform their local Adviser immediately a death occurs.
- 17.4 The requirements of notification to the Departmental Advisers apply to all centres which are operated by voluntary agencies or other funded agencies, such as Local Government authorities and private schools, as well as to centres which are owned privately and operated as a commercial undertaking.
- 17.5 In the event of the Adviser not being immediately available, the Officer on duty at the Community Welfare Office must be informed.
- 17.6 The principle role of the Departmental Officers attending a centre, immediately after a child's death is reported, is one of providing support and consultation to staff members. If children attending are aware of the death and, as a consequence, are disturbed or distressed, the Officers must help staff to create a calm and reassuring atmosphere.
- 17.7 Officers are also required to visit the parent(s) of the deceased child to offer support and assistance as appropriate.

INITIAL ACTION REQUIRED AT LOCAL OFFICE

- 17.8 It is most likely that advice of a death will be notified by telephone and the Departmental Officer dealing with the phone call should ascertain and record:
- i) Staff position held by caller and the caller's name;
 - ii) The time the call was received;
 - iii) The name, age and sex of the deceased child;
 - iv) Brief details of apparent cause of death;
 - v) Whether the child's parents, a doctor and the police have been advised;
 - vi) Whether an ambulance has been called.
- 17.9 The Departmental Officer must advise the caller that the relevant Adviser, accompanied by a Community Welfare Officer, will come to the centre immediately.

- 17.10 It is highly desirable that two Departmental Officers attend (including the Adviser) so that one can support staff and children and the other be involved with discussions with the doctor, police, parents, owner/Controller/Conductor.
- 17.11 Advice should be sought at that stage concerning any other assistance the Department may be able to render.
- 17.12 The Unit Manager, and the Operations Manager must be informed as soon as possible after information concerning the death is received in the local office. It is the responsibility of the Operations Manager to inform the Regional Director.
- 17.13 After the Centre has been visited the Children's Services Adviser should provide follow-up information to these Officers.
- 17.14 The Regional Director is responsible for notifying the Director-General and staff of the Minister's Office of the death.
- 17.15 INITIAL ACTION REQUIRED AT CHILD CARE CENTRE

- (i) On arrival at the Centre, the details previously ascertained by phone should be verified.
- (ii) The Officers should assist staff, where needed, to deal with the event and help staff with the children's activities, if necessary, and the comforting of any distressed children.

SUBSEQUENT ACTION

- (i) The Adviser must complete a report on the incident, as soon as possible, for the Operations Manager, with a copy to the District Manager. The report must include information as to the date, if known, of the coroner's inquiry.
- (ii) Both Departmental Officers attending the centre on the day of the death should attend the Coroner's Inquest and provide a report for the Operations Manager of proceedings of the Inquest.
- (iii) The Adviser should obtain copies of any local newspaper publicity for placement on the file.
- (iv) Follow-up support should be provided by Officers visiting the parent(s) of the dead child and the staff of the centre.
- (v) Letters must be written by the Operations Manager to the local Police and the local Court requesting that the Department receive copies of the Police and Coroner's Reports.

- (vi) When these Reports are received they must be examined carefully by the Operations Manager to identify any criticism of the Department on matters relative to the quality of care provided or the safety of fittings or equipment.
- (vii) The Police and Coroner's Reports must be referred for sighting to the Regional Director and the Director-General.
- (viii) Where circumstances warrant, the investigating skills of the Produce Safety Branch of the Department of Consumer Affairs should be utilised. Reports prepared by this Branch are not generally circulated to outside parties. Accordingly, it is necessary that a letter requesting a copy of any reports be prepared by the Operations Manager for the Director-General.
- (ix) A Report by the Operations Manager, detailing all relevant information on the matter should be provided to the Regional Director; Director-General; Directors, Operations and Policy; to the Advisers; Officers responsible for Children's Services Policy at the Central Office; relevant Regional Office staff and to the Minister.
- (x) Where investigations reveal a fault in furniture and fittings, all Children's Services Advisers are responsible to ensure that all centres within their area of responsibility are informed of appropriate action to be taken, such as alterations to the equipment or removal of the items.

18. ASSESSMENT AND SUPPORT FOR SPECIAL NEEDS CHILDREN

- 18.1 Advisers are resource persons in the Community Welfare Office, available to help District Officers with assessments on Children at Risk under twelve years of age.
- 18.2 These assessments cover the four basic areas of: gross motor development, fine motor development, language and social skills. The Adviser should observe the child either at a child care centre (if the child attends), at a foster home (if in care), or with the parent(s). If you are assessing with the parents present, it is best to take the D.O. to talk with the parents while you mainly interact with the child(ren).
- 18.3 It is also important to observe the quality of interaction between parent(s) and child and be able to comment on this.
- 18.4 When visiting with the District Officer it is important to remember that it is not your job to judge on issues related to the cleanliness of the house or of the child, or the social attitudes of the parents. These are easily observable to the D.O. and he/she may include them in their report if it is deemed necessary.
- 18.5 The Adviser's job is to assess the child on the four main developmental areas, to comment on their relationship with the parent(s) or caregiver(s), and note any suggestions for child stimulation which are practicable in the home. Suggestions should also be made as to whether child care centre attendance might benefit the child, and if so, which centre is appropriate.
- 18.6 Any area in the assessment which indicates severe delay should be highlighted in the Adviser's report, with referrals to professionals who would do a more detailed assessment in this area, eg. a speech pathologist, hospital.
- 18.7 Advisers should use assessment forms with which they feel comfortable. When choosing an assessment form, note:
- i) Does it cover gross motor skills, fine motor skills, language and social development?
 - ii) Is it biased towards a particular class/nationality/culture?
 - iii) Is it flexible enough to be used in the child's home or at a centre?
 - iv) Is it concise enough to enable more observation than writing, and able to be completed in a reasonably short time?
- 18.8 The Children's Services team needs to find an assessment form with which they are comfortable and adapt it as best they can. It is suggested that you canvass your own centres, family day care schemes, and any other resources in your area which may do child assessments. Take the assessment forms to a Regional Team Meeting and set aside time for criticism and discussion.

19. CHILD PROTECTION

- continuing involvement of the Adviser

19.1 Post-assessment for a D.O.

- i) The advisor, having assisted with the assessment report with simple recommendations, should be available to visit again with the D.O. to talk to the carer(s) about child/infant stimulation and offer practical solutions as to ways of stimulating and entertaining the child at home.
- ii) The progress of the child needs to be monitored to ensure that some progress is being made - follow-up assessments need to be made regularly, at least at 6 monthly intervals, until the D.O. and the adviser are both satisfied that the child is making satisfactory progress.

19.2 After identification of child abuse of a child attending a centre

- i) If a supervisor at a centre notifies the Adviser of suspected child abuse of a child attending a centre, the Adviser must immediately involve a D.O. or the child protection worker in her/his area. This will ensure notification and action.
- ii) The D.O. will then take responsibility for the case and involve the Adviser as appropriate.
- iii) It is the Adviser's responsibility to ensure that all child care staff in the area have had some inservice in recognising and notifying child abuse, and to encourage them to notify suspected cases.
- iv) If child abuse is perpetuated by the staff on a child, a D.O. must again be involved to take responsibility for the case, and the Adviser is responsible for resultant legal action involving the licence and monitoring effects on the centre.

19.3 C.A.R. Children in the Centres

- i) Advisers should be aware of C.A.R. Children placed by D.O.'s in centres in their areas.
- ii) Where possible, they should have some working knowledge of the case and be capable of ensuring that problems signaled by the teacher are quickly responded to by the D.O.
- iii) Advisers are responsible for ensuring that staff in their area are aware of the dynamics of C.A.R. families and possible resultant behavioural problems in the children, and the CWO office child protection worker is an available resource for this.

19.4 Centres catering for C.A.R. children

- i) Because of the unique and special needs of children at risk, no child care centre should be "over-loaded" with referrals from the Department.
- ii) The maximum number of C.A.R. children to be accommodated in a centre should be 10% of the licensed number.

19.5 It is the Adviser's responsibility to provide ongoing support to workers in services which cater for children at risk. This should be done in consultation with the Child Protection Worker and/or Community Programme Officers (Children's Services, and Child Protection) and will include:

- i) helping them to apply for funding or budget for extra staff so there is a lower adult:child ratio;
- ii) provide inservices for the staff in working with C.A.R. children and their families;
- iii) ensure that staff can schedule in adequate time for individual planning within their work week;
- iv) ensure that the staff's committee is aware of the special needs of the children at the centre and supportive of the staff's work;
- v) provide extra help in advising on activities to try out when working with disturbed or acting-out children.

19.6 Child Protection Guidelines for staff in Children's Services are attached in Appendix 9. These guidelines can be forwarded to services for information.

20. PROCEDURES FOR DEPARTMENTAL OFFICERS
THE REFERRAL OF CHILDREN TO CHILD CARE CENTRES

- 20.1 When a decision is made by Departmental Officers to refer children to Child Care services, the Children's Services Adviser should be consulted as to:
- i) the suitability of such a referral for the specific case;
 - ii) the centre/s which should be approached regarding placement of the child.
- 20.2 Initial contact is to be made with the Director of the Centre as to the availability of a space for the child; the willingness of the Centre to accept the child and the ability of the staff to cope with the child's special needs.
- 20.3 The referring officer should complete the Agreement Form during an interview with the Director of the Service prior to placement of any child referred by Departmental officers.
- 20.4 The form should be prepared in duplicate, both copies signed by the Departmental officer and the Director of the Child Care Centre, and each retaining a copy for their records.
- 20.5 The Departmental officer must inform the child's family about:
- i) their obligations regarding child's attendance at the Centre;
 - ii) their obligations (if any) regarding payment of fees;
 - iii) the extent of the information provided to the Child Care Centre regarding the circumstances of the case;
 - iv) the responsibility that the Centre has to provide information to the Department of Youth and Community Services during the ongoing attendance of the child at the Centre.
- 20.6 Child Care Centres must be advised that the Referral Form does not replace the enrolment forms normally used by the Centre and which, according to the Department's Regulations, are required. The referral form does not replace or supersede this information.
- 20.7 The Agreement form for referral of children to Child Care Services is attached appendix 10.

21. ENROLMENT A CHILD WITH A DISABILITY

21.1 The following points are to be considered when children with a disability are enrolled at a Centre.

- a) licensed numbers
- b) physical environment
- c) attendance pattern
- d) ability of staff to cope with the special needs of the handicapped child

Licensed Numbers

20.2 The number of children with a disability and the sessions they attend varies according to the degree of the disability and the individual centre's ability to provide a suitable programme for all children enrolled.

20.3 The maximum number of handicapped children with a disability to be enrolled at a centre on any session/day should be 10% of the licensed number. Advisers need to be aware of the numbers of disabled children attending each centre, staff attitudes and their ability to cope with these children.

Physical Environment

20.4 Some children with disabilities can be successfully integrated into a child care service without the physical environment being considered. However, where children with physical disabilities are integrated the following need to be considered:

- i) accessibility of playground eg. ramps as opposed to steps;
- ii) ground levels and surfaces;
- iii) floor coverings; and
- iv) suitable toilet facilities

Attendance Pattern

20.5 It is essential that the child with a disability relates to the same staff and peers when he or she attends the centre. Consideration needs to be given to the child attending on the same day with the same group and with the same staff.

20.6 This will offer the child stability, which is an important consideration in integration.

Procedures

The following procedures need to be considered when children with a disability are integrated:

- i) Application/Continuing Record
 - a) The form entitled "Application for Subsidy for Handicapped Child" should be completed and forwarded to the Adviser within four (4) weeks of the child's commencement at the centre.
 - b) Thereafter, the form entitled "Continuing Record - Subsidy for Handicapped Child" should be completed and forwarded to the Adviser within four (4) weeks of the child's return to the centre for each succeeding term following initial application.
 - c) the Adviser will assess the application and return the form signed for retention by the centre until an inspection of funding records has been completed by Departmental Officers.

- ii) Individual Programmes

It will be the Director's responsibility to design individual programmes for the child with a disability with the assistance of referring agencies or resource persons eg. Young Disabled Children's Co-ordinators, parents. Close contact and liaison with parents is extremely important if the integration is to be beneficial. If required, Directors may obtain information about check lists for use with parents and teachers from the Children's Services Adviser.

- iii) Resource Persons

Resource persons with a knowledge and understanding of the disability and/or handicap could assist in developing an appropriate programme for the handicapped child to assure maximum benefit and integration within the Child Care Centre. Where specialist teachers are employed they should be responsible for the programme's implementation by the resource person should be reviewed regularly each term. Wherever resource persons are used in individual programmes they should be responsible for planning with the Director for the provision of instructional matters or literature and with the assessment for future placement of the handicapped child.

Record Keeping

It is important to keep written records relating to the child's integration for continual evaluation and development. Where appropriate, this written communication should be linked with other agencies. Staff involved in the observation of individual children must maintain records which should consider each of the following areas:

- i) Information about the child's family background and medical history.
- ii) Physical development - comment on large and small muscle development, change in physical development and any sensory defects where appropriate.

- iii) Intellectual development - comment on language development, alertness and awareness of environment, ability to follow simple instructions, attitude to solving problems and activities in which the child is most interested.
- iv) Social/Emotional development - comment on the relationship with other peers, adults, co-operation in programme, etc.
- v) Report on contact with other agencies involved with the child and family.
- vi) Recommendation for future planning of programme.

20.9 Equipment

Although children with a disability are able to use existing equipment in Child Care Centres, in some cases it may be necessary to provide supplementary materials. This can be borrowed through a variety of community resources, eg. toy libraries for the handicapped, or equipment from special schools or organisations.

20.10 Placement of the Child with a Disability

The decision to place a child with a disability should be made in consultation with:

- (i) The Director
- (ii) The Children's Services Adviser and
- (iii) either of the following:

Young Disabled Children's Co-ordinators, Community Programme Officer Disabilities, Professional and/or Paramedical persons within the community, where applicable.

Intra-Departmental Liaison

It is strongly recommended that wherever possible, Children's Services Advisers work closely with the young disabled children's Co-ordinators and the families. The Co-ordinators have a primary responsibility to work with young disabled children and according to their statement of duties are responsible for:

- (i) Collaboration, with Children's Services Advisers, in all matters affecting early infant intervention programmes for children with disabilities.
- (ii) Collaboration with Advisers, Children's Services, to:
 - a) identify needs for development of appropriate programmes at local level;
 - b) mobilise existing local agencies to provide appropriate programmes;
 - c) where the need exists, to initiate and encourage parents to form appropriate self-help groups and toy library services;
 - d) to motivate and support a full range of local children with disabilities and their families services.

- iii) To contact and encourage "non-aligned" parents to joint or form self-help groups.
 - iv) Where necessary to visit individual homes to encourage link-up with appropriate parent groups and provide initial advice and referral service.
 - v) Attend meetings day or night of parents, group discussions, etc.
- 20.12 The Co-ordinators can assist with assessment and referrals for children with disabilities and offer practical advice on realistic planning, goal-setting and evaluation of the child's progress.
- 20.13A list of Locations of Young Disabled Children's Co-ordinators is attached as Appendix 11.
- 20.14 The Department of Youth and Community Services Application for subsidy for a Child with Disabilities is attached as Appendix 12.

21. FUNDING

21.1 Regional Children's Services personnel should be familiar with the following publications relating to funding:

- (i) Department Youth and Community Services Community Funding Manual (current year)
- (ii) Department of Youth and Community Services. Manual for Day Care Centres.
- (iii) Department of Community Services Manual for Family Day Care.
- (iv) Vacation Care Handbook Youth and Community Services 1986
- (v) Department of Youth and Community Services Pre-School Funding Manual.

21.2 The general Conditions of Funding relating to Children's Services are:

1. The Service must be available to all members of the community in accordance with the priorities for access, established by the funding authorities.
2. Children in special need should have priority of admission i.e. children from economically disadvantaged families; handicapped children and/or non-English speaking children.
3. The subsidy is payable to community-based services to help keep fees as low as possible commensurate with the cost of providing the service.
4. The service will be required to keep developmental records for all children and to make these records available to the Department of Youth and Community Services Adviser when required.
5. Persons resident in the community or making use of the services must have the opportunity to participate in the planning and management of the service.
6. The service will co-operate as appropriate with other children's and associated health and welfare services to allow the development of a comprehensive flexible and integrated approach to the needs of the community.
7. The service, where applicable, will accord with requirements laid down by State and/or local authorities.
8. The service will be operated on a non-profit basis with a view of balancing over a reasonable period any operating surplus or loss.
9. A Centre must make available a copy of the constitution and balance sheet to all parents on an annual basis.
10. All normal and appropriate insurance for the service will be taken out and maintained, including public liability and worker's compensation insurance.

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22. FUNDING AND LICENSING VARIATIONS

- 22.1 Where child care centres apply for licence variations which have the effect of increasing the subsidy entitlement, it is the responsibility of the Children's Services Advisers to inform centres (when licence variations are discussed) that there is no automatic right to an increased subsidy payment; availability of payments being dependent upon budget allocations each year.
- 22.2 It is the responsibility of the O.I.C. Funding and Licensing Section to inform the centre, in writing, when the licence variation is issued, that these payments are not automatic.

23. HOW TO APPLY FOR 20% SALARY

23.1 To apply for subsidy the following steps should be followed:

- i) Complete agreement in respect of Conditions of Funding for Child Care Services and forward a copy of your Constitution to the appropriate Regional Office of the Department.
- ii) Complete claim forms (in duplicate) both front and back and forward copies of staff qualifications.
- iii) The payments are made in advance of each quarter and will be adjusted according to the claim form completed by your Centre. Therefore each year you will receive four payments ie.

FOR THE QUARTER

CLAIMS MUST BE SUBMITTED IN

1 January to 31 March

1st week of December

1 April to 30 June

1st week of March

1 July to 30 September

1st week of June

1 October to 31 December

1st week of September

23.2 In order to ensure that payments are made in advance for the coming quarter it is necessary for returns to be submitted in accordance with the above time table. Failure to submit returns will result in delays being experienced in the payment of subsidy.

23.3 The Application for Salary Subsidies is attached as Appendix 13.

23.4 The Subsidies Advice Sheet is attached as Appendix 14.

23.5 This applies to long day care and occassional care serivces.

24. VACATION CARE FUNDING

24.1 To be eligible for Vacation Care Funding, services will:

- i) complete the annual application form (Appendix 15) and forward to the Department's Regional Office in July each year.
- ii) forward the annual audited statement (Appendix 16) and the services record book to the Regional Office by the end of March each year for checking. After checking, the record book will be returned for retention as part of the service's permanent records.
- iii) Return the financial report and vacation report (Appendix 17) within 2 weeks of the last day of each vacation programme.

25. PRE-SCHOOL FUNDING

25.1 Details in respect of Pre-School Funding are contained in the Pre-School Funding Manual.

26. COMMUNITY FUNDING

26.1 To be eligible for Community Funding services will:

- i) comply with conditions of funding (Appendix 17) and certify the funding agreement.
- ii) maintain a complete set of accounting records to the level of funding received and activities of the organisation (Appendix 18).
- iii) provide an Annual Report to the Regional Office on the service provided by the organisation during the past 12 months. (Appendix 19).
- iv) forward to the Regional Office the Audit Certificate Pro-forma certified by a qualified accountant on an annual basis (Appendix 20).
- v) complete the "Direct Deposits of Grants" information sheet and return to the Regional Office with the Agreement within 30 days. (Appendix 21).

27. CONSTITUTIONS

27.1 DEPARTMENTAL FUNDING REQUIREMENTS

In order to meet the Department's broad funding guidelines the voluntary organisation must be non-profit making. In addition, the organisation providing the children's services programme must have:

- i) A Constitution which has the effect of giving legal status to an unincorporated association of people; or
- ii) A set of rules as approved for a Co-operative Society under the Co-operation Act, 1923, (as amended); or
- iii) Memorandum and Articles of Association for a Company registered under the Company's Act, 1961, (as amended):

27.2 Non-profit making means that the organisation is required to balance, over any operating surplus or loss over a reasonable period.

27.3 Children's Services established by organisations other than those set up for the specific purpose of operating such services, must have a separate Constitution covering the control and management of the Service.

27.4 The Constitution should meet the requirements of the Charities Branch, New South Wales Department of Finance. A booklet, Suggested Rules, issued by the Charities Branch, provides guidelines to organisations in preparing constitutions. The booklet is available free of charge from the Department of Finance. The Department also has a Draft Constitution which is available to groups as a guide.

27.5 The sample Constitution should be attached to any Departmental document providing Guidelines to organisations seeking funds.

27.6 In all cases it is necessary for Officers of the Funding and Licensing Section of the Regional Office to examine the Constitution. Rules or Memorandum of Articles of Association, as the case may, to determine whether they meet the general funding guidelines set down by the Department.

27.7 The service should be available for use by all children of the community, without regard to race, sex, religion, philosophy or cultural background of the child or it's parents, in which the service is located.

27.8 GUIDELINES FOR CONSTITUTIONS:

- i) At the Annual General Meeting of the organisation a minimum of one-third (1/3) of the Management Committee of the organisation is to be elected from parents of children using the service: any such nomination for election to the Management Committee should not be challenged by any representative of a foundation organisation that supports a service that has not been established by parents (eg. churches).
- ii) All Constitutions forwarded to the Department must have been ratified at a general meeting of the organisation.

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iii) The ratification of the constitution s to be verified, in writing, by the organisation to the Funding and Licensing Section of the Regional Office.

27.9 The format of the legal documents of an organisation set up as a co-operative or a non-profit Company is somewhat different from the Sample Constitution. Notwithstanding, the basic principles will apply.

27.10 The sample Constitution, which the Department recommends organisations to adopt, is based on the Suggested Rules for Exempted Charities, issued by the Charities Branch, New South Wales Department of Finance, in accordance with registration under the Charitable Collections Act, 1934.

27.11 The following points in the Sample should be kept in mind in relation to the:

- i) Amendment of Rules (Clause 21 of the Draft) indicates that the Minister of the Crown at the specific time administering the Charitable Collections Act, 1934 as amended, 'shall be notified of such amendment and such amendment shall not be effective unless the Minister has signified his approval to such amendment being made':
- ii) If there are any apparent discrepancies between the Department's Sample Constitution and the requirements of Charities Branch, clarification should be sought from the relevant Regional Director.
- iii) The checklist for Constitutions for Child Care Services is attached as Appendix 22.

28. POLICY ON MANAGEMENT OF SERVICES PROVIDED BY VOLUNTARY AGENCIES

- 28.1 It is the policy of the Department to actively promote parental and community involvement in decision-making management and evaluation of Children's Services provided by voluntary agencies.
- 28.2 Community Programme Officers and Children's Services Advisers are involved in providing opportunities for parents and management committees to increase their knowledge, skills and ability to participate effectively in the planning, management and accountability of services.
- 28.3 The Department recommends that management committees of community-based groups should be local residents:
- 28.4 Departmental Officers participating in management should only be ex-officio committee members; that is, members by virtue of their position and, as such, should not vote on issues, but have the right to offer professional advice.

29. PROCEDURES FOR MINIMUM PERIODS FOR
RETENTION OF FUNDING AND LICENSING RECORDS

29.1 RETENTION OF RECORDS AT REGIONAL OFFICE

The procedures for retention of funding and licensing records are minimum requirements only and are designed to assist with records management within the Regional Office.

29.2 PROCEDURES

The proposed licensing requirements of the Community Welfare Act will ensure that licences are renewed at least every 3 years. Therefore the retention of records at Regional offices will be aligned with this requirement.

- i) At the end of a three year period files could be stripped and along with dormant files, forwarded to Records Branch for storage in the repository until transfer to the Archives Authority.
- ii) The O.I.C. Funding and Licensing should use his/her discretion in considering whether records for certain services are required at the Regional Office beyond the three year records history period.
- iii) When files are stripped they will retain only essential information relating to funding or licensing.

CHILDREN'S SERVICES

29.3 Funding files will contain 3 years of history on the file. After 3 years the file will be culled or stripped and anything over 3 years will be transferred to the Archives if the O.I.C. Funding and Licensing considers it necessary.

29.4 Licensing files could be stripped every 3-6 years to retain only the previous 3 year's history. However permanent documents must remain on the file.

29.5 Essential information to be retained for children's services includes:

- i) Previous licence and conditions.
- ii) Constitution (if applicable).
- iii) Conditions of funding (if applicable)
- iv) Previous funding payment details (if applicable)
- v) Previous annual reports from the Children's Services Adviser.
- vi) A schedule attached to the cover of the file outlining the Service's funding or licensing history.

- vii) Copies of academic qualifications of current staff.

COMMUNITY FUNDING PROJECTS

29.6 Community Funding files will contain a 3 year history, and be culled or stripped on a three yearly basis.

29.7 Essential information to be retained for Community Funding projects includes:

- i) Previous funding payment details.
- ii) Previous Evaluation reports from C.P.O.
- iii) Previous conditions of funding.
- iv) Constitution.

STORAGE OF FILES

29.8 If there are no storage facilities in the Regional Office for dis-used files, then after three year retention period the dead/dormant file/s will be transferred to Records Branch at Central Office for storage in the repository.

N.B. These procedures relate to the retention of Departmental records only and are not applicable to Community groups.

CURRENT DEPARTMENTAL POLICY

29.9 The existing policy is that Departmental Administrative files, which includes funding and licensing records, be retained for a period of 8 years prior to transfer to the Archives Authority of N.S.W.

29.10 Inactive Departmental files are kept in the repository until the 8 year time span has lapsed. Upon transfer to the Archives Authority they will be stored, or actioned according to the disposal recommendation from the Archives Authority.

RECOMMENDATIONS OF THE ARCHIVES AUTHORITY

29.11 In July 1981, the Archives Authority of N.S.W. advised the Department of the disposal recommendation made in respect to the licensing and funding of some services (attached). According to this advice, the following applies:

- i) Licensing files for depots, homes or hostels will be kept as State Archives for an indefinite period.
- ii) Policy files relating to Children's Services will be kept for an indefinite period.
- iii) Files relating to licenses for Children in Employment, private foster homes, Family Day Care, Child Care Centres, preschools will be kept but subject to a 5% random sample on a continuing basis i.e. the Archives Authority will conduct a 5% random sample review from time-to-time. These files will be retained and the remainder destroyed.

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- iv) Funding files for Vocation Care and Before/After School Care, will also be subject to the 4% random sample review on a continuing basis.
- v) Files relating to Capital Funding for pre-schools (now discontinued) and recurrent funding for pre-school special needs children will be subject to a 2% sample review on a continuing basis.

30. STAFF INSERVICE AND PROFESSIONAL DEVELOPMENT

30.1 One of the major functions of the Children's Services Team in promoting and maintaining quality of care, is to provide inservice training for all staff in services within the Region.

30.2 Minimal funding is available for this purpose, so the team need to work around this limitation ways of doing this are:

i) Set up an Inservice Committee

This Committee is usually comprised of Youth and Community Services Children's Services representatives, staff from services within the region, representatives from the tertiary institutions and other relevant Departments as required.

It is advisable to have staff from a variety of services eg. community-based and private; long day care, pre-school, family day care, out of school care, occasional care, mobiles etc.

The Inservice Committee meets regularly throughout the year to assess the inservice needs of an areas and organise the programmes. Annual questionnaires could be distributed to services by advisers requesting information about possible topics to be covered.

It is essential to monitor the membership of the committee to ensure that no members stay on the committee too long and begin to get burnt out.

The Committee usually agrees on a fee for each inservice which can be used to pay speakers, as well as covering refreshment costs. A back account should be kept in the name of the Committee.

ii) Organise Courses through the Local TAFE College

TAFE Colleges have an Outreach Section which may be able to assist with the development of inservice courses.

In 1984, the Outreach Section of TAFE developed a course appropriate for untrained assistants in child care centres which was piloted in Penrith in 1985. Liaison with Outreach and TAFE will ensure representation of child development and basic craft activities in courses offered.

iii) Network Centres

Professional isolation comes easily to the average child care worker once they have finished their course and are employed. Centres may operate for years within 500 metres of each other without one staff member sighted another. One way the Adviser can alleviate this problem is to encourage centres to visit each other and to set up regular STAFF SWAPS where practical. Staff members, once they have visited another centre, should report back to their co-workers on different organisation and activities, and centres to try them or not. This is a cheap and simple way of ensuring that staff do not become stale in their jobs.

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31. INSERVICE AND TRAINING FOR MANAGEMENT COMMITTEES

- 31.1 Regional Children's Services Teams have a responsibility to provide ongoing support to funded services to ensure efficient management and effective service delivery.
- 31.2 Community-based management committees tend to have a regular turn-over of voluntary members. When new committee members are elected, they are often unaware of their responsibilities and the legalities involved.
- 31.3 Inservice and training programmes for Management Committees should be a regular event in the region.
- 31.4 Management Committees need to be advised of their responsibilities in respect of licensing, funding and management of the services.
- 31.5 Such management includes:
- i) The over-all policies, and general management and financing of the service to a standard approved by the Department for licensing and funding purposes;
 - ii) Employment of adequate and suitably qualified staff;
 - iii) Making appropriate relief arrangements during staff absences;
 - iv) Preparation of an annual budget;
 - v) Collection and banking of fees;
 - vi) Arranging appropriate insurance cover;
 - vii) Responsibility for expenditure for educational play equipment - in consultation and on advice of the Director/Supervisor, and if required, the Department's Children's Services Adviser;
 - viii) Responsibility for the preparation of forms and other administrative information required for State and Commonwealth Government financial assistance;
 - ix) Organisation of regular committee meetings;
 - x) Responsibility to provide opportunities for staff to receive in-service staff training;
 - xi) Responsibility for the general administration of the centre;
 - xii) Responsibility to keep a 'policy' book where matters relating to centre policy - for example, 'waiting list' policy, and parent roster policy are recorded after committee meetings. The policy book should be accessible to staff, parents and other interested members of the community;
 - xiii) Encouragement of parents and staff to attend Management Committee meetings and hold meetings, as such as possible, for parents and staff to attend.

31.6 The Committee needs to be aware of the different responsibilities of the Management Committee and the Director/Co-ordinator of the service.

31.7 The Director/Co-ordinator is responsible for the day-to-day planning and operation of the service including:

- i) Planning, implementing and evaluation the educational programme for the children in attendance.
- ii) Arrangement of regular staff meetings in order to plan an effective programme of experiences and activities for all children;
- iii) Encouraging parents to feel they are part of the programme and can participate in ways which suit them; and talk to the parents about their children - their skills, their needs, their interests;
- iv) Ensuring that parents and others who are interested know what the programme is attempting to do;
- v) The daily supervision and organisation of duties for all staff;
- vi) Staff development on a continuing basis and liaising with the Department's Children's Services Adviser on in-service staff training needs;
- vii) The supervision of all necessary records; daily roll, programme planning and evaluation; initial interviews and developmental records;
- viii) Recording staff absences by keeping a staff attendance books;
- ix) Ensuring the daily preparation of materials, and the setting up of the rooms prior to the arrival of the children are carried out;
- x) Ensuring the regular maintenance of educational materials is carried out;
- xi) Arrangement of duties or parents and other volunteers involved in the daily operation of the centre; and encourage the use of special skills of the parents and other volunteers;
- xii) Receiving of parents and children, daily, or the delegation of such duty;
- xiii) Regular and adequate supply of consumable material used by the children;
- xiv) Maintenance of a petty cash book.

31.8 The Director/Co-ordinator is an 'ex-officio' member of the committee i.e. he/she acts in an advisory capacity to the Management Committee on the basis of his/her knowledge and understanding of Early Childhood Education, as well as advising and reporting on administrative matters relating to the operation of the centre.

31.9 It is important for the Director to:

Attend Management Committee meetings to:

- i) Present a monthly report to the committee relating to such factors as programmes, activities and enrolments of the centre, and indicating any recommendations that may need to be made;
 - ii) Present a monthly balance of petty cash books and other account books which may be the Director's responsibility;
- b) Assist with the organisation of parent meetings and taking some responsibility for planning educational content of the meetings.
 - c) Keeping a careful account of all monies allocated for the centre's expenses.

3.2 PROCEDURES FOR LICENSING LANDCOM CHILD CARE CENTRES

32.1 Following negotiations with Landcom in respect to the development of prototype child care centre the following procedures have been developed for licensing of the services.

- i) Landcom has received Departmental approval for a prototype child care centre for 40 children aged 0-5 years of age ie. approval for use of standard design.
- ii) Landcom will present a Development Application to Council. After receiving Council approval Landcom will present the plan and Council consent to the Officer-in-Charge Funding and Licensing to be checked against the standard plan.
- iii) The Regional Director will sign the letter of approval after plans have been checked.
- iv) The Officer-in-Charge Funding and Licensing will advise the Community Programme Officer and Adviser of receipt of plans in order to prepare for the establishment of the Management Committee in consultation with Landcom.
- v) The Community Programme officer will follow the same procedures for establishment as per Commonwealth/State Capital Works Programme.
- vi) The Adviser will follow the same procedures for establishment as per Commonwealth/ State Capital Works Programme.
- vii) On completion of building the Property and Services Building Supervisor will inspect the building.
- viii) Issue Licence.

32.2 PROCEDURES FOR FUNDING FOR LANDCOM CHILD CARE CENTRES

- i) Landcom will notify the Family and Children's Services Policy Unit of their intent to develop a centre in a specific area for inclusion in planning data for the Commonwealth/State Children's Capital Works Programme.
- ii) Landcom will contact Office of Child Care to ascertain eligibility for recurrent funding.
- iii) Regional staff should ensure that they do not give false information about funding, or alternatively, raise expectations in respect to recurrent funding in the local community where Landcom is developing a centre.

33. CO-OPERATIVE ARRANGEMENTS WITH OFFICE OF CHILD CARE

33.1 The following co-operative arrangements have been planned in consultation with Office of Child Care to facilitate the development of new services, as well as provide a mutual support and resource network for community groups and inter-departmental exchanges:

- i) Office of child Care Project Officers should be invited to Regional Team Meetings on a regular basis to discuss problems, share developments and work out strategies in relation to particular services (eg. every 3 months).
- ii) A copy of annual reports prepared for the Department of Youth and Community Services which relate to jointly-funded services or those services funded solely by Office of Child Care should be forwarded to office of Child Care when completed.
- iii) In return, Office of Child Care will submit to the Regional Office a copy of the approved budget, and income and expenditure information required for funding purposes.
- iv) Office of Child Care Project Officers will be available to visit services and assist Department of Youth and Community Services staff to sort out problems issues etc. in particular circumstances.
- v) When continuing general issues cannot be resolved through Regional meetings and Project Officer and the Community Programme Officer should refer the matters to the Executive Officer (O.C.C.) or Senior Programme Officer (F.A.C.S.P.U.) respectively so that they may be discussed and/or resolved at the Commonwealth/State Officers level.

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The NSW Department of
**Youth and
Community
Services**



OPERATIONAL PROCEDURES

FOR

CHILDREN'S SERVICES

Volume 2 -

APPENDICES

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ACTION REQUIRED CHECKLIST

File No

Name of Service

Address

The following information is required at Regional Office by _____

- 1. Copy of Council Consent | _____ |
- 2. Follow-up of Outstanding Matters from _____ | _____ |
 re: _____

- 3. Copy of Licence Applications | _____ |
- 4. Copy of Licence | _____ |
- 5. Copy of Revocation of Conditions of Licence | _____ |
- 6. Copy of Licence Variations | _____ |
- 7. Annual Report | _____ |
- 8. Initial Report on Service | _____ |
- 9. Details of Change in Ownership | _____ |
- 10. Follow-up report following complaint about service | _____ |
- 11. Illegal Child Care Service | _____ |
- 12. Ministerial Briefing Notes | _____ |
- 13. Regional Director's Briefing Notes | _____ |
- 14. Other Matters | _____ |

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RUNNING SHEET
CHILDREN'S SERVICES

NAME OF SERVICE:

FILE NO:

DATE OF CONTACT	NATURE OF ENQUIRY/ADVICE	RECOMMENDATION

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REPORT ON CHILD CARE SERVICE

NAME OF SERVICE:
ADDRESS:
LICENSE DETAILS:
ATTENDANCE PATTERNS:

PH.

FILE No:
Private/Community Based:
Date of Visit:
Reason for Visit:

GENERAL COMMENTS

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.....
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.....
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OUTSTANDING MATTERS

.....
.....
.....

RECOMMENDATIONS

.....
.....
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.....
.....

FOLLOW UP REQUIRED

.....
.....
.....

DATE	ACTION TAKEN

CHILDRENS SERVICES ADVISER
/ /

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ANNUAL REPORT FOR CHILD CARE SERVICES

File No.
Private/Community Based

NAME OF SERVICE:

ADDRESS:

Postcode:

Phone:

LICENCE DETAILS:

Date of Issue of Licence:

Special Conditions:

No. of Children:

3-5 years:
over 5 years:

Days and Hours of Operation:

Licensee:

Authorised Supervisor:

FEES:

Maximum:

Minimum:

STAFFING:

STAFF	POSITION	QUALIFICATIONS	HOURS AND DAYS

Comment on staff turn-over in past year.

ANNUAL REPORT (CONT.)

Staff member qualified to administer First Aid

Certificate sighted yes/no.

PLAY EQUIPMENT AND FACILITIES

Indoors:

Outdoors:

CARE OF CHILDREN

INTERPERSONAL RELATIONSHIPS

ATOMOSPHERE

PROGRAMME PLANNING AND IMPLEMENTATION

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Developmental Records:

1. Adequacy/Appropriateness

2. How are these reflected in the Programme

Nutrition/Routines (rest, meals, toileting etc.)

Parent Involvement:

Management (issues, problems, effectiveness)

General Comments:

Outstanding Matters:

Recommendations:

Follow-up Required:

.....
Children's Services Adviser

/ /

.....
Regional Director

/ /

ACTION TAKEN:

.....
**Officer-in-Charge
Funding and Licensing**

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INTERIM REPLY TO CORRESPONDENCE

Dear

The matters raised in your letter of _____, are presently being examined by this Department.

A detailed reply will be forwarded to you as soon as possible.

Yours faithfully

Officer-in-Charge
FUNDING AND LICENSING

OR Unit Manager
COMMUNITY WELFARE OFFICE

ADVICE TO CHILD CARE SERVICES FOLLOWING ANNUAL REPORT

Dear

Re: Annual Report for Child Care Services

Following the Children's Services Adviser's recent annual visit to your service, it has been noted that a number of items require attention in order to maintain your service at minimum licensing standards.

Please find attached a list of recommendations which require attention within the next 3 months. It would be appreciated if you could advise me in writing when these outstanding matters have been completed.

Yours faithfully

Regional Director

APPLICATION FOR EXEMPTION FROM LICENSED NUMBERS

Name of Centre

Term 1 2 3 19

Sessions	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>
(Please circle)	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>
	PM	PM	PM	PM	PM

Name(s) of ChildD.O.B.

Reason(s) for Exemption. (Please Tick)

- (a) Family in crisis situation.
- (b) In consultation with staff in D.O.
- (c) Children at risk.
- (d) State Ward.
- (e) Children in foster care.
- (f) Handicapped Children.
- (g) Non-English speaking children.
- (h) Referral from medical/paramedical field.
- (i) Other.

Comments
.....
.....
.....

Referred by

Date Child commenced attending the Centre

Exemption given on understanding that child will fill first available vacancy.
Please notify your adviser when this occurs.

Director's Signature Date

Teacher's Signature Date

Adviser's Signature Date

Date of Visit:

INITIAL REPORT ON CHILD CARE SERVICE

Name of Child Care Centre:

Address:

Phone:

SECTION 1

1. Licence

Full Name of Applicant:

Address:

On behalf of:

Phone:

(Name of Association - if applicable)

Address for service of notices:

Details of proprietorship (owned, leased, rented, etc.):

Rental: \$ per week paid to:

Fees:

To whom do the fees or profits from the Centre go?

Has the certificate of character been verified? Yes/No

Application for license for children. Age range:

Sessions operating: days Hours:

Full day Hours:

Morning Hours:

Afternoon Hours:

Vacations Hours:

Where is licence displayed?

Authorised Supervisor

Has licensee received a copy of Regulations? Yes/No

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2. Play Equipment and Facilities

Indoor Play Equipment: (comment upon adequacy)

Music:

Books:

Housekeeping corner:

Project blocks and block toys:

Manipulative toys:

Occupation materials:

Storage:

For display of toys and books:

For equipment and programme material:

Outdoor storage:

Outdoor play equipment:

Groups operating:

	NUMBER OF CHILDREN	HOURS OPERATING	AGE RANGE	SUPERVISED BY
GROUP 1				

Routines:

Meals/Refreshments - time given, adequacy:

Mid-morning snack:

Lunch:

Afternoon snack:

Other fluids:

Toileting and washing - time and adequacy:

Rest routine - period and adequacy; provision for darkening room:

Area available for isolation of a sick child:

Provision for urgent medical attention:

Storage of written records:

Storage of first-aid supplies:

Educational Programme:

Comments on 1. indoor programme

2. outdoor programme

3. music content of programmes

4. language content of programmes

5. other aspects of programme

6. developmental records

Recommendations to Authorised Supervisor

4. Summary
General Comments

Recommendations:

Follow-up Required:

Children's Services Adviser
/ /

Action Taken:

Officer-in-Charge
Funding and Licensing
/ /

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CHILD PROTECTION

GUIDELINES FOR CHILDREN'S SERVICES

Children's Services covers all services catering for children aged from birth to 12 years of age and offering care and education away from the child's home.

Notifications of Child Abuse

The Child Welfare Act contains provisions which protect the person notifying a child abuse matter to the Department of Youth and Community Services.

- (1) The notification shall not be held to constitute a breach of professional etiquette or ethics.
- (2) No liability for defamation is incurred by reason of the making of the notification.
- (3) The notification shall not constitute a ground for civil proceedings for malicious persecution or for conspiracy.

Children's Service Staff at Children's Court

It is rare for staff from a Children's Service to be expected to give evidence in Children's Court. Staff can only offer observation, not interpretations of behaviour.

Reports from Children's Services' Staff

If notes are being kept on a particular child for reports for District Officers, the parents must be informed. It is the District Officer's responsibility to inform the parents and explain why they are asking the staff for a report.

Parents should be informed by District Officers if they are visiting their child at a children's service.

The Interviewing of Children at Children's Service

The Children's Service should be informed when District Officers from the Department of Youth and Community Services (D.O.'s) are likely to call regarding interviewing a child.

The child should have a support person at the interview, such as the Director or Assistant. The interview should be in the child's language at the child's developmental level.

Contact with Parents or Care-Givers

The D.O.'s have the responsibility of contacting the parents and advising them of the interview regardless of the outcome of the interview.

Medical Examinations

If a child needs urgent medical treatment, then the mechanisms, i.e. a consent form, already exists at the Centre.

Where a District Officer decides a child needs a medical examination, the parents should be contacted and permission granted before the examination takes place. The District Officer is responsible for this process.

In the case of sexual abuse, the non-offending parent should be contacted.

If a parent refuses to have the child examined, a District Officer can serve an order called Section 148C on the parent, for an examination to be carried out on the child.

Apprehension

"Apprehension" is a legal term which means the removal of a child from the guardian or temporary custodian and to take the child into care.

In Children's Service this would occur on very rare occasions and only if it was considered that the child should not return to the parent's home and to ensure his/her safety. After a child is apprehended and taken into care, the child must appear before the first available Children's Court where the facts are put before the Magistrate for the court's determination as to the future placement of the child.

It would be extremely rare and an exceptional circumstance where a child was removed from the Children's Service by a District Officer without first interviewing the parents or at least advising them. In any circumstances it is the apprehending District Officer's responsibility to keep the parent/guardians fully apprised of all actions and involvement with their child.

If the children's Services' staff encounter any difficulties in either procedural or casework matters, they should contact the District Manager or Resident District Officer.

DEPARTMENTAL REFERRAL OF CHILDREN

TO CHILD CARE SERVICE

A G R E E M E N T

I, undertake to allow the Director
 (name of YACS Case Co-ordinator
 and/or her/his nominee as agreed, of access to
 CENTRE'S NAME
 case management plans for and to invite the Director
 CHILD'S NAME
 and/or her/his nominee to attend case conferences regarding this child. I also
 undertaken to inform the Director as soon as possible of any changes in
 attendance, address, circumstances or fee payments with regard to this child.

SIGNED DATE
 YACS Co-ordinator

I, of
 DIRECTOR CENTRE'S NAME

undertake to preserve confidentiality with regard to all aspects of this case
 and:

(Tick as Agreed)

- . keep a diary record of relevant aspects of | |
 behaviour, progress and attendance of child's name
- . provide written report on behaviour, | |
 progress and attendance of child's name
- . provide verbal reports on behaviour, | |
 progress and attendance of child's name
- . provide information about contacts with | |
 parents/ and/or guardians of child's name
- . respond to written and/ or verbal requests | |
 for information about the progress,
 attendance and behaviour of
- . respond to written and/or verbal requests | |
 for information about parent/s attendance
 and behaviour towards the child and/or the
 Centre

SIGNED
 DIRECTOR

DATE

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 NSW Department of Communities and Justice, Legal

LOCATIONS OF YOUNG DISABLED CHILDREN'S CO-ORDINATORS

REGION	COMMUNITY WELFARE OFFICE	AREA SERVICED
Central Metropolitan	BURWOOD	Strathfield, Burwood, Ashfield, Canterbury, Bankstown
	HURSTVILLE	Rockdale, Hurstville, Kogarah, Sutherland, Engadine, Heathcote
	STANMORE	Concord, Drummoyne, Leichhardt, Marrickville, Sydney City, South Sydney, Botany, Woollahra, Randwick
South West Metropolitan	CAMPBELLTOWN	Campbelltown, Camden, Picton
	FAIRFIELD	Fairfield, Liverpool
North West Metropolitan	BLACKTOWN	Blacktown, Mount Drutt, St Marys
	PARRAMATTA	Auburn, Holroyd, Parramatta, Baulkham Hills
	PENRITH	Richmond, Windsor, Penrith, Lower Blue Mountains, Warragamba
North East Metropolitan	DEE WHY	Manly, Warringah, Mosman, North Sydney, Willoughby, Lane Cove, Hunters Hill, Dee Why
	NORTH EAST METROPOLITAN REGIONAL OFFICE	Hornsby, Berowra, Brooklyn, Gosford, Wyong, Ryde, Ku-ring-gai
Hunter	CARDIFF	Newcastle, Cardiff, Part of Wyong, Lake Macquarie
	NEWCASTLE	Newcastle, Maitland, Greater Cessnock, Port Stephens, Singleton, Denman, Muswellbrook
Illawarra	WARILLA	Wollongong, Kiama, Shellharbour, Shoalhaven
	WOLLONGONG	Wollongong, Mittagong, Bowral, Wingecarribee

FILE NO.: _____

DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

APPLICATION FOR SUBSIDY FOR A CHILD WITH DISABILITIES

(To Be Completed and Forwarded to the Adviser Within Four (4) Weeks of the Child's Commencement)

Term: _____

Calendar Year: _____

Name of Centre: _____

Centre's
Phone No.: () _____

Child's Name: _____

Date of Birth: / /

Date of Enrolment: / /

Attendance: MON TUES WED THURS FRI
(Please encircle)

AM AM AM AM AM
PM PM PM PM PM

1. Description of Disability: Has a referral been received? YES/NO
If yes, from whom? _____
2. Description of Parent's Expectations of the Child's Pre-School Experience:
3. Available Resources: (eg. Teacher, Specialist Support, Equipment, etc.)
4. Focus of Individualised Programme: (Please tick one or more as applicable)

a. Behavioural	<input type="checkbox"/>
b. Social Development	<input type="checkbox"/>
c. Intellectual Development	<input type="checkbox"/>
d. Speech/Language	<input type="checkbox"/>
e. Motor Skills: Gross motor	<input type="checkbox"/>
f. Motor Skills: Fine Motor	<input type="checkbox"/>
5. What are Your Expectations for This Child for the Remainder of the Term?:
 - a.
 - b.
 - c.
6. How Will the Subsidy be Spent in Respect to This Child?:

Signature of Teacher Working with This Child Date/.../..

Director's Signature Date/.../..

Adviser's Signature Date/.../..

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FILE NO.: _____

DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

CONTINUING RECORD - SUBSIDY FOR A CHILD WITH DISABILITIES

(To Be Completed and Forwarded to the Adviser Within Four (4) Weeks of the Child's Return to the Centre for Each Succeeding Term Following Initial Application)

Term: _____

Calendar Year: _____

Name of Centre: _____

Centre's
Phone No.: () _____

Child's Name: _____

Date of Birth: / /

Date of Enrolment: / /

Attendance:
(Please encircle)

MON	TUES	WED	THURS	FRI
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

1. Comments on the Child's Progress During the Previous Term:

2. Goal(s)/Expectation(s) for/of This Child for the Current Term;

a.

b.

c.

3. Do You Need Assistance with This Child?: (Please tick one or more as applicable)

- a. Assessment
- b. Programme Planning
- c. Additional Information/Resources
- d. Professional Support
- e. Evaluation

4. How Is the Subsidy Being Spent in Respect to This Child?:

Signature of Teacher Working with This Child Date/../..

Director's Signature

Adviser's Signature

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DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

APPLICATION FOR SALARIES SUBSIDIES: Period

CENTRE:	PERMIT/LICENCE FOR CHILDREN
NAME:	DAYS OF OPERATION:
ADDRESS:	HOURS OF OPERATION:
	CONTACT PERSON:
	TELEPHONE NO.:

STAFF EMPLOYED	YEARS OF EXPERIENCE AS EARLY CHILDHOOD TEACHER	ACADEMIC QUALIFICATIONS	AWARD UNDER WHICH EMPLOYED	ANNUAL SALARY ON WHICH WAGE IS BASED	EMPLOYED FULL-TIME IF		INCREMENT DATE
					P/T YES/ No	NOT F/T HOW MANY HRS EMPLOYED	
1. DIRECTOR							
2. OTHER TEACHING STAFF							
3. NURSES							

STATE AND FEDERAL ASSISTANCE

ADDITIONAL INFORMATION

- (i) Is the Centre Non-profit Making YES/NO
- (ii) Is the Centre registered with the Department of Services under the Charitable Collections Act 1934? YES/NO
Reg. No: _____
- (iii) Is the Centre Community Based? (i.e. available to all children) YES/NO
- (iv) Do your activities allow community participation in the management of the Centre (i.e. in your Constitution)? YES/NO

COMMENTS:

- (v) Is Financial Assistance towards salary costs received from any other source? YES/NO

IF YES please give full details

- (vi) Is all normal and appropriate insurances maintained? YES/NO
- (vii) Are any restrictions or preferences places on enrolments? YES/NO

COMMENTS:

- (viii) Please list the "extended services" being provided outside the normal operating hours of the Child Care Centre.
.....
.....
.....

I Declare that the information (Full Name)

provided above is correct.

Signature

Office Date Phone No.

N.B. IF INSUFFICIENT SPACE PLEASE ATTACH SEPARATE SHEETS

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DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

SUBSIDIES ADVICE SHEET

For your information, the quarterly payment of recurrent salary subsidies is calculated as follows:

$$\frac{\text{hours worked award hours per week} \times \text{Award Salary} \times \text{Subsidy} \times \text{days in quarter}}{365.25}$$

100% = Full-Time

NAME:

Payment for the Period:		to		
	x \$		x %	x - 365.25 =
Plus/Minus adjustment for the Period				to = _____
Plus/Minus adjustment for the Period				to = _____
				= _____
				= _____
				TOTAL _____

NAME:

Payment for the Period:		to		
	x \$		x %	x - 365.25 =
Plus/Minus adjustment for the Period				to = _____
Plus/Minus adjustment for the Period				to = _____
				= _____
				= _____
				TOTAL _____

NAME:

Payment for the Period:		to		
	x \$		x %	x - 365.25 =
Plus/Minus adjustment for the Period				to = _____
Plus/Minus adjustment for the Period				to = _____
				= _____
				= _____
				TOTAL _____

NAME:

Payment for the Period:	to		
x \$	x %	x	- 365.25 =
Plus/Minus adjustment for the Period	to		= _____
Plus/Minus adjustment for the Period	to		= _____
			= _____
			= _____
			TOTAL _____

NAME:

Payment for the Period:	to		
x \$	x %	x	- 365.25 =
Plus/Minus adjustment for the Period	to		= _____
Plus/Minus adjustment for the Period	to		= _____
			= _____
			= _____
			TOTAL _____

NAME:

Payment for the Period:	to		
x \$	x %	x	- 365.25 =
Plus/Minus adjustment for the Period	to		= _____
Plus/Minus adjustment for the Period	to		= _____
			= _____
			= _____
			TOTAL _____

CESSATATION OF DUTY OF STAFF DURING THIS QUARTER.	
Name of previous staff	
Date of resignation	/ /
Name of previous staff	
Date of resignation	/ /

LEAVE LOADING PAID THIS QUARTER		
Name of Staff	Period of Leave	Amount
	/ / to / /	
	/ / to / /	
	/ / to / /	
	/ / to / /	
	/ / to / /	
	/ / to / /	

ENTRY ON DUTY

Name of Staff Member	_____
Date of Commencement	____/____/____
Name of Staff Member	_____
Date of Commencement	____/____/____

VACATION CARE FUNDING SCHEDULE

To be returned annually

..... Region

Electorate of Programme _____

Local Government Area _____

NAME OF SPONSOR Postal Address Contact Person Phone No. No. of Services Sponsored	NAME OF PROJECT Address INCORPORATED Yes/No REGIONAL FILE No.
--	---

FEES Minimum Per child/day
 Average Per child/day
 Activity/Excursion Fee

No. Subsidised Places
 No. Disabled Children 5-12
 12-18

VACATION	NO. OF CHILDREN 5-12 YRS A	NO. OF DISABLED CHILDREN B	TOTAL CHILDREN A & B	PAID STAFF		VOLUNTEERS	NO. OF WEEKS		DATES OF PROGRAMME	OFFICE USE ONLY		
				Actual	Funded		Actual	Funded		GENERAL GRANT	SPECIAL NEED SUBSIDY	TOTAL
APRIL												
JULY												
SEP/OCT												
DEC/JAN										TOTAL		

REGIONAL COMMENTS & RECOMMENDATIONS

Signature of Applicant (Print)

Date:

FUNDING APPLICATION

To be returned annually with audited financial report to your Regional Office of Youth and Community Services.

You are hereby requested to provide financial assistance to

.....

a non-profit organisation (hereinafter referred to as "the organisation") to conduct vacation care project, namely

.....

.....

(hereinafter referred to as "the project") at in the State of New South Wales.

It is understood and agreed that any financial assistance provided by you pursuant to this request will be provided upon the following conditions and the organisation agrees to be bound thereby:-

- (A) Financial assistance shall be made available from moneys provided by the Government of the Commonwealth of Australia and the Government of the State of New South Wales for (inter alia) the purposes of the project and shall be paid to the organisation.
- (B) The payment of the financial assistance to you is conditional upon:-
 - (i) cheques drawn against the bank account referred to in paragraph (A) being drawn only for the purpose of the project and being signed by each of the persons whose names are on the account.
 - (ii) the organisation ensuring that an amount equal to the amount of financial assistance provided by you pursuant to this request is applied as soon as practicable but not later than two weeks after the nominated period for the purpose of the project and not otherwise;
 - (iii) the project not being double funded in respect of the same items by grants from the Government of the Commonwealth of Australia and from the Government of the said state;
 - (iv) the organisation furnishing or causing to be furnished by no later than 5 p.m. on 14 November, a certificate by an independent qualified accountant that he has satisfied himself that an amount equal to the amount of financial assistance provided to the organisation has been applied for the purpose of the project. For the purpose of this condition, "certificate by an

ANNUAL AUDIT

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independent qualified accountant" means a certificate signed by a person who is registered as a company auditor or public accountant under a law of a State or Territory or a member of the Institute of Chartered Accountants in Australia or of the Australian Society of Accountants;

- (C) The approved organisation will abide by the following general conditions relating to the operation of childhood services support by Australian and State Government grants;
- (i) the service must be available to all members of the community;
 - (ii) priority will be given to children who would otherwise not be supervised and children with disabilities;
 - (iii) persons resident in the community or using the service will have the opportunity to participate in the planning and management of the service;
 - (iv) the service will co-operate as appropriate with other childhood and associated health and welfare services to allow the development of a comprehensive flexible and integrated approach to the needs of the community;
 - (v) the service, where applicable will accord with requirements laid down by state and/or local authorities;
 - (vi) the service will be operated on a non-profit basis with a view to balancing, over a reasonable period, any surplus or loss;
 - (vii) the service will offer a sliding scale of reduced fees to children from low income families.
 - (viii) all normal and appropriate insurance for the service or project will be taken out and maintained including public liability insurance;
 - (ix) proper records of accounts will be maintained for each service and audited financial statements will be provided as required.

(D) Any unexpended funds advanced for the purpose of operation of the project should be notified to the Officer-in-Charge Funding and Licencing, Youth and Community Services Regional Office, immediately.

DATED this day of 19

SIGNED by

being authorised officers of the organisation in the presence of

.....
(Witness)

DUE: 14 NOV

VACATION CARE - ANNUAL AUDIT FORM

Name of Organisation:

Name of Centre:

INCOME

	Christmas	April	July	Sept/Oct
Subsidy				
Fees				
Other				
TOTAL INCOME	\$	\$	\$	\$

EXPENDITURE

Salaries				
Excursions				
Cleaning				
Materials				
Equipment				
Insurance				
Advertising				
Audit				
Other				
.....				
.....				
TOTAL EXPEND.	\$	\$	\$	\$

BALANCE: \$ \$ \$ \$

(Income-Expend.)

General Comment by Auditor:

I certify that in my opinion, an amount equal to the amount of financial assistance provided to this organisation has been applied for the purposes of the project, and for no other purpose.

Signature of Auditor: PRINT NAME:
 TITLE:

PLEASE NOTE:

Funding for future projects will only be considered if this statement and report is fully completed, signed by a qualified Auditor, and each year. Funding will not be considered unless all forms are in by due date.

Returned by the 14th Nov
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DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

To be returned to the O.I.C. Funding and Licencing in the Regional Office within two weeks of the final day of each vacation.

VACATION CARE - _____ REPORT DUE: _____

Name of sponsoring Organisation

Name of Centre

Location of Centre

Dates of Operation / / to / / Hours of Operation ___ am to ___ pm

Number of Individual Children Who attended During Vacation _____

Average Daily Attendance ___ Average Fee per Child per Day \$ ____ c

Maximum Fee per Child per Day \$ ____ c

How many children were given subsidised places ? _____

How many handicapped children attended ? _____

What use was made of specialists, community resources and amenities?

What comments/feed back have you regarding the project? (please attach statement)

How many staff were employed during the vacation ? _____

How many hours per week were each staff member employed and at what wage?

How many volunteers were involved in the centre and in what capacity?

Thank you for co-operating in providing this information to assist with future planning. Please enclose a copy of daily programme and other statements that may be necessary.

SIGNED DATE PRINT NAME:.....

POSITION

<u>INCOME</u>		<u>EXPENDITURE</u>	
Grant	\$	Salaries	\$
Fees	\$	Excursions	\$
Excursions	\$	Cleaning	\$
Other	\$	Equipment	\$
		Administration	\$
<u>TOTAL INCOME</u>	\$	<u>TOTAL EXPENDITURE</u>	\$

I certify that in my opinion, an amount equal to the amount of financial assistance provided to this organisation has been applied for the purposes of the project, and for no other purpose.

SIGNATURE OF TREASURER DATE

PRINT NAME:.....

(Funding for future projects will only be considered if the project is completed and returned to this Department by the due date.)

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COMMUNITY FUNDING

CONDITIONS OF FUNDING

(for all funded organisations except Pre-School services, salary subsidies to Local Government and Alternate Care Funding).

1. Access

- 1.1 Services and programs must be made accessible, available and appropriate to all Disability Groups, Cultural and Linguistic Groups within the geographical area served and/or the identified target group.

2. Status

- 2.1 Each management committee funded shall be a non-profit community-based organisation.
- 2.2 Each management committee shall have and provide to the Department of Youth and Community Services (hereinafter called 'the Department') a constitution or Articles of Association acceptable to the Department.

3. Management

- 3.1 Each funded service shall have a Management Structure drawn from the community to be served, representative of and responsive to it.
- 3.2 Staff of the organisation are to be included in decision making processes affecting project planning, developing and evaluation.
- 3.3 Local Governments which sponsor services utilising Section 527 or 530A Committees under the Local Government Act shall establish local community based organisations to whom responsibility for management of the service can be fully transferred within a maximum of three years from initial receipt of funds.

4. Accountability

4.1 Records

- 4.1.1 The organisation shall ensure that adequate financial and operational records and registers, including those specified in Schedule A, are kept and maintained in relation to the operation of the service.
- 4.1.2 Upon the request of the Department, the organisation shall arrange for the records, books of account and documents relating to the service to be made available for inspection by an authorised representative of the Department (including the taking of such extracts and the making of such copies as the representative considers appropriate) and shall afford all requisite assistance to the representative in carrying out the inspection.

- 4.1.3 The organisation shall also provide such statistical and program information on the operation of the service as is specified in Schedule B. In addition, the organisation will co-operate in the provision of other reasonable statistical and program information for irregular surveys conducted by the Department or an authorised representative (provided that the confidentiality or individual clients of the project is respected).

4.2 Financial

- 4.2.1 The organisation's financial year, an audited financial statement for each funded project, to be forwarded to the appropriate Regional Office or Senior Community Liaison Officer with the continuation of funding application form.
- 4.2.2 The audited financial statement shall be accompanied by a proforma certificate (as per Schedule C) signed by an auditor, unless the organisation receives less than \$10,000 from the Department and has obtained an exemption from the relevant Regional Director.

The Auditor shall be:

- . registered as a company auditor; or
- . a member of the Institute of Chartered Accountants; or
- . a member of the Australian Society of Accountants and shall not be an employee or a member of the Management Committee of the recipient organisation.

- 4.2.3 Organisations receiving less than \$10,000 from the Department can apply to the relevant Regional Director/Senior Community Liaison Officer for an exemption from submitting a full Audited Statement.

Groups with such an exemption shall submit a proforma certificate (as per Schedule D) signed by the President and Treasurer or Secretary, and provide such other information as may be required by the Department.

- 4.3.4 The organisation shall ensure that any operating surplus of income over expenditure from the conduct of the funded service is not used to finance any activity other than in relation to the purpose for which the grant was provided.
- 4.3.5 No arrangements or commitments in relation to the service shall be entered into which are incompatible or inconsistent with the purpose of the grant.
- 4.3.6 The organisation shall ensure that projects commence no later than four months after the receipt of funding. Project management committees are to seek written approval from the Department where projects will not be commencing within four months of receipt of funding.

- 4.3.7 The organisation shall notify the Department in writing in the event that assistance is approved
- 4.3.8 The organisation shall ensure appropriate relevant insurance policies are taken out e.g. worker's compensation, public liability, property, contents.
- 4.3.9 Organisations employing staff shall ensure provisions are made for relevant industrial conditions to be met e.g. entitlements for annual leave, sick leave, long service leave, maternity leave, leave loading, award salaries (where appropriate).

5. Idemnity

- 5.1 All personnel employed by the funded organisation in whatever capacity shall be the sole responsibility of that organisation. The Department will not idemnify the grant holder in respect of such personnel for any act or claim resulting from such employment.

6. General

- 6.1 The funded organisation shall provide the opportunity for a representative of the Department to:

attend board/committee meetings if requested by the Department

visit any services provided at any reasonable time.

COMMUNITY FUNDING

Schedule A

FINANCIAL RECORDS

(as specified in conditions of Funding 4.1.1)

All funded organisations should maintain a complete set of accounting records relevant to the level of funding received and activities of the organisation.

The following records and statements are to be kept:

- . Statement of Income and Expenditure
- . Balance Sheet
- . Source and Application of Funds Statement
(for groups receiving grants of more than \$10,000 p.a.)
- . Cash Book
- . Bank Deposit Book
- . Petty Cash Book (kept on imprest system)
- . Pre-numbered Official Receipt Book
- . Monthly Bank Reconciliation of Cash Book
- . Documentation of all Expenditure with evidence of approval
- . Wages record (where staff are employed).

COMMUNITY FUNDING

Schedule B

REPORT FORMAT

(as specified in Conditions of Funding 4.1.3).

The Department requires a concise report on the service provided by your project during the last 12 months. Please ensure that the report includes the following information in the order and under the headings set out below. If information cannot be provided in these areas please advise the reasons and indicate how this matter may be rectified.

- (i) project goals and objectives
- (ii) were project objectives achieved? how?
- (iii) major users of the service (e.g. aboriginal youth, aged 12-18)
- (iv) operating hours of the service
- (v) numbers of paid staff and hours worked
- (vi) numbers of volunteer staff and hours worked
- (viii) any changes in demand for the service
- (ix) any difficulties encountered in providing the service
- (x) any reviews of the project
- (xi) other matters.

COMMUNITY FUNDING

Schedule C.1

AUDIT CERTIFICATE PRO-FORMA

Standard full audit certificate by a qualified accountant in respect of
Community Funded Organisations.

I/We,(full Name
ofaddress)

being a qualified accountant within the meaning of the Community Funding Program
do hereby certify that I/we have examined the books and financial records of:

.....
.....

in accordance with Australian Standards. In my/our opinion the financial
statements present fairly the financial position of the organisation and the
result of its operation for the period ended in accordance with
the Australian Accounting Standards.

Signature Date.....

Accountant's Qualification
(e.g., AASA, FCA or if registered company auditor or public accountant, the
relevant Act and registration No.)

Notes to and forming part of the accounts of
.....
for the year ended

We/I have satisfied myself/ourselves that:

- a) An amount equal to the total grant paid has been expended in the approved project/program according to conditions specified in funding agreement from Department of Youth and Community Services.
- b) Establishment of all reserves provisions is justified and represents funds set aside for
- c) Payments to associated and/or affiliated/bodies have been adequately disclosed:

Signature Date

AUDIT CERTIFICATE PRO-FORMA

Qualified Audit Report by a qualified accountant in respect of Community Funding Organisations.

(Qualified Audit Reports are issued where there are departures from Australian Accounting Standards, the consequences of which are material, and where an uncertainty affecting the financial statements is not of an overwhelming nature.)

I/We,

being (a) qualified accountant(s) within the meaning of the Community Funding Program do hereby certify that I/we have examined the books and financial records of

.....
in accordance with Australian Accounting Standards.

(Paragraph on the matter of departure from standards, or uncertainty).

.....
.....
.....
.....
.....

In my/our opinion, except for the effect on the financial statements of the matter referred to in the preceding paragraph, the financial statements present fairly the financial position of the organisation and the results of the operation for the period endedin accordance with the Australian Accounting Standards.

Signature Date

Accountant's Qualifications

AUDIT CERTIFICATE PRO-FORMA

Adverse Audit Report by a qualified accountant in respect of Community Funding Organisations.

I/We,

.....
being a qualified accountant with the meaning of the Community Funding Program
do hereby certify that I/we have examined the books and financial accounts

of

(Paragraph on the matter which led to the adverse opinion)

.....
.....
.....
.....

In my opinion, because of the effects of matters discussed in the preceding paragraph, the financial statements do not present fairly the financial positions of the organisation and the results of its operation for the period ended in accordance with Australian Accounting Standards.

Signature Date

Accountant's Qualifications

AUDIT CERTIFICATE PRO-FORMA

Certificate by the President and Treasurer or Secretary in respect of Community Funded Organisations.

We,
and
hereby certify that the information contained in the books and financial records of
present fairly the financial position of the organisation as at

We are satisfied that:

- a) An amount equal to the total grant paid has been expended on the approved project/program.
- b) Establishment of all resources and provisions is justified/recorded in the minutes and represents funds set aside for
- c) A full and complete set of financial records has been maintained.

Signature Date

(President)

Signature Date

(Treasurer/Secretary)

DIRECT DEPOSIT OF GRANTS - INFORMATION SHEET

(To be completed within 30 days and returned with both copies of the Agreement and a completed deposit slip.)

To enable the Department to process your grant payment promptly and effectively by electronic funds transfer, it is essential that your organisation nominates an account into which the grant may be paid.

To facilitate prompt payment please complete this form and arrange for two office bearers of the Management Committee to certify the correctness of the information.

In addition, you are requested to attach a COMPLETED DEPOSIT SLIP (leave the "amount" blank) to this form. This will ensure that the grant is paid into the correct account.

<u>ACCOUNT DETAILS:</u>	
1. Name of Bank/Building Society/Credit Union	..........
2. Address of branch where your organisation's account is kept	...............
3. Name of Account (e.g. Green Hills Neighbourhood Centre)	..... ..... .....
4. Account Number	.....
5. If you have nominated a bank account:	
(a) What is the BSB number?	(a)
(b) Is it a cheque account or is it a savings account?	(b)

CERTIFICATION: (To be completed by two office bearers of the Management Committee).

On behalf of the
Management Committee, we certify that the above information is complete
and correct and that a completed deposit slip has been attached to this
form.

Signed	Signed
Position on Management Committee	Position on Management Committee
Date	Date

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PROJECT BUDGET

(To be completed within 30 days and returned with both copies of the Agreement, the Direct Deposit of Grants Information Sheet and a completed deposit slip.)

(A) SALARIES AND ON COSTS:

\$

POSITION	NUMBER HOURS PER WEEK	HOURLY RATE	NUMBER WEEKS	
1.
2.
3.
4.
5.
6.
Leave Loading (17 1/2% on 4 wks each			
Workers Compensation			
Other (List)			
			SUB-TOTAL-A	.....

(B) ADMINISTRATIVE COSTS:

(Including Printing/Stationery, Postage, Electricity/Gas, Telephone, Advertising, Books/Magazines, Audit Fees, Insurance- Other than Workers Compensation, Conference/ Seminar/Fees/Training, Cleaning etc.)

.....			
.....			
			SUB-TOTAL-B	.....

(C) TRAVEL COSTS:

.....			
			SUB-TOTAL-C	.....

(D) RENT:

Paid to .....				.....
\$per week x 52 weeks .....				.....
			SUB-TOTAL-D	.....

(Project Budget continued)

\$

(E) MAINTENANCE AND EQUIPMENT:

(List if over \$3,000)

.....

.....

SUB-TOTAL-E

(F) OTHER: (LIST)

.....

.....

.....

.....

SUB-TOTAL-F

TOTAL

(Should equal total grant provided)

SIGNED TREASURER

DATE

SIGNED REGIONAL DIRECTOR/
DIRECTOR-GENERAL

DATE

CHECKLIST FOR CONSTITUTIONS FOR

CHILD CARE SERVICES

Name of Service:

Address: Phone:

Does the constitution:

- 1. Allow for 1/3 parent participation in the Management of the service? Yes/No
- 2. State objectives of the Organisation? Yes/No
- 3. Have a clause in the Objectives relating to the provision of an Early Childhood Program for the children? Yes/No
- 4. Allow for the Management Committee to meet 3 times per year with Association members/parents? Yes/No
- 5. Contain a dissolution clause? Yes/No
(including notification to the Dept. upon closure of the service?)
- 6. State the quorum number
 - for a general meeting? Yes/No
 - for a management Committee meeting? Yes/No
- 7. Allow for 8 or more members to be on the Committee with the Director/Co-ordinator ex-officio? Yes/No
- 8. Have a clause relating to accountability of funds? Yes/No
- 9. Have a clause relating to amendments to the constitution? Yes/No
- 10. Allow for the appointment of Trustees? Yes/No
- 11. Have a clause relating to the keeping of minute of meetings? Yes/No
- 12. State proceedings
 - at general meetings? Yes/No
 - at Management Committee meetings? Yes/No