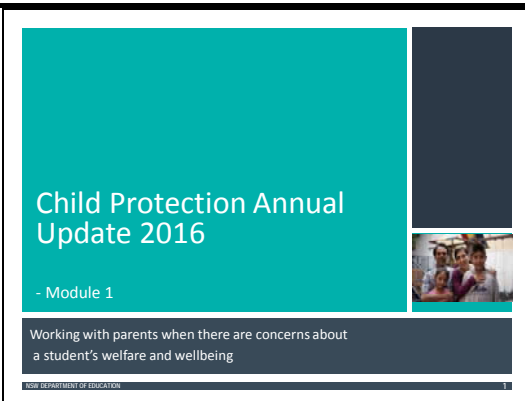


## Child Protection Update 2016 – Module 1



Slide 1

### Facilitator notes

The Child Protection 2016 update aims to build on the knowledge and skills of staff in addressing child protection and child wellbeing concerns.

Staff working with children and young people are required to have up to date knowledge and skills to identify and respond to child protection concerns according to their roles.

This session contains information for staff who work with children and young people about how they can communicate with, and assist parents, when there are concerns about the safety, welfare and wellbeing of a student that do not constitute risk of significant harm.

Child protection can be a sensitive and controversial issue in the community. The information may raise strong emotions and bring issues or experiences of staff to the surface. The facilitator should remind participants that, if the presentation raises issues, a staff member can discretely leave the room or speak to you after the session. In some circumstances services could be accessed if the staff member feels distressed or should they wish to discuss personal experiences – such as the Employee Assistance Program, private counsellors or a general practitioner.

### Session outline

- staff raising any child protection concerns with the principal or workplace manager
- using the *Mandatory Reporter Guide* (MRG), professional judgement and/or seeking advice to assist in making decisions about responding
- dealing with concerns about parents' behaviours that affect their child
- working constructively and proactively with parents
- working with other agencies and exchanging information

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### Facilitator notes

This session focuses on a situation of neglect or inadequate care of a student by parents. It uses a case study that we will discuss as it progresses through four stages.

This case study about neglect has been chosen as there have been two recent deaths of students due to extreme obesity.

The case study is not about 'fat', overweight or obese students. The focus is on extreme obesity – when it is so harmful it is a child protection issue and schools are required to provide a child protection response. Only a small number of students in NSW would require this response.

- Under Departmental policy, all staff are required to convey all concerns about the safety, welfare or wellbeing of children and young people up to 18 years of age that arise during the course of their work to their principal or their workplace manager.
- This process aims to ensure that appropriate action can be taken in regard to all children and young people where there are child protection concerns – including where there are concerns about suspected risk of significant harm.
- When there are concerns about a child's welfare or safety the Mandatory Reporter Guide (MRG) can guide decision making about whether to report to the Child Protection Helpline if there is risk of significant harm or to take some other action.
- If concerns do not meet the threshold of risk of significant harm, but the concerns do warrant some follow up action, the school then has a role in supporting the student by working with parents and support services or agencies so that action is taken.
- Since the introduction of Keep Them Safe: A shared approach to child wellbeing there has been an emphasis on agencies and services working together to support families before problems escalate.

The case study follows.

Slide 2

Case study – Johnny: Part 1



Slide 3

**Facilitator notes**

**Johnny’s teacher talks about her concerns**

This activity provides participants with the opportunity to consider the case study of Johnny. The case study is split into four parts. After each part there is an opportunity to think about and discuss the best course of action as the case progresses.

The case study is provided as an animation, which is optional. Click through to the next slide if you are not using the animation. Facilitators may wish to read the case study, or, alternatively, use handouts for each part, one part at a time. The case study has been provided in these formats.

**Note:** If playing the animation and you have a member of staff with a hearing impairment, please ensure they receive the case study handouts.

If using the animation, it will play automatically– enlarge to full screen – click ‘Esc’ to exit when finished.

Discussion questions will follow, for small group discussion.

**After the case study segment ask participants to divide into groups to discuss questions shown on the next slide.**

The character of Johnny is not portrayed in the case study. Participants are asked to form groups with other staff in the same Stage/s and they should discuss Johnny as being the same age as a child or student in their Stage/s.

Case study – Johnny: Part 1

Questions:

1. What is most concerning about this situation?
2. Do concerns meet the threshold of risk of significant harm?
3. What should you do?

*Johnny’s teacher talks about her concerns*

Slide 4

**Facilitator notes**

**Small group activity**

Allow 5 minutes for discussion. At the end, call upon volunteers from groups to share their responses to the questions, in turn, so each group has a chance to share at least one of its answers.

The facilitator may wish to provide relevant information from the Notes below, if it is needed to dispel concerns.

**Suggested answers:**

- *What is most concerning about this situation?*  
It is concerning that Johnny’s situation has rapidly increased in severity. There is now a noticeable impact on Johnny’s health and fitness. It is creating

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difficulties for him joining in on normal activities, so is impacting on his capacity to socialise with his peers. It is also impacting on his capacity to engage in learning and he is falling behind.

- *Do concerns meet the threshold of risk of significant harm?*

The current concerns do not seem to meet the threshold of risk of significant harm or require an urgent response. However this conclusion should be first checked with Johnny's parents as, if he has any other co-existing health issues or is developing any (eg. high blood pressure, high blood sugar, type 2 diabetes, asthma) this could increase the risks for him. It would also be useful to check if Johnny has seen a doctor recently.

- *What should you do?*

The school should consider Johnny's situation, looking at the impact on his wellbeing and learning so they are clear about their concerns. Then, as Johnny's parents have responsibility for his health and wellbeing, the concerns should be discussed with them. If Johnny has not seen a doctor recently, this should be suggested.

**Note**

Staff may take the viewpoint that Johnny's situation does not seem like a significant child protection issue, as children being overweight is a common issue in schools and in the community. Johnny is not just overweight or obese. He has rapidly gained massive weight to the extent that he can't walk properly.

In responding to the last question *What should you do?* Staff may respond that it is unrealistic to respond to all the students in the school who are overweight and whose parents provide a less than adequate diet. This training is not setting up that expectation.

Obesity is a child protection issue when:

- it is impacting a child or young person's wellbeing and welfare to a significant degree *and*
- it is having a harmful effect on their physical, social and emotional functioning *and* parents/ carers are unwilling or unable to address the situation.

The two recent child deaths resulting from obesity included one primary school child and a secondary school

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aged child.

Extreme obesity is not the most common form of neglect but is a serious concern and can be challenging to address. Both the children who died were experiencing massive and observable weight gain and couldn't function in essential aspects of their lives. The coronials found that all agencies had failed in their duty by seeing the situation as a health issue, not a child protection issue and assuming other agencies would intervene.

Both situations demonstrated child protection issues of gross neglect by parents and failure to respond to life threatening needs of their children.

In both situations, the agencies working with each child and family did not recognise the seriousness of the situation or the significance of the parents' failure to seek medical advice or follow a treatment plan. Following criticism from the Coroner, professionals working with children and families are now reflecting on how they should respond to these issues. Therefore, it is important to stress the suggested answers for the questions, above.

**Additional note:**

Many areas of child protection are sensitive. It can be difficult for professionals to talk with parents about their behaviour or neglect which is harming their child. It can be more difficult taking on this role when the issue is personally sensitive to the person involved. This is relevant where staff, for example, have current or historic experience of domestic violence, sexual abuse, overweight or obesity. In these situations, additional strategies need to be used, such as delegating the role of managing the response to another skilled staff member.

Other strategies to assist in having difficult conversations with parents will be discussed in Part 2 of the case study.

### Making decisions about parental care that creates risks

Consider the degree to which:

- the student's development is being impaired
- the student's health is being affected
- the student's behaviour has become significantly different to his or her peers
- the student's social and psychological functioning has been impaired.

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Slide 5

### Facilitator notes

Children and young people receive varied levels of parental care ranging from optimal care through to abusive and grossly inadequate care.

The child protection system should intervene only when care provided drops to a level that places the child or young person at risk of harm. When inadequate care places a child at risk of significant harm the statutory government agency, Family and Community Services (FACS), has the authority to impose intervention upon the family.

It should be noted that the vast majority of overweight or obese students would not be at risk of harm.

If a child or young person's obesity is impacting on them to a significant degree *and* parents are unwilling or unable to address the situation, they could be at risk of harm.

It is useful to consider the impact of the events or situation upon the individual child or young person. This slide provides four areas for consideration.

It is also useful to apply the Mandatory Reporter Guide (MRG). The MRG will provide a recommendation on what action to take. Use of the MRG can validate the course of action that is taken in response to concerns.

This leads to the next slide where there is an opportunity to demonstrate use of the MRG.

### What is the Mandatory Reporter Guide?

- an online structured decision making tool
- "decision trees" for the most common forms of abuse or neglect
- A series of yes/no questions to guide you to determine what action to take
- A "guide", not a "rule" and does not replace professional judgment

Go to the *Mandatory Reporter Guide*:  
<http://www.keepthemsafe.nsw.gov.au/>

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Slide 6

### Facilitator Notes

Go through the dot points to refresh participants' knowledge about the Mandatory Reporter Guide.

Facilitators should open the link in the last dot point or copy the following link into the internet browser:

<http://www.keepthemsafe.nsw.gov.au/>

**Open the MRG and apply it to Johnny's situation, as follows:**

- Select **Neglect concern: Food**, as the concern is that Johnny is not receiving appropriate nutrition. Click **Next**.

- 
- Answer ‘no’ if you are not a **Medical Professional**. Click **Next**.
  - **Observation on child/young** person – Answer ‘no’ to all the questions in this box as Johnny is not receiving too little food and he has no difficulties communicating.
  - This will take you to the box: **Situation without plausible explanation:**

You could answer ‘yes’ to the last question, Does Johnny ... **Have difficulty concentrating and you suspect poor nutrition?**

Johnny has difficulties concentrating and this could be caused by his inappropriate diet and massive weight gain.

To answer the question, you could check Johnny’s student information card to see if there are other health issues that could be affecting his concentration. However, to confidently answer this question, it would be helpful to have a meeting with Johnny’s parents, as there could be new health issues.

- The next question could also be more easily answered after a meeting with his parents:

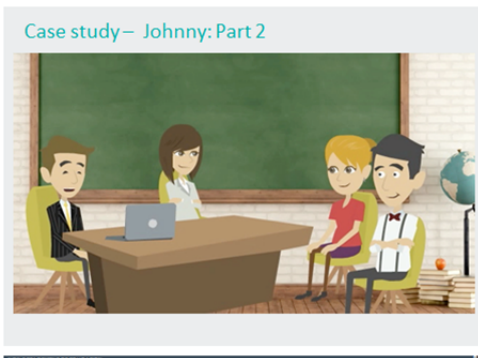
**‘Are you aware that the family is currently benefitting from services to address problem?’**

A meeting could provide the opportunity to see if his parents are accessing any services or professional support for Johnny’s health issues.

**Note: The MRG is very helpful in pointing out information that you do not have. It also points out information that is important in determining how concerning a situation is.**

Other members of staff may have this information. Services that have contact with the child or family may be other sources of information. If staff are comfortable in doing so, they may clarify issues of concern by asking open ended questions when they are talking with the student or parents. This is different from investigation, which should

only be done by FACS or Police where concerns meet the threshold of risk of significant harm.



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**Facilitator notes:**

**Johnny’s parents meet with the principal and teacher**

Prior to playing the animation, or reading the case study, it may be useful to inform staff that this scenario replicates one of the actual cases where the school had a good ongoing relationship with the mother and trusted her to follow up on her undertakings.

When parents are difficult, uncooperative or volatile, schools are likely to be proactive and follow up on issues, for example by seeking advice from the Child Wellbeing Unit. This case study aims to reinforce to schools that children can also be put at risk of significant harm by parents who appear to be caring and reasonable.

It may be useful to also discuss that many parents will be reluctant to attend a meeting at school and may not readily agree to undertake actions.

**Optional questions:**

- What strategies would you use if parents refused to come to a meeting or they accepted and didn’t show up?
- What would you do if the parents attended but were resistant to all suggestions?

Play animation, or read the case study, then discuss the questions on the next slide. Participants should continue in their same groups.

Case study – Johnny: Part 2

*Johnny’s parents meet with the principal and teacher*

**Questions:**

1. What are some additional strategies that could have been used to make this meeting more successful,
2. .... and increase the likelihood of the outcomes of the meeting being achieved?

(First agree on 2 or 3 main outcomes of the meeting)

**Facilitator notes:**

An important outcome of this meeting is to establish a relationship with Johnny’s parents and to build trust, so the school may be able to have a more impactful role in improving Johnny’s situation.

The main outcome is to convince Johnny’s parents of the seriousness of your concerns and the need for them to seek professional advice, before his health and wellbeing is further impacted.



1. It is helpful to open the meeting with informal chat and commence on the theme that the school and parents have a common and shared interest in wanting what is best for Johnny.

When sharing your concerns for Johnny's wellbeing, try to avoid placing any blame on the parents. Try to elicit some of their own concerns – this may help to get their commitment to taking action.

Having shared concerns and shared goals can create a partnership.

Try to get the parents to come up with their own solutions as well as offer some. Be positive about the solutions they suggest.

Acknowledge and respond to any school issues that are raised by the parents eg. the school not addressing teasing of Johnny. This may also involve clarifying issues if there is misunderstanding on either side.

Identify some resources and services that could assist in addressing the concerns:

- school programs and provisions e.g. Crunch 'n Sip, reviewing the school canteen menu to check it is selling healthy foods
- wider educational services or resources eg. Live Life Well at School
- extended family members or friends who could assist
- specialist or family support services in the community. If services are sourced prior to the meeting, specific services may be discussed with Johnny's parents. In Johnny's case an assessment of the seriousness of his problems is also necessary.

2. Strategies that will enhance ongoing engagement include:

- at the close of the meeting, confirm any agreements made. These should involve undertakings by the school and the parents
  - make a brief record, which depending on the situation can be quite informal, that reflects what
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was said and agreed to

- circulate this as soon as possible
- make efforts to communicate with Johnny's parents, including on general matters
- follow up and check for progress in their undertakings
- make contact with services working with Johnny and his parents.



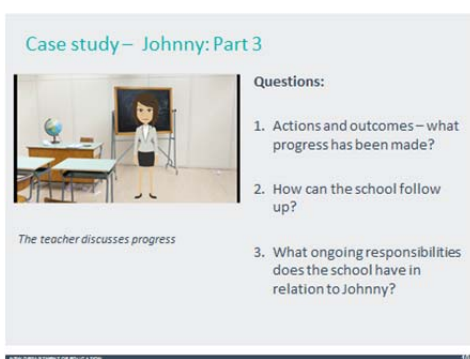
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**Facilitator notes:**

**The teacher discusses progress**

Play the animation or read the case study, then discuss questions on the next slide. Participants should continue in their same groups.

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**Facilitator notes:**

1. Child centred practice involves looking at the impact of a situation on the child, not at the intent of parent or the reasons behind parents' actions or inactions.

Johnny's health and wellbeing is not improving and it is still having a huge impact on him socially and on his learning. The teacher is still concerned. She has followed up with Johnny's mother and knows that she has taken action to see a dietician but the teacher remains concerned as she can't see any changes.

2. It is important to persevere in communicating with parents to find out what they have done, rather than just wondering. Some parents may need assistance in following up the actions they committed to. Seeking help from a community organisation or service may be a big step for some adults. School staff, particularly in primary schools, are in a position where they often have contact with parents and can encourage, facilitate or make it easier for parents to access support.

Sometimes the parents who need the most support

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are the most difficult for professionals and support services to communicate with. Schools and school staff are often in the strongest position of all agencies to make contact with, and influence, parents as they have a 'common ground' (the children).

Alternatively, some parents can be easy to communicate with but do not follow up on agreed actions that are necessary for their child's wellbeing.

If you are unsure about how to follow up concerns or need advice, the principal should contact the Child Wellbeing Unit.

3. The following slide gives suggestions about action schools can take in carrying out their child protection responsibilities in protecting and supporting Johnny.

#### Suggestions for ongoing school follow up

- Sensitive implement learning activities about healthy lifestyles in the classroom and individually with Johnny
- Develop a health care plan for Johnny in consultation with his parents and his doctor
- Ask Johnny's parents to sign an 'Authorisation to contact the Doctor Form', so there can be medical input into his health care plan
- Using the Human Services Network (HSNet), Google or other directories check whether there are any health services or dieticians nearby and print out information to provide to Johnny's parents
- Be more persistent in following up with Johnny's parents, as this is important
- Contact the Child Wellbeing Unit.



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#### Facilitator notes:

- There are many health promoting activities that schools can adopt or may already be implementing.
- Principals have the discretion to develop written health care plans for students who are not required to have them. A health care plan may be considered for Johnny, as it could be helpful to work with him on his food intake at school, and implement an exercise program and other strategies that are suggested by the doctor or dietician.
- As with all school health care plans, developing a health care plan for Johnny would involve seeking Johnny's parents consent to talk with Johnny's doctor. This would provide an opportunity to raise concerns with them again and to meet to discuss and develop the plan.
- **The Human Services Network** or **HSNet** is a website with a ServiceLink directory that can help you identify appropriate services in the local area. It can be accessed at <https://www.hsnet.nsw.gov.au/>. It needs to be recognised that many communities across NSW may have limited services.
- When schools need help and advice about matters that don't reach the threshold of suspected risk of significant harm, principals can contact the Child

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Wellbeing Unit for support and advice about local responses.

#### Working with other agencies or services

- Communication, collaboration and information sharing with other agencies or services can enhance effectiveness
- Case meetings can be initiated at the local level by other agencies, services or designated departmental staff
- Services available in the community vary according to location
- Some provide general support, while others have specialist staff such as counsellors and experts in child development.

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#### Facilitator notes

Chapter 16A from the *Children and Young Persons (Care and Protection) Act* allows for the exchange of information between prescribed bodies without any Family and Community Services involvement.

The purpose of exchanging information between prescribed bodies is to ensure services provided for children, young people and families are informed about their changing needs and circumstances. It also helps service providers know about what other services, including schools, are doing so efforts are complemented. Exchange of information can be in writing or verbally, but a record should be made if significant information is verbally exchanged. It is good practice to involve the principal in information exchange or to seek advice from your supervisor. [Legal Issues Bulletin No: 50](#) provides further information.

The Human Services Network (HSNet), Google or other directories may be used to identify what is available, particularly in areas where there are limited services.

#### Some good tips for collaborative practice:

- Try to establish a partnership with the parent/s based on shared goals and concerns
- Articulate goals, and services needed to help work towards goals
- Put timeframes on agreed actions and check in to see if help is needed to carry these out
- Any 'bottom lines' or non-negotiable aspects need to be stated, e.g. the dietician strongly recommended that Johnny see a doctor as soon as possible for an assessment
- Involve the child or young person, as appropriate, so they can contribute to and understand the process.
- Keep written records.

Case study – Johnny: Part 4



**Facilitator notes:**

**In this scene the principal makes contact with the Child Wellbeing Unit and makes contact with and receives useful information from Johnny’s dietician.**

Play the animation, or read the case study, then discuss questions on the next slide. Participants can continue discussion in their same groups or reform into the larger group for discussion.

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Case study – Johnny: Part 4

**Questions:**

1. What are some of the issues that can make follow up difficult? How can we respond?
2. What are some ways to maintain progress?

*In this scene the principal receives information from the dietician*

**Facilitator notes:**

**Discuss:**

1. Some issues that can make follow up with families difficult include avoidance and fear of outside involvement. This can be based on past negative experiences, stress and hardship in families, ‘saving face’, parents’ intellectual or other disability, unstable accommodation, family breakdown – among other issues.

These issues need to be considered, and challenges anticipated, as part of the school response.

It may be easier to develop trust and rapport with one parent or, as a last resort, with an extended family member or friend who has influence with the family.

Listen and ask questions and try to see and understand the family’s perspectives.

The school can contact services e.g. family support services (the dietician in Johnny’s case) to find out more about the family and discuss concerns.


2. Some examples of activities that can be undertaken to maintain progress:
  - Coordinate decision making and the delivery of services by finding out what other services are doing and implementing complementary strategies.
  - Communication, collaboration and information sharing with other agencies can enhance the effectiveness of everyone’s work.

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- Case meetings can be initiated at the local level by other agencies, services or the principal – or school or educational services staff (in collaboration with the principal).

**What if a family does not engage with support?**

- You can determine if further action is required to address ongoing concerns, by reapplying the *Mandatory Reporter Guide*
- Seek specialist advice from the Child Wellbeing Unit
- Where a family has not engaged with support or services and there are concerns that a child or young person is at suspected risk of significant harm, a report must be made to the Child Protection Helpline
- Persevere and persist – even if it is difficult
- Work collaboratively with support services and other agencies
- Be proactive, don't *wonder* – follow up and ask questions



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**Facilitator notes:**

Where a family has not engaged with support or services and there are concerns that a child or young person is at suspected risk of significant harm, a report must be made to the Child Protection Helpline.

Where a family has not engaged with support or services and concerns remain about the safety, welfare or wellbeing of a child or young person, but these are not significant or trivial, the Child Wellbeing Unit must be contacted.

If a principal is uncertain about what to do if a family refuses a referral or other support service, they can contact the Child Wellbeing Unit for assistance.

**Emphasise:**

Persevere and persist – even if it is difficult  
 Work collaboratively with support services and other agencies  
 Be proactive, don't *wonder*; *follow up* and ask questions.

**Johnny**

- The Principal and the teacher arranged another meeting with Johnny's parents
- Only Johnny's mother attended. Johnny's mother clearly indicated that she was unable to change Johnny's eating habits as she couldn't manage his reaction to not getting the food he wanted
- Johnny's father was refusing to intervene or help in any way. Neither of them believed that there was any need to see a doctor
- After the meeting, the Principal and the teacher decided to reapply the MRG <http://www.keepthemsafe.nsw.gov.au/>
- This time they used the decision tree: Neglect – Medical Care (for non-Medical Professionals) as the dietician had strongly recommended that Johnny needed a medical assessment and this seemed unlikely to occur.

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**Facilitator notes:**

Facilitators should open the link in the second last dot point or copy the following link into the internet browser:  
 Mandatory Reporter Guide  
<http://www.keepthemsafe.nsw.gov.au/>

Reapply the MRG with the information that is now known:

- Select **Medical Care for non-Medical Professionals**, as the new concern is that Johnny is not receiving a necessary medical assessment. Click **Next**.
- The next question is about **Lack of immediate care for child/young person's physical health condition**. This is defined on the right hand side as a condition that 'is obviously in need of immediate medical care that is not being sought'. The answer to this is 'no' as it an assessment that is needed, and it is not needed immediately. Click **Next**.

- The next question is about **On-going treatment that is not being followed** – The answer to this is ‘yes’ as you have consulted with a medical professional who advises that the symptoms indicate a need for a professional medical evaluation. Click **Next**. The dietary program is also not being followed.
- The next question **Is the parent/carer open to accessing further information?** – the answer to this is ‘no’ as Johnny’s parents are ‘unwilling to follow a plan or obtain information’.
- This will take you through to **Report to Family and Community Services (FACS)**.

**Note:**


A report must be made to FACS because the MRG has indicated that concerns are above the threshold of risk of significant harm. It is important that the information about Johnny is assessed by FACS and entered onto the KiDS system.

If FACS does not provide a face to face response to Johnny and his family or if they close the case, the school will be informed and asked to continue to assist the family and to monitor the situation and make a further report if concerns increase.

If another service or agency makes a report about Johnny it will be assessed with the school’s report taken into consideration, which will help build a fuller picture of concerns about Johnny.

**Summary of key points**

- Use the *Mandatory Reporter Guide*
- Talk about your concerns with the principal
- Work constructively and proactively with parents
- Persevere and persist – even if it is difficult
- Collaborate with support services and other agencies
- Be proactive, follow up and ask questions.



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**Facilitator notes:**

Check if there are any questions. Repeat and reinforce the key messages as follows.

Use the Mandatory Reporter Guide  
 Talk about your concerns with the principal  
 Work constructively and proactively with parents and carers  
 Persevere and persist – even if it is difficult  
 Collaborate with support services and other agencies  
 Be proactive, follow up and ask questions.

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### Discussion:

Ask participants:

Are there any issues that are specific to school context or their own experience?

Questions that arise for facilitators, or any further enquiries, may be directed to Wendy Alford, Child Protection Advisor by email at

[Wendy.Alford@det.nsw.edu.au](mailto:Wendy.Alford@det.nsw.edu.au) or by telephone on (02) 9244 5108.

For enquiries about the Child Wellbeing Unit, please contact Trisha Ladogna, A/Director Child Wellbeing Unit by email at [Trisha.Ladogna1@det.nsw.edu.au](mailto:Trisha.Ladogna1@det.nsw.edu.au) or by telephone on (02) 9269 9421.

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### References

#### Child protection intranet

<https://detwww.det.nsw.edu.au/lists/directoratesaz/stuwelfare/stuwelling/childprotect/index.htm>

#### Mandatory Reporter Guide (MRG)

<http://www.keepthemsafe.nsw.gov.au/>

#### Legal issues bulletin 50 – Exchanging information

<https://detwww.det.nsw.edu.au/media/downloads/directoratesaz/legalservices/ls/legalissuesbul/bulletin50.pdf>

#### Child Wellbeing and Child Protection NSW Interagency Guidelines

<http://www.community.nsw.gov.au/kts>

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### Web links:

Child protection intranet

<https://detwww.det.nsw.edu.au/lists/directoratesaz/stuwelfare/stuwelling/childprotect/index.htm>

Mandatory Reporter Guide (MRG)

<http://www.keepthemsafe.nsw.gov.au/>

Legal issues bulletin 50 – Exchanging information

<https://detwww.det.nsw.edu.au/media/downloads/directoratesaz/legalservices/ls/legalissuesbul/bulletin50.pdf>

Child Wellbeing and Child Protection NSW Interagency Guidelines

<http://www.community.nsw.gov.au/kts>

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