CHC08 Community Services
Training Package

CHCCHILD401B
Identify and respond to children and young people at risk

Facilitator’s Manual
Version 1

Training and Education Support
Industry Skills Unit
Meadowbank

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Introduction

Target group

The target group comprises participants who wish to achieve competency in the unit CHCCHILD401B. This could include:

- participants enrolled in courses such as Children’s Services, Health, Welfare or Community Services that deal with the care of children and young people
- new staff employed in the government and non-government sector that are responsible for identifying and responding to risk of harm, including those mandated under State government child protection legislation. These workers include those involved in children’s services, community services, health, policing, juvenile justice, recreation, family services, education, work with alcohol and other drugs, and mental health
- volunteers and workers in community groups such as Scouts Australia, Guides, youth centres, sporting groups and church groups who work with children and young people.

Unit of Competency overview

This material relates to the following Unit of Competency from the nationally endorsed CHC08 Community Services Training Package, CHCCHILD401B: Identify and respond to children and young people at risk.

Before beginning delivery it is recommended that you visit the TGA website at http://www.training.gov.au and check if there have been any changes to the unit of competency. If changes have occurred you will need to accommodate these by adjusting the delivery and assessment strategies.

There are no prerequisites for this unit.
Successful completion of this unit will enable the participant to:
- implement work practices which support the protection of children and young people
- report indications of possible risk of harm
- apply ethical and nurturing practices in work with children and young people.

Elements and performance criteria

1. Implement work practices which support the protection of children and young people

1.1 Identify children and young people at risk of harm by observing signs and symptoms, asking non-invasive questions, being aware of protective issues and using child protection procedures where appropriate

1.2 Respond to disclosure, information or signs and symptoms in accordance with accepted standards, techniques, and legislative obligations

1.3 Comply with lawful instructions, regulations and duty of care in all work activities

1.4 Routinely employ child focused work practices to uphold the rights of children and young peoples to participate in decision-making where it is age appropriate

1.5 Employ communication and information gathering techniques with children and young people in accordance with current recognised good practice

1.6 Ensure decisions and actions taken are within own level of responsibility, work role and legislative requirements

1.7 Maintain own knowledge and skills as required to work effectively and participate in practice supervision processes

1.8 Maintain confidentiality as appropriate

1.9 Provide an appropriate response as determined by organisation procedures, legal and work role obligations
2. Report indications of possible risk of harm
   
   2.1 Accurately record relevant specific and general circumstances surrounding risk of harm in accordance with organisation procedures, ethics and legal requirements

   2.2 Promptly report risk of harm indicators accordance with statutory and organisation procedures

   2.3 Work collaboratively with relevant agencies to ensure maximum effectiveness of report

3. Apply ethical and nurturing practices in work with children and young people

   3.1 Protect the rights of children and young people in the provision of services

   3.2 Identify and seek supervision support for issues of ethical concern in practice with children and young people

   3.3 Develop ethical and nurturing practices in accordance with professional boundaries when working with children and young people

   3.4 Recognise indicators for potential ethical concerns when working with children and young people

   3.5 Respond to unethical behaviour of others by reporting to the appropriate person
### Assessment tasks for CHCCHILD401B

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Tasks</th>
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| • Identify common risks, indicators of different types and dynamics of abuse applied to age, gender, disability, culture and sexuality  
• Apply indicators to make judgments about risk of harm  
• Knowledge of impact of risk of harm  
• Follow organisational policies and procedures                                                                                               | 1. Case studies                                                                                                                                                                                      |
|                                                                                                                                                                                                          | Participant to provide evidence of the ability to use information about risks and indicators to make judgments about risk of harm, and to identify the level of response. |
|                                                                                                                                                                                                          | • Is this child or young person at risk of significant harm? Why or why not?  
• How would you respond (straight away, and subsequently)?  
• If you made a report, what would you report and to whom?                                                                                   |                                                                                                                                              |
| • Demonstrate child-focused and ethical work practices that support the protection of children and young people  
• Mandatory requirements  
• Indicators of risk of harm  
• Supportive work practices & ethical practices  
• Reporting procedures and workplace procedures  
• Ethical work practices                                                                                                                     | 2. Scenarios – role play or script writing                                                                                                                                                           |
|                                                                                                                                                                                                          | Participant to provide evidence of  
• the ability to respond to disclosure incorporating child-focused work practices  
• the ability to respond appropriately to ethical dilemmas that may arise in relation to risk of harm to children and young people. |
|                                                                                                                                                                                                          | OR  
2. Alternative case studies for ethical work practices                                                                                                                                              |
|                                                                                                                                                                                                          | Participant to provide evidence of the ability to  
• respond appropriately to ethical dilemmas that may arise in relation to risk of harm to children and young people.                                                                                     |
|                                                                                                                                                                                                          | AND  
3. Ethical scenario involving a staff member and the Ombudsman                                                                                                                                 |
|                                                                                                                                                                                                          | Participant to provide evidence of the ability to  
• respond to the unethical behaviour of others by reporting to the appropriate person.                                                   |
- Knowledge of statutory and policy requirements
- State requirements - reporting
- Knowledge of the child protection system
- Organisational guidelines and policies
- Duty of care responsibilities
- Professional Code of Ethics
- Recording and reporting procedures
- Ethical practice and obligations
- Relevant terms & concepts

<table>
<thead>
<tr>
<th>4. Workplace project</th>
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<tbody>
<tr>
<td>Participant to obtain a copy of a workplace child protection policy, and describe the application of that policy to a case scenario.</td>
</tr>
<tr>
<td>Participant to provide evidence of the application of a policy and guidelines to a practice situation, exercise of duty of care, and appropriate recording.</td>
</tr>
<tr>
<td>Participant to demonstrate ability to review information provided in a scenario, decide on whether there is evidence of risk of harm and/or reportable conduct and then follow appropriate agency policies and procedures and legislative requirements in responding to that evidence.</td>
</tr>
</tbody>
</table>

**OR**

**4. Questions to determine essential knowledge.**

Participant to demonstrate essential knowledge and skills.
1. Case studies – select from the following:

**Mustapha**

Mustapha, aged 13, comes to a youth centre with a 16-year-old friend, Jake, who knows staff at the centre well. Jake informs staff that Mustapha has no money and nowhere to stay. Jake says that Mustapha left home a month ago, following an argument, and his parents don’t want him to come back. Since then he has been living at Jake’s house, but Jake’s parents have now asked him to leave. Jake asks if Mustapha can sleep overnight on the sofa at the centre.

1. Is this child or young person at risk of significant harm? Why or why not?
2. What would you do next?
3. Should a report be made? If so, what should be reported and to whom?

**Faith**

Faith is a 27-year-old woman who has an acquired brain injury following a car accident several years ago. She has a shared bedroom in a rooming house and has no family support. She eats poorly and has periods of binge drinking. She visits your service asking for material aid from time to time. Faith has a short attention span, and can be very irritable and physically aggressive. When you see her today she appears to be about seven months pregnant. When you ask her how she is, she tells you she is having a baby. She says she went to the hospital once, but told them she was going away, as she doesn’t like the people at the hospital, and doesn’t want to go back. She is very pleased that she was able to evade them.

1. Is the unborn child at risk of significant harm? Why or why not?
2. What would you do next?
3. Should a report be made? If so, what should be reported and to whom?

**Leo**

Leo is a 10-year-old boy who attends your centre. Today he looks down, and you go over to talk with him. As you talk together, Leo starts to discuss his older brother, Brandon, who is aged 14. He says: “I’ve had enough of Brandon. He plays these gross games. He does stuff with me that just makes me sick. You know, like sex stuff. I just want it to stop and he says it’s my fault. But he started it.”
1. Is this child at risk of significant harm? Why or why not?
2. What would you do next?
3. Should a report be made? If so, what should be reported and to whom?

Bridget

Bridget is aged 14 and has additional needs. You are working at a centre run by the local council. Bridget likes to spend time with staff, and tries to monopolise their attention. She talks constantly and can be very stubborn if she doesn’t get her own way. She often tries to get attention by teasing staff members, and doesn’t realise when people find this annoying. Today has been particularly difficult because one of the other children has had an asthma attack, and a staff member has gone home sick. Bridget has been trying to get the attention of your colleague. You are on the other side of the room when your colleague swears loudly at Bridget and shoves her hard, so that she falls to the floor. Your colleague then says “I’ve had it, I’m resigning” and walks out.

1. Is this child at risk of significant harm? Why or why not?
2. What would you do next?
3. Should a report be made? If so, what should be reported and to whom?

Harry

Harry is aged 4. His mother, Linda, is a sole parent of four children. Harry only ever wears clothes passed down by his older brothers. Linda has no car, and Harry often finds the walk to the centre tiring. Today Linda drops Harry off at the centre, and you comment that she looks worn out. She says that everyone in the family has been sick with the flu, and she’s just struggling to keep going. She’s not been able to go to her casual job for the past two weeks, and money has been very short. She comments: “Harry has just got sugar sandwiches today in his lunch box, and lucky to have them too, I’m afraid.”

1. Is this child at risk of significant harm? Why or why not?
2. What would you do next?
3. Should a report be made? If so, what should be reported and to whom?

Oliver

Oliver is aged 18 months. He attends a supported playgroup with his mother, Rose. Rose has a new partner, Dylan, who sometimes meets her after the group. You have noticed that Dylan pays little
attention to Oliver, and seems to resent his demands on Rose. Rose mentions that she has started leaving Oliver with Dylan some evenings when she goes to work. Today at the group you notice two circular burn marks on Dylan’s leg, and bruises on his arms and legs. Rose comments that Oliver must have run into Dylan’s cigarette when he was looking after him last night.

1. Is this child at risk of significant harm? Why or why not?
2. How would you respond?
3. Should a report be made? If so, what should be reported and to whom?

Georgia

Georgia is aged 5. She lives with her mother, Lis. Lis is receiving family support from your service. You have noticed that Georgia often seems to take the role of care giver to Lis, who has a history of failed relationships. Today Lis recounts the events of the last weekend, when her boyfriend broke up with her. She says she told Georgia all about it, and she stayed by her all weekend. Lis described how at one stage she got out all her medication, and talked to Georgia about ending it all, but Georgia talked her out of it. She talks as though Georgia were another adult, saying: “She’s my best friend. She’s the one who’s always there for me.” Lis comments on how Georgia went off to school tired this morning, because they had talked all night.

1. Is this child at risk of significant harm? Why or why not?
2. How would you respond?
3. Should a report be made? If so, what should be reported and to whom?

Courtney

Frances is the mother of Courtney, a 2-year-old girl who attends your service. Frances arrives to drop Courtney off very distressed. She says her partner, Alan, has been very depressed, but won’t seek help. He has been explosive and unpredictable lately, often getting annoyed with her. He became agitated when Frances was putting Courtney in the car, accusing Frances of wanting to leave him. He pushed Frances to the ground and kicked her a number of times. Finally Frances was able to get away and drove straight to the centre. She says she hopes Courtney couldn’t see from the car, where she was strapped in her car seat.

1. Is this child at risk of significant harm? Why or why not?
2. How would you respond?
3. Should a report be made? If so, what should be reported and to whom?

1. Assessor’s guide: case studies

Mustapha

Mustapha, aged 13, comes to a youth centre with a 16-year-old friend, Jake, who knows staff at the centre well. Jake informs staff that Mustapha has no money and nowhere to stay. Jake says that Mustapha left home a month ago, following an argument, and his parents don’t want him to come back. Since then he has been living at Jake’s house, but Jake’s parents have now asked him to leave. Jake asks if Mustapha can sleep overnight on the sofa at the centre.

1. Is this child at risk of significant harm? Why or why not?

- Mustapha’s basic needs are perhaps not being met, or are met only marginally. This arises from his being homeless. His friend has disclosed Mustapha’s homelessness. He may be at risk of significant harm due to homelessness if an alternative accommodation cannot be secured. When selecting a decision tree consider Neglect: Physical Shelter/Environment and Relinquishing Care. The decision point is report to CS if no appropriate accommodation referral can be secured.

2. What would you do next?

- Talk with Mustapha about his situation and what he wants.
- Explain why you can’t provide him with accommodation.
- Provide Mustapha with information about the options that are available to him.
- Refer Mustapha to an emergency accommodation centre or discuss that option in a timely manner with Community Services.
- Address the issue of informing Mustapha’s parents of his whereabouts.

3. Should a report be made? If so, what should be reported and to whom?

- Use the Mandatory Reporter’s Guidance tool to determine significance of the harm
• Make a report to the Helpline – Mustapha is homeless (s.120, *Children and Young Persons (Care and Protection) Act*).

Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU), Family Referral Service, another agency or directly to Community Services if appropriate.

**Faith**

Faith is a 27-year-old woman who has an acquired brain injury following a car accident several years ago. She has a small shared bedroom in a rooming house and has no family support. She eats poorly and has periods of binge drinking. She visits your service asking for material aid from time to time. Faith has a short attention span, and can be very irritable and physically aggressive. When you see her today she appears to be about seven months pregnant. When you ask her how she is, she tells you she is having a baby. She says she went to the hospital once, but told them she was going away, as she doesn’t like the people at the hospital, and doesn’t want to go back. She is very pleased that she was able to evade them.

1. Is the unborn child at risk of significant harm? Why or why not?

• This child may be at risk of harm after its birth, because Faith has little support and is likely to have difficulty providing a safe environment for her baby, especially in her current accommodation, and given her psychological limitations.

2. What would you do next?

• Consider how you could use your existing relationship with Faith to facilitate any referrals.

3. Should a report be made? If so, what should be reported and to whom?

• Use the Mandatory Reporter’s Guidance tool to determine significance of the harm – Carer Concern: Mental Health and/or Unborn Child.

• Make a pre-natal report, given the risk of harm to Faith’s baby and the fact that you do not have an ongoing role in service provision to Faith (s.25, *Children and Young Persons (Care and Protection) Act*). Although the birth is not imminent Faith has refused to engage with prenatal preparation.
Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU), Family Referral Service, another agency or directly to Community Services if appropriate.

Leo

Leo is a 10-year-old boy who attends your centre. Today he looks down, and you go over to talk with him. As you talk together, Leo starts to discuss his older brother, Brandon who is aged 14. He says: “I’ve had enough of Brandon. He plays these gross games. He does stuff with me that just makes me sick. You know, like sex stuff. I just want it to stop and he says it’s my fault. But he started it.”

1. Is this child at risk of significant harm? Why or why not?
   - Leo is at risk of significant harm because it appears he has been sexually abused.

2. How would you respond?
   - Affirm Leo’s decision to tell you and acknowledge how hard it was for him to tell.
   - Emphasise that what Brandon has done is not acceptable, and that Brandon is responsible for what has happened, not Leo.
   - Explain that other children have also had this happen to them and that he is not alone.
   - Explain that you want to get help for Leo, so that the abuse will stop.

3. Should a report be made? If so, what should be reported and to whom?
   - Use the Mandatory Reporter’s Guidance tool to determine significance of the harm – Sexual Abuse of a Child
   - Report that Leo is being sexually abused immediately to the Helpline (s.23(c), Children and Young Persons (Care and Protection) Act) or your Child Wellbeing Unit if appropriate. Ask advice about what to tell Leo about what will happen next.

Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU), or directly to Community Services if appropriate.
**Bridget**

Bridget is aged 14 and has special needs. You are working at a centre run by the local council. Bridget likes to spend time with staff, and tries to monopolise their attention. She talks constantly and can be very stubborn if she doesn’t get her own way. She often tries to get attention by teasing staff members, and doesn’t realise when people find this annoying. Today has been particularly difficult because one of the other children has had an asthma attack, and a staff member has gone home sick. Bridget has been trying to get the attention of your colleague. You are on the other side of the room when your colleague swears loudly at Bridget and shoves her hard, so that she falls to the floor. Your colleague then says “I’ve had it, I’m resigning” and walks out.

1. **Is this child at risk of significant harm? Why or why not?**
   - Bridget has been physically assaulted, but the risk of further abuse is not high because the perpetrator is outside her family. Also, if the employer leaves the employment she will no longer be at risk of harm.
   - **MRG – Physical Abuse: Injuries not significant**

2. **How would you respond?**
   - Reassure Bridget and other children.
   - Advise centre management.
   - Make urgent arrangements for another appropriate adult to come and assist.
   - Decide how to inform Bridget’s parents of the incident.
   - Document the incident – what was said and done.

3. **Should a report be made? If so, what should be reported and to whom?**
   - Use the Mandatory Reporter’s Guidance tool to determine significance of the harm
   - A report should be forwarded to the Ombudsman. Any completed disciplinary proceedings should be forwarded to the Commission for Children and Young People.
   - Because there are no current ongoing concerns of risk of harm, a report is not essential to the Helpline.
Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU), or the Ombudsman if appropriate.

Harry

Harry is aged 4. His mother, Linda, is a sole parent of four children. Harry only ever wears clothes passed down by his older brothers. Linda has no car, and Harry often finds the walk to the centre tiring. Today Linda drops Harry off at the centre, and you comment that she looks worn out. She says that everyone in the family has been sick with the flu, and she’s just struggling to keep going. She’s not been able to go to her casual job for the past two weeks, and money has been very short. She comments: “Harry has just got sugar sandwiches today in his lunch box, and lucky to have them too, I’m afraid.”

1. Is this child at risk of significant harm? Why or why not?

   - Linda is experiencing financial and practical pressures, but it does not appear that Harry is currently at risk of harm. One less than adequate lunch in itself does not constitute risk of harm. It is important to document and continue to monitor the situation.

2. How would you respond?

   - Document the observations and conversation.
   - Consider any strategies to assist Linda re material aid and practical support.
   - Follow-up in coming weeks to make sure the situation does not reach the point where Harry’s basic physical needs are not met. Look for emerging patterns of neglect.

3. Should a report be made? If so, what should be reported and to whom?

   - Use the Mandatory Reporter’s Guidance tool to determine significance of the harm.
   - No report is required.
   - The comment by the mother should be noted in Harry’s confidential file.

Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU) if appropriate.
Oliver

Oliver is aged 18 months. He attends a supported playgroup with his mother, Rose. Rose has a new partner, Dylan, who sometimes meets her after the group. You have noticed that Dylan pays little attention to Oliver, and seems to resent his demands on Rose. Rose mentions that she has started leaving Oliver with Dylan some evenings when she goes to work. Today at the group you notice two circular burn marks on Dylan’s leg, and bruises on his arms and legs. Rose comments that Oliver must have run into Dylan’s cigarette when he was looking after him last night.

1. Is this child at risk of significant harm? Why or why not?
   - These injuries are not accounted for by Rose’s explanation and are therefore suspicious. There are multiple injuries. It is highly likely that Oliver is at risk of significant harm and has suffered physical ill-treatment and abuse. Oliver’s age and the circumstances of the injury make him vulnerable to further abuse. Note that bruising has occurred that is not developmentally common for a child of this age.

2. How would you respond?
   - Use agency policy and your assessment of the situation to decide whether to tell Rose you are making a report.
   - Check if Oliver needs medical attention.
   - Document the observations and any conversations.
   - Identify any further support you can provide to Rose re parenting issues. Refer to Family Referral Service or other agency as appropriate.

3. Should a report be made? If so, what should be reported and to whom?
   - Use the Mandatory Reporter’s Guidance tool to determine significance of the harm: Physical Abuse
   - Consult with Child Wellbeing Unit or other professional
   - Report risk of physical abuse and ill-treatment to the Community Services Helpline (s. 23(c), Children and Young Persons (Care and Protection) Act) as the injuries are suspicious and current and Dylan is only 18 months old (non verbal). There are multiple injuries. Significance would be indicated also if Dylan required medical attention.
Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU), Family Referral Service, other agency or directly to Community Services if appropriate.

**Georgia**

Georgia is aged 5. She lives with her mother, Lis. Lis is receiving family support from your service. You have noticed that Georgia often seems to take the role of caregiver to Lis, who has a history of failed relationships. Today Lis recounts the events of the last weekend, when her boyfriend broke up with her. She says she told Georgia all about it, and she stayed by her all weekend. Lis described how at one stage she got out all her medication, and talked to Georgia about ending it all, but Georgia talked her out of it. She talks as though Georgia were another adult, saying: “She’s my best friend; she’s the one who’s always there for me.” Lis comments on how Georgia went off to school tired this morning, because they had talked all night.

1. Is this child at risk of significant harm? Why or why not?
   - Georgia may be at risk of serious psychological harm because of Lis’ expectations that Georgia meet her emotional needs, and Georgia’s exposure to Lis’ discussion of suicide (serious mental health concern).
   - Unclear whether Lis’ behaviours are persistent or repetitive; or on the impact on Georgia of her mother’s behaviour other than being tired.

2. How would you respond?
   - Document observations and conversation
   - Depending on agency policy and your assessment, consider whether to tell Lis you need to report.
   - Discuss Georgia’s needs with Lis.
   - Be available to provide support to Georgia.

3. Should a report be made? If so, what should be reported and to whom?
   - Use the Mandatory Reporter’s Guidance tool to determine significance of the harm – Decision trees include Carer Concern: mental health and/or Psychological Harm
   - As Georgia is 5 she may be at school and a request for an Exchange of Information may be made to identify
further issues to assist with decision making and assessment.

- Report risk of serious psychological harm to the Community Services Helpline (s. 23(e) *Children and Young Persons (Care and Protection) Act*) or Child Wellbeing Unit (if appropriate). (A report could also be made on the grounds that Georgia’s basic psychological needs are not being met and she is only 5) If in doubt consult with CWU, other professional or CS.

Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU), or directly to Community Services if appropriate.

**Courtney**

Frances is the mother of Courtney, a 2-year-old girl who attends your service. Frances arrives to drop Courtney off very distressed. She says her partner, Alan, has been very depressed, but won’t seek help. He has been explosive and unpredictable lately, often getting annoyed with her. He became agitated when Frances was putting Courtney in the car, accusing Frances of wanting to leave him. He pushed Frances to the ground, and kicked her a number of times fracturing two of her ribs. Finally Frances was able to get away and drove straight to the centre. She says she hopes Courtney couldn’t see from the car, where she was strapped in her car seat. As you talk to Frances you notice that Courtney is clinging to her mother’s leg and crying quietly.

1. **Is this child at risk of significant harm? Why or why not?**

- This child is at risk of significant harm because she is exposed to domestic violence and the serious injury of her mother. She is at risk of serious psychological harm because of the impact of living with violence in the household, and she is at risk of physical harm because she could be harmed when her father harms her mother, or if she does something that annoys him. There has been an increase in the seriousness of Alan’s behaviour but unclear about the increase in incidence of domestic violence (no clear and unambiguous statement).
2. How would you respond?

- Provide emotional support to Frances, and check if she needs referral for medical attention. At first available chance advise your supervisor of the situation.
- Emphasise that she does not deserve Alan’s behaviour, and there is no justification for assault. He needs treatment for his depression.
- Follow agency policy and procedure
- Document observations and conversations
- Use Mandatory Reporter Guidance Tool for decision making: Psychological Harm and/or Carer Concern: Domestic Violence
- Report to appropriate agency – Community Services or Child Well-being Unit
- Depending on how soon Community Services may respond either discuss possible options or facilitate referral to a service which can do so e.g. reporting to police, AVO, emergency accommodation.
- Name your concerns for Courtney and Frances. Emphasise that she does not deserve Alan’s behaviour and there is no justification for assault.

3. Should a report be made? If so, what should be reported and to whom?

- Use the Mandatory Reporter’s Guidance tool to determine significance of the harm.
- A report should be made to the Helpline because of risk of significant harm from psychological harm and being exposed to domestic violence (s.23(d), Children and Young Persons (Care and Protection) Act). (If Frances decides to leave, or is able to ask Alan to leave, a report should still be made because Alan’s likely response to this means there are still current concerns.)

Responses should indicate an awareness of various agency requirements such as reporting initially to a Child Wellbeing Unit (CWU), or directly to Community Services if appropriate.