Child Abuse Report Line (CARL) Procedure

Purpose
This procedure supports Access4u's (our, we, us) commitment to keep children and young people safe from harm by reporting any suspicion that child or young person may be at risk. This procedure identifies the protocols for ensuring there is a record of reports, and the identity of any reporting employee is protected.

Responsibilities and delegations	
This policy applies to	Governing Body. Staff and Volunteers
Specific responsibilities	**The Board –** Responsible for ensuring effective governance mechanisms are in place. **The CEO and Managers –** Responsible for monitoring and ensuring adherence to Policy and related procedures. Ensure due diligence and take reasonable steps to ensure Access4u are meeting their obligations. Ensure objectives of the policy are achieved. **Staff –** Responsible for adherence to this and related policies, procedures and forms that support this policy.
Policy approval	CEO

Policy context – this policy relates to:	
Standards	• Family and Community Services Act 1972 • National Disability Insurance Scheme Quality and Safeguarding Framework • National Standards for Out-of-Home care (NOOHCS) • The Office of the Guardian for Children and Young People - Charter of Rights
Legislation	• Children and Young People (Safety) (Transitional Provisions) Regulations 2017 • Children and Young People (Safety) Act 2017 • Children's Protection Law Reform (Transitional Arrangements and Related Amendments) Act 2017 • Disability Discrimination Act (DDA) 1992 • National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 • National Disability Insurance Scheme Act 2013 • The Disability Act 2006 • The Disability Services Act SA 1993
Contractual obligations	• Government of SA, DCP Contract Management Framework • NDIS Code of Conduct

Organisation policies and procedures	• Incident management policy • Incident, hazard and near miss management procedure • Protection of human rights and freedom from abuse policy • Child and young persons safe environment policy • Charter of Rights for Children and Young People in Care policy • Code of Conduct • Feedback and complaints policy • Incidents of a critical and/or distressing nature procedure

Definitions for the purpose of this policy the following definitions apply**:**	
Word	**Definition**
Child Abuse Report Line (CARL or eCARL)	Phone 131 478 The report line is open 24 hours a day, 7 days a week
Harm	Under the Children and Young People (Safety) Act 2017 (SA) harm includes physical harm or psychological* harm (whether caused by act or omission). Types of risk and harm against children and young people are: • Sexual harm and grooming • Physical harm • Domestic and family violence • Emotional harm • Neglect *Psychological harm does not include emotional reactions such as distress, grief, fear or anger that are a normal to life. Refer to Attachment 2: Descriptors for determining suspicion of harm/abuse. If you are unsure if there are reasonable grounds, or if there is a reasonable suspicion, of risk or harm to a child or young person you can contact our Quality team.
Reasonable grounds (or reasonable suspicion)	Reasonable grounds means you have some rational and unbiased information that causes you to believe a child is at risk because the information is based on facts, circumstances or observations that make it more likely than not that your belief is true.
Serious concerns	All serious concerns must be reported via the Child Abuse Report Line (13 14 78) and must not be submitted via eCARL. The Department for Child Protection defines serious concerns as when there is a suspicion a child or infant is in imminent or immediate danger of: • serious harm (including Female Genital Mutilation)

	• serious injury, • sexual abuse, • chronic neglect, or • when a child is in care of DCP (under the guardianship of the DCP Chief Executive) and is suspected of being abused or neglected.

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Procedure Statement

Under Chapter 5 of the Children and Young People (Safety) Act 2017 (SA), all our employees are legally mandated to report to the Department for Child Protection (DCP) if they suspect, on reasonable grounds, that a child or young person is, or may be, at risk.

An employee reports a suspicion under Chapter 5 by:

- making a telephone notification to a telephone number determined by the Minister, or
- making an electronic notification on an electronic reporting system determined by the Minister.

The telephone number and electronic reporting system are currently known as the Child Abuse Report Line (CARL or eCARL).

To maintain the anonymity of employees who make reports to CARL, details of reports are not stored in client files.

Implementation

Reporting to CARL

When an employee suspects a child is experiencing harm or is at risk of harm they must report to the Child Abuse Report Line as soon as practicable after their suspicion is formed. Serious concerns must be reported via the phone line (13 14 78), not via eCARL.

Reporting to SAPOL

Where there is a threat to the life of a child or young person, or where a child is left unattended, SAPOL must be contacted (000 – triple 0).

Support for reporting employee

If an employee requires support to make a CARL report or are distressed by nature of the information they are reporting, they are encouraged to contact their line manager and our Quality team.

Employees are also encouraged to contact the Employee Assistance Program for support. Refer to our Incidents of a critical and/or distressing nature procedure.

Internal notification

Within 24 hours of the CARL report submission, the employee must notify the Quality team with the following details:

- Name of the child or young person who the report concerns
- The child or young person's date of birth
- Date of the incident or concern (if known)
- Date of the reporting to CARL

- Type of CARL report submitted (phone or online)
- Details of the incident or concern

The information contained in the email and form are kept highly confidential, and will only accessible by Access4u's Quality team, Senior Manager Specialist Services, Senior Manager Children's Services and the CEO.

Follow up

The Quality team will acknowledge receipt of the notification and contact the reporting employee to provide any support or request any further information.

Recording

All CARL report forms and CARL report emails will be saved and stored to a secure folder to ensure privacy and confidentiality of the client and reporting employee.

Notification of CARL reports must never be documented on the client's file.

Notification and management of incidents and allegations

Where there is an incident or allegation of abuse or harm to a child or young person against an employee we will

- document incidents in our incident management systems and report to external agencies as required. Refer to our Incident management policy and Incident, hazard and near miss management procedure.
- report to the Child Abuse Report Line where the child or young person has experienced harm or is at risk of harm, as per this procedure.
- provide support during and following critical incidents, care concerns and/or special investigations into allegations of abuse to the employee. Refer to our Staff Disciplinary policy and procedure

Appendix 1: Descriptors for determining suspicion of harm/abuse

The following indicators should be used as a guide only to help determine if suspicions that a child or young person is, or may be, at risk of harm and should be reported to CARL.

It is important to remember that children and young people with disability are more vulnerable as they may be less likely to communicate their needs, are more dependent on others to meet their needs and are less able to understand harmful actions.

It is also important to consider cultural factors that may have an impact on how children and young people understand or describe their experience of harm, or otherwise have an impact on their willingness or ability to disclose harm. This may be due to experiences of intergenerational trauma, shame, fear of social exclusion, or potential adverse impacts on their standing within their cultural community.

Sexual harm and grooming

Any sexual activity or behaviour imposed on a child or young person is considered sexual harm. Sexual harm can occur when someone in a position of power uses that power to involve the child or young person in sexual activity. A position of power may include a position of power by strength, age, developmental capacity, or where the victim is substance affected/unable to consent.

Possible concerning behaviours of someone in a position of power that may indicate sexual harm to a child or young person, which may be grounds for reasonable suspicion:

- sexual behaviour, penetration and/or touching of body parts (in a sexualised way) or penetrating an orifice with a body part or object
- sexual exploitation – engaging in, supporting or coercing
- intentional exposure to sexual acts or sexually explicit material/pornography
- using technology to make someone amenable to sexual harm (for example, posing as someone else)
- grooming (bribing, coercing, manipulating) to make the child or young person amenable to exploitation
- taking part in a marriage ceremony that would be considered invalid under Australian law
- planning for or previous genital mutilation
- medical condition, or physical or intellectual disability that has an impact on parenting and/or protective capacity of the child or young person.

You may develop a reasonable suspicion or awareness of sexual harm to a child or young person if any of the following indicators are present (and they cannot be explained by a medical, disability or behavioural condition/explanation):

- disclosure of harm that is believable, realistic and plausible
- injury to the genital, rectal or other private areas such as genital mutilation, bruising or bleeding
- presence of foreign bodies in vagina or rectum
- being pregnant, which is likely the result of sexual harm
- sexually transmitted infections or frequent urinary tract infections

- the child or young person does not explicitly state that they have been sexually harmed, but makes an indirect or partial disclosure. This may be done through artistic expression or play that depicts or describes the harm, or making statements about a person, place or activity that raise a suspicion that sexual harm has occurred
- contact that exposes the child or young person to risk of harm by a person who is a known perpetrator of sexual harm (regardless of whether previous allegations of sexual offending resulted in criminal charges). Relevant information about the person's history of sexual offending may be provided by members of the child
- or young person's family or community networks, or by service providers or professionals working with the child or young person and/or their family.
- smearing of faeces
- inappropriate sexual behaviour for the child or young person's age or developmental capacity, including excessive masturbation
- wariness of physical contact with others (including fearful or withdrawn) including an unusual fear of a place, person or activity (for example, an unusual fear of having their nappy changed)
- wearing layers of clothes
- unusual fear of physical contact with adults (flinches when unexpectedly touched)
- sudden accumulation of money or gifts that is otherwise unexplained
- being lured via the internet/social media platforms for sexual purposes.

A range of difficulties and behaviours can indicate trauma and abuse. These include:

- developmental delays
- regression in developmental abilities - such as in speech or toileting
- frequent rocking, sucking and biting which is not age appropriate
- educational difficulties – such as a sudden decline in academic performance, poor school attendance, persistent poor academic ability
- difficulties with memory, concentration, attention and disruptive behaviour
- fear or avoidance of home and/or family member(s), particularly if the perpetrator is in the family home and/or running away
- significant sleep difficulties - such as poor sleeping patterns, significant fear of the dark, nightmares, persistent bedwetting
- persistent enuresis or encopresis (persistent wetting or soiling self)
- poor self-care or personal hygiene.

A range of mental health and/or behavioural difficulties can indicate trauma and abuse. These include:

- suicidal ideation and/or attempts, self-harm behaviours

- extreme separation anxiety
- anxiety – hypervigilance, persistent fidgeting, significant nervousness
- depressive symptoms – such as withdrawal, persistent low mood and motivation, lethargy, agitation, irritability
- fearful response
- significant risk-taking behaviour – such as alcohol or other drug misuse or offending behaviour
- aggressive and/or violent behaviours
- play that is dominated by concerning themes - such as violence or sexual content
- significant social difficulties – such as difficulties with empathy, trust, overly compliant, shyness or passivity, excessively friendly with strangers/indiscriminately affectionate, peer relationships and interactions with others
- for Aboriginal children and young people, experiences of shame, social exclusion or adverse impacts on their cultural standing within their Aboriginal family and community networks
- eating disorders such as anorexia or bulimia
- obsessive compulsive behaviours – such as persistent washing
- poor self-image/self-esteem.

Physical harm

Any physical harm or risk of physical harm perpetrated/inflicted by a person against a child or young person, for which the child or young person is ordinarily protected. An injury is considered 'inflicted' if it was alleged to be caused wilfully or as a result of punishment.

Possible concerning behaviours of someone in a position of power that may indicate physical harm to a child or young person, which may be grounds for reasonable suspicion:

- inflicting an injury (for example, with open hands, fists or objects)
- choking or strangulation, biting, pushing, punching, kicking, hitting (with open hand, fist or objects)
- torture (burning, scalding, exposure to extreme temperatures)
- medical condition, or physical or intellectual disability that has an impact on parenting and/or protective capacity
- alcohol or other drug misuse (prescribed and illicit drugs)
- threats to injure or kill
- previous genital mutilation (or plans to)
- induced or fabricated illness.

You may develop a reasonable suspicion of physical harm to a child or young person if any of the following indicators are present (and they cannot be explained by a medical, disability or behavioural condition/explanation):

- child or young person discloses harm that is believable, realistic and plausible
- the child or young person states that an injury has been inflicted by someone else, offers an unlikely explanation, or 'can't remember' the cause of the injury
- information which indicates that the child or young person has experienced or is likely to experience an inflicted injury
- skull fracture, subdural bleeding, concerning fractures or dislocations, multiple fractures of different ages
- welt, ligature or bite marks
- bruises in unlikely places (face, back, ears, hands, buttocks, upper thighs, breasts and soft parts of the body)
- injuries that are unexplained or the explanation is implausible
- non-mobile child or young person, or a child or young person with limited mobility has an unexplained injury
- pressure marks or shaped bruising that resemble an implement or body part
- suspicious burns or lacerations
- poisoning or inappropriate use of medications, including child or young person has accidentally or forcibly ingested/inhaled/was exposed to illicit substances
- abdominal injuries
- genital mutilation
- previously unsuspicious injuries that when a pattern emerges become suspicious as to the cause of the multiple injuries
- unusual fear of physical contact with adults (flinches when unexpectedly touched)
- wears clothes unsuitable for weather conditions to hide injuries
- fearfulness when other children cry or shout
- hiding injuries until healed.

A range of difficulties and behaviours can indicate trauma and abuse. These include:

- developmental delays
- regression in developmental abilities - such as in speech or toileting
- frequent rocking, sucking and biting which is not age appropriate
- educational difficulties – such as a sudden decline in academic performance, poor school attendance, persistent poor academic ability
- difficulties with memory, concentration, attention and disruptive behaviour
- fear or avoidance of home and/or family member(s), particularly if the perpetrator is in the family home and/or running away
- significant sleep difficulties - such as poor sleeping patterns, significant fear of the dark, nightmares, persistent bedwetting

- persistent enuresis or encopresis (persistent wetting or soiling self)
- poor self-care or personal hygiene.

A range of mental health and/or behavioural difficulties can indicate trauma and abuse. These include:

- suicidal ideation and/or attempts, self-harm behaviours
- extreme separation anxiety
- anxiety – hypervigilance, persistent fidgeting, significant nervousness
- depressive symptoms – such as withdrawal, persistent low mood and motivation, lethargy, agitation, irritability
- fearful response
- significant risk-taking behaviour – such as alcohol or other drug misuse or offending behaviour
- aggressive and/or violent behaviours
- play that is dominated by concerning themes - such as violence or sexual content
- significant social difficulties – such as difficulties with empathy, trust, overly compliant, shyness or passivity, excessively friendly with strangers/indiscriminately affectionate, peer relationships and interactions with others
- for Aboriginal children and young people, experiences of shame, social exclusion or adverse impacts on their cultural standing within their Aboriginal family and community networks
- eating disorders such as anorexia or bulimia
- obsessive compulsive behaviours – such as persistent washing
- poor self-image/self-esteem.

Domestic and family violence

A child or young person whose parent or guardian is subject to domestic and family violence that is chronic or severe and the child or young person may be harmed, or at risk of harm. Domestic and family violence may include violence and coercive control. The child or young person does not need to be directly involved in the violence to be harmed, or at risk of harm.

Possible concerning acts (including attempts or threats to) behaviours that may indicate domestic and family violence to a child or young person, which may be grounds for reasonable suspicion:

- victim disclosure
- injure, kill, harm or damage self, another family member including the child or young person, pet or property
- strangulation/choking
- physical, sexual, emotional, psychological, social or financial harm
- stalking or other monitoring behaviours
- medical condition, or physical or intellectual disability that has an impact on parenting and/or protective

capacity

- preventing a caregiver from making safe decisions for the child or young person (care, medical treatment etc.)
- social isolation of victim and/or child or young person.

You may develop a reasonable suspicion or awareness of harm to a child or young person as a result of domestic and family violence where any of the following indicators are present (and they cannot be explained by a medical, disability or behavioural condition/explanation):

- child or young person discloses harm that is believable, realistic and plausible
- a current provisional, interim or final intervention order due to domestic and family violence is in place for a household member, however it is not being complied with
- a current family law contact order is in place, but is not being complied with that prohibits a household member having contact with another person due to family and domestic violence
- injuries sustained during an incident of domestic and family violence
- physical, verbal, emotional violence towards others
- cruelty towards animals
- viewing themselves as the source of anger, a mediator or distractor (egocentric stage).

It is noted that a child or young person does not need to directly be harmed, or witness family and domestic violence to be impacted.

A range of difficulties and behaviours can indicate trauma and abuse. These include:

- developmental delays
- regression in developmental abilities - such as in speech or toileting
- frequent rocking, sucking and biting which is not age appropriate
- educational difficulties – such as a sudden decline in academic performance, poor school attendance, persistent poor academic ability
- difficulties with memory, concentration, attention and disruptive behaviour
- parentified behaviours
- fear or avoidance of home and/or family member(s), particularly if the perpetrator is in the family home and/or running away
- significant sleep difficulties - such as poor sleeping patterns, significant fear of the dark, nightmares, persistent bedwetting
- persistent enuresis or encopresis (persistent wetting or soiling self)
- poor self-care or personal hygiene.

A range of mental health and/or behavioural difficulties can indicate trauma and abuse. These include:

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- fearful response
- significant risk-taking behaviour – such as alcohol or other drug misuse or offending behaviour
- aggressive and/or violent behaviours
- play that is dominated by concerning themes - such as violence or sexual content
- significant social difficulties – such as difficulties with empathy, trust, overly compliant, shyness or passivity, excessively friendly with strangers/indiscriminately affectionate, peer relationships and interactions with others
- for Aboriginal children and young people, experiences of shame, social exclusion or adverse impacts on their cultural standing within their Aboriginal family and community networks
- eating disorders such as anorexia or bulimia
- obsessive compulsive behaviours – such as persistent washing
- poor self-image/self-esteem.

It is noted there is a strong correlation between neglect, sexual and physical abuse with the presence of domestic and family violence.

Emotional harm

The child or young person's development is impaired, or at risk, as a direct result of attitude and behaviour towards the child or young person.

Possible concerning behaviours that may indicate emotional harm to a child or young person, which may be grounds for reasonable suspicion:

- terrorising and/or threatening to harm the child or young person, self, others or pets
- a pattern of hostile, aggressive, erratic, unpredictable or risky behaviours towards the child or young person or others.
- deliberately causing the child or young person to observe distressing and traumatic events
- shaming, degradation, scapegoating
- deliberate manipulation in a harmful way
- exposure to domestic and family violence
- exploitation or corruption of a child or young person
- rejecting and/or denying physical and/or emotional responsiveness

- preventing the child or young person's relationships with other family members or friends/community
- consistently ignoring the child or young person's need for attention or affection
- everything the child or young person does is criticised without any praise to offset the criticism
- criticism of the child or young person is personally attacking
- medical condition, or physical or intellectual disability that has an impact on parenting and/or protective capacity
- distorted perception of reality
- threatening to return the child or young person to their country of origin (if not born in Australia).

You may develop a reasonable suspicion of emotional harm to a child or young person if any of the following indicators are present (and they cannot be explained by a medical, disability or behavioural condition/explanation):

- child or young person discloses harm that is believable, realistic and plausible
- mental health professional has assessed that caregiver actions or omissions have caused or exacerbated the child or young person's emotional and/or behavioural difficulty
- child or young person exhibits emotions and/or behaviours that indicate harm or is likely to suffer harm
- lying or stealing that is problematic and not age or developmentally appropriate.

A range of difficulties and behaviours can indicate trauma and abuse. These include:

- developmental delays
- regression in developmental abilities - such as in speech or toileting
- frequent rocking, sucking and biting which is not age appropriate
- educational difficulties – such as a sudden decline in academic performance, poor school attendance, persistent poor academic ability
- difficulties with memory, concentration, attention and disruptive behaviour
- fear or avoidance of home and/or family member(s), particularly if the perpetrator is in the family home and/or running away
- significant sleep difficulties - such as poor sleeping patterns, significant fear of the dark, nightmares, persistent bedwetting
- persistent enuresis or encopresis (persistent wetting or soiling self)
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A range of mental health and/or behavioural difficulties can indicate trauma and abuse. These include:

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- poor self-image/self-esteem.

Neglect

The child or young person's basic needs (including supervision, physical, medical and emotional) are unmet by their caregiver to the point that the child or young person has suffered harm, or is likely to suffer harm. Neglect could be a single significant event, or a chronic pattern of behaviour or circumstance.

Possible concerning behaviours that may indicate neglect to a child or young person, which may be grounds for reasonable suspicion:

- not providing or withholding adequate food, nutrition or other physical necessities
- inability to maintain a safe and appropriately stimulating physical and emotional environment
- medical condition, or physical or intellectual disability that has an impact on parenting and/or protective capacity
- failure to provide adequate supervision and/or protection
- failure to meet medical, therapeutic, developmental and educational needs
- lack of capacity to provide supervision and care
- lack of knowledge, skill, or awareness of the child or young person's needs
- failure to provide warmth, nurturance, encouragement and support
- failure to provide boundaries and routine.

You may develop a reasonable suspicion of neglect to a child or young person if any of the following indicators are present (and they cannot be explained by a medical, disability or behavioural condition/explanation):

- child or young person discloses harm that is believable, realistic and plausible

- abandonment by parents
- non-organic failure to thrive or failing to meet expected growth based on standard growth charts
- malnutrition
- untreated injury, illness or other medical conditions
- persistent/extreme nappy rash that is untreated
- unattended health problems and lack of routine medical care
- homeless and/or does not have a safe and fixed address
- inadequate shelter and unsafe or unsanitary conditions
- sleeping arrangements that cause a likelihood of harm to the child or young person where it is reasonable to expect a caregiver to protect the child or young person from
- abnormally high appetite, stealing and/or hoarding and/or gorging food
- consistently poor hygiene (oral, hair, toileting and/or menses), malodourous, dirty and unwashed
- consistently inappropriately dressed for weather conditions
- prone to illness
- sallow or sickly appearance
- child or young person has educational difficulties – such as a sudden decline in academic performance, poor school attendance, persistent poor academic ability

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