

Family Preservation and Mandatory Reporting

Under section 27 of the [Children and Young Persons \(Care and Protection\) Act 1998](#), (the Care Act) people who work with children and young people are legally required to report suspected child abuse and neglect to the Department of Communities and Justice (DCJ). These professionals are called **Mandatory Reporters** and include teachers, childcare workers, police officers, religious leaders, and Permanency Support Program (PSP) service provider casework staff.

Mandatory reporting was introduced in response to serious and fatal cases of child abuse and neglect. It allows DCJ to piece together information held by multiple professionals and service providers working with children. Different people will be able to see different aspects of child's life and often, no one person has enough information to understand what is really happening to that child.

Mandatory reporting increases DCJ's access to information so families can receive:

- the support they need to stay safely together
- protective measures to keep a child safe.

For more information on what mandatory reporting is, and how to make a report using the Mandatory Reporters Guide (MRG) and [eReporting](#), please see DCJ's webpage [What is Mandatory Reporting?](#)

Mandatory Reporting in PSP Family Preservation

What can mandatory reporters do to support families?

Mandatory reporting can be confusing for PSP service provider casework staff, working in family preservation. This is because every family you work with will have known risk of significant harm (ROSH) concerns which resulted in a referral to your service.

Supportive interventions to reduce risk to the child are encouraged and not prevented by making a report. This is embedded within Section 29A of the Care Act. Consider additional sources of support to assist families to address their current circumstances.

If a family continues to struggle with existing concerns, you will help manage these concerns with casework support - see [Overview of Casework Tools in Family Preservation](#). The DCJ allocated caseworker will monitor the risk level every 90 days by completing a Structured Decision Making® (SDM) risk re-assessment (see [SDM® Safety and Risk Assessments](#)).

However, if the family experiences a sudden, significant escalation in existing risk areas, or a significant new risk arises, you must do the following:

1. Use the [MRG](#) tool to assess whether you need to make a report.
2. Speak with the allocated DCJ caseworker to; discuss your concerns, provide additional information, consult, collaborate and seek advice as the most appropriate course of action.
3. Request a Group Supervision with your manager and the DCJ team, including a cultural advocate when appropriate (see [Group Reflective Practice](#)).



Examples of when you need to speak to the allocated DCJ caseworker and use the MRG are:

- A parent who is known to use marijuana admits using ‘ice’ (crystal methamphetamine) last night with friends while the children were asleep.
- You attend a home visit and observe new bruising on a child’s back.

- A parent tells you they are not coping with their child's constant crying and they wanted to drive their car into a concrete wall on the way to dropping them at kindergarten this morning.
- A parent tells you they are in a new relationship with someone who has just been released from jail.
- A 16A request to police confirms a parent's new partner was incarcerated a violent offence.

Examples of when you do not need to report a concern to DCJ and can continue supporting the family:

- A parent is telling you they can no longer provide care for a child because of the child's behaviour. They want you to leave and take the child with you or they will tell the child to get out and not come back once you have left. You listen to them and discuss services you can provide to support them such as respite. They agree to allow their child to stay if they can be helped.
- A parent is still drinking alcohol and taking crystal methamphetamine, which is the reason they were reported at ROSH and why your service was asked to help them. However, the parent now takes the child to a grandparent's house first and never drinks or takes any drugs when the child is at home in their care.
- A parent tells you their partner has been hitting and abusing them when drunk and in front of the child. However, they have asked their partner to leave the house and have obtained an Apprehended Domestic Violence Order (ADVO) from police. The parents tell you they're through with the relationship and won't let their ex-partner return.

Note: You should always use the MRG to assist with decision making.

Transparency and Reporting

At the initial meeting with each new family, you must explain that you are a mandatory reporter and that you may need to report to DCJ things you see or that they tell you, while you work together. You should explain that if you need to make a report, where possible, you will talk with the family first about what will be reported

and why. Reassure the family that you will still be advocating for them and supporting them to increase safety for their child.

In some circumstances and where safe to do so, PSP staff may make their Helpline report with and / or in the presence of the family. Being honest from the beginning will help build trust between you and the family. It makes your role transparent, helps maintain professional boundaries, and gives dignity to the parent/s so they won't fear you will 'go behind their back'.

For guidance on how to prepare for a difficult conversation in family preservation, see [Difficult Conversations with Children, Families and Carers – Tips and Guidance](#).

A situation may arise where it is not possible to discuss your concerns with family before action is taken. If this happens, the parent/s are likely to feel betrayed and hurt, so you will need to work to repair trust. To do this, consider the following:

- Visit the family as soon as possible after the event.
- Do not minimise their feelings of anger or hurt, let them express them.
- Stay calm and listen.
- Validate their feelings and apologise.
- Explain why you needed to make a report and why it wasn't possible to speak with them first. Bring the conversation back to the concern for the child.
- Reassure them that you are still there for them and their child and make a plan to move forward.

Case Study: Jamalia and Rosie

Jamalia is 18 and her daughter Rosie is 18 months. Jamalia and Rosie were referred to your service because Jamalia has been diagnosed with borderline personality disorder (BPD). Jamalia's BPD sometimes makes it hard for her to meet all of Rosie's needs and stay calm when Rosie is upset. Jamalia was in care herself and had Rosie when she was 16, so as a caseworker, you are supporting the development of Jamalia's parenting skills and helping her learn about positive and safe attachments (that Jamalia herself did not always experience).

At your home visit today, Jamalia tells you she has started a relationship with Adam. Jamalia is beaming, she really likes him and is excited that he wants to be in her and Rosie's life. He's slept over a few times and, last night he got Rosie a bottle of milk

when she cried during the night so Jamalia could rest. Jamalia said it was the first time she felt like she had a partner and it felt amazing.

You don't know anything about Adam, and you see potential risk in that he has access to Rosie. It is important to stay curious and open, perhaps say:

“It's lovely to see you happy, new relationships can be so exciting. If Adam is in your and Rosie's life and staying over a bit, I would like to meet him and get to know a little about him.”

Explain to Jamalia that you need his full name, date of birth and his address. Jamalia gives you these. You ask if he has any children, Jamalia says that Adam has a daughter, but she is in care, because when Adam went to gaol, DCJ removed her from her mother. You ask why Adam was in gaol, and Jamalia says she thinks it was something stupid like stealing a car.

You explain to Jamalia that you need to do a few checks on Adam, because he is involved in Rosie's care and staying at the family home. You'll need to do a police check and a DCJ ChildStory check today. Explain that the purpose of the checks is not to pry or judge, instead, it is to understand if Adam has any history of being a risk to children. This is because you and Jamalia both want the same thing, which is to keep Rosie safe.

You might say to Jamalia:

“You're a grown woman doing a great job raising Rosie. You are entitled to have a partner and be happy. We just need to understand if Adam's behaviour may pose risk to you or Rosie. I will go and do a police check and ask DCJ to do a check as well. These checks will tell me if Adam has a history of violence or abuse. Is there anything else you think is important for me to know?”

At this point Adam arrives at the house. You introduce yourself and explain your role is in supporting Jamalia and Rosie. You explain to Adam that you need to do police checks on the people who are regularly around Rosie. He seems a bit uncomfortable but says okay. You check his full name and date of birth. He corrects you that he's born in July, not June.

You explain you'll be back tomorrow to take Jamalia and Rosie to Rosie's paediatrician appointment. You can discuss the results of the checks then.

You return to the office and request verbal information from the police under chapter 16A. Initially, they can't find a record of Adam using the date of birth and address you've given them. You explain that you know he's been convicted of something because he was recently released from goal. You ask to try the June birthday instead and the police find a match. They confirm Adam was incarcerated for the sexual assault of a child under 10.

You brief your manager and together you call the DCJ caseworker and manager, who run the ChildStory check. DCJ confirms that Adam's 5-year-old daughter, Olivia was sexually abused by Adam and was removed. In collaboration with DCJ, you bypass the MRG tool and report the concerns to the Helpline. Noting that Adam is with Jamalia and Rosie right now.

Within an hour, DCJ confirm that the report had screened in as a level 1 report with Joint Child Protection Response team (JCPR). The JCPR team will be responding this afternoon. They ask you not to contact Jamalia before they have investigated. You plan to visit Jamalia first thing in the morning with the DCJ caseworker, Sue.

The following morning, you learn that the JCPR team has asked Adam to leave Jamalia's home permanently. They created a safety plan with Jamalia that stipulates that Adam can never be around Rosie. Because he is on the sex offender's register. Rosie's young age makes her especially vulnerable.

You arrive at Jamalia and Rosie's home at 9:30 am with Sue. Jamalia sees you pull up and she opens the door and starts screaming at you, asking why you sent the cops around. Jamalia says that Adam never touched his daughter and his ex-partner had made it all up, because she's crazy. Jamalia accuses you of betraying her, trying to ruin her happiness and being a liar.

You let her finish, then you say:

“Jamalia, I'm so sorry Adam wasn't who you thought he was. I know you feel angry at me, I'm sure you're confused and hurt, but you know I'm on your side and Rosie's side.

My job is to believe in you and help you be the best mum you can be. Adam has hurt his own daughter in the past, very badly. I know you wouldn't risk letting him hurt Rosie. I'm sorry about how things happened. You must have felt very shocked and scared when the police turned up. Especially because I hadn't spoken to you first like we agreed at the beginning I would. I hope you understand that because of the seriousness of the situation, I wasn't able to talk to you first."

Practice tip: There are confidentiality rules around disclosing a person's status on the Child Protection register. Just like you are never able to disclose who has made a child protection report, you can not disclose a person's status on the CP register. However, you must respond to mitigate risk immediately

References

Ashley, C., & Nixon, P. (eds) (2007). 'Family Group Conferences – where next? Policies and Practices for the future'. Family Rights Group, The Print House, London.

Brown, Brene (2012). 'Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead'. New York: Gotham Books.