SECTION 2

Key Resources

2.1 Mandatory Reporter Guide (MRG)

Guides decision-making about whether or not a report to the Child Protection Helpline is appropriate applying the risk of significant harm (ROSH) reporting threshold. Mandatory Reporter Guide: http://sdm.community.nsw.gov.au/mrg/

2.2 Child Protection Helpline

Report a child or young person suspected to be at imminent Risk of Significant Harm.

Telephone: 133 627 (24 hours/7 days)

For all other matters where the MRG recommends ‘Report to Community Services’ an e-report can be made.

Register for first user access through the DoCS Connect portal.

e-report: through DoCS Connect portal:

Fax: 02 9633 7666 only if e-reporting is unavailable and after attempting a phone call and leaving a message advising that a faxed report will be made.

Fax form: http://www.community.nsw.gov.au/preventing_child_abuse_and_neglect/resources_for_mandatory_reporters.html or see Appendix 8 for a copy.

2.3 NSW Health Child Wellbeing Unit (CWU)

Telephone for advice, support and assistance in determining the level of risk of harm and in responding to the needs of vulnerable children, young people, pregnant women and families.

Telephone: 1300 480 420, 8:30 am and 5.30 pm Monday to Friday, excluding public holidays.

Out of hours leave a telephone message on 1300 480 420, or use the After Hours Contact Form http://www0.health.nsw.gov.au/resources/initiatives/kts/pdf/CWU-Notification-Form.pdf and send a fax or email to:

Northern Child Wellbeing Unit
Fax 02 4924 6208
Email: NCWU@hnehealth.nsw.gov.au

Southern Child Wellbeing Unit
Fax 02 4228 3507
Email: GESCWU@sesiahs.health.nsw.gov.au

Western Child Wellbeing Unit
Fax 02 6881 4112
Email: westernchildwellbeingunit@gwahs.health.nsw.gov.au

Locate your LHD Child Wellbeing Co-ordinator via http://www0.health.nsw.gov.au/initiatives/kts/area_coordinators.asp or ask the CWU.

Child Wellbeing Co-ordinators are a key link between CWUs and LHDs in determining Health responses and developing improved referral pathways where concerns have been identified about a child or young person’s safety, welfare and wellbeing.
SECTION 9

Responding to Children and Young People at Risk of Significant Harm (ROSH)

Figure 2: NSW Health Child Protection Reporting Process

- Child or young person is identified by health worker as being at suspected risk of significant harm
  - Suspected Risk of Significant Harm
    - Call Child Protection Helpline
      - Child Protection Helpline confirms Risk of Significant Harm
        - Child Protection Helpline refers to Community Services Centre or Joint Investigation Response Team
      - Child Protection Helpline does not confirm Risk of Significant Harm
        - Use Mandatory Reporter Guide
  - Use Mandatory Reporter Guide

- Not Risk of Significant Harm but risk is identified
  - Health worker calls Health Child Wellbeing Unit
    - Further risk of significant harm indicators identified
      - Child Wellbeing Unit discuss and record concern and reviews level of risk if required
        - Start Mandatory Reporter Guide again
    - Child Wellbeing Unit identifies services and referrals
      - Child Wellbeing Unit reports to Child Protection Helpline
        - Not Risk of Significant Harm, but risk
      - Health worker makes report to Child Protection Helpline
        - Suspected Risk of Significant Harm
          - Use Mandatory Reporter Guide

- Minimal low risk
  - Continue engagement and contact LHD child protection supports* if required

* LHD Child Protection supports include specialist units such as Health Child Wellbeing Units, tertiary Child Protection Units, Child Protection Counselling Services, Sexual Assault Services and key Local Health District staff such as Child Protection Coordinators and Child Wellbeing Coordinators.
9.1 Making a Child Protection Report and Ongoing Health Worker Involvement

Table 13: Key Reporting Processes

<table>
<thead>
<tr>
<th>Decide if child protection or prenatal report is required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Follow MRG outcome</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report a child or young person suspected to be at ROSH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Risk of significant harm is imminent</td>
</tr>
<tr>
<td>Report immediately to the Child Protection Helpline by phoning 133 627 or contact the NSW Police Force by dialling 000.</td>
</tr>
<tr>
<td>2. Risk of significant harm but not imminent risk</td>
</tr>
<tr>
<td>Telephone Child Protection Helpline: 133 627 (24 hours/7 days)</td>
</tr>
<tr>
<td>e-report: through DoCS Connect portal:</td>
</tr>
<tr>
<td>Fax: 02 9633 7666 only after attempting a phone call and leaving a message advising that a faxed report will be made.</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>Call a Health Child Wellbeing Unit on 1300 480 420 to discuss making the report and ongoing health involvement</td>
</tr>
</tbody>
</table>

Note: As mandatory reporters Health workers should identify themselves by name, position and Local Health District/Specialty Network to the Child Protection Helpline officers.

<table>
<thead>
<tr>
<th>Make a prenatal report if unborn child may be at ROSH when born</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone the Child Protection Helpline or the Child Wellbeing Unit (see above)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report a NSW Health worker who is an alleged perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform supervisor in accordance with local procedures.</td>
</tr>
</tbody>
</table>

Note: This requirement applies for all child-related allegations whether above or below ROSH.

9.1.1 What to Report to the Child Protection Helpline

Legal provisions

Health workers must make a child protection report about a child under 16 or class of children they suspect are at risk of significant harm (ROSH) (s27 of Care Act and see definition of ROSH below).

Health workers may make a prenatal report about an unborn child where they have reasonable grounds to suspect that the child may be at ROSH after his or her birth (section 25). See paragraph 9.8 below in this section.

Health workers may make a report about a young person aged 16-17, or class of young people they suspect are at ROSH (section 24 of the Care Act).

Health workers may make a report about the homelessness of a child (section 120) or may make a report about the homelessness of a young person with the consent of the young person (section 121).

A child or young person who is homeless is potentially at ROSH through neglect of their basic physical needs. In cases where a Health worker suspects that a homeless child is at ROSH, mandatory reporting is applicable under section 27 of the Care Act.

Reporting homeless young people aged 16 to 17 years is not mandatory and can only be done with the consent of the young person (s121 of Care Act) or if the young person is at ROSH under s24.

Policy considerations

The legal and policy definitions of ‘risk of significant harm’ (ROSH) are outlined in detail in the Definitions Appendix1 of this document. These reporting obligations apply to Health workers providing direct services to children, young people and those with adult clients who are parents or carers of children and young people. Health workers who provide services to adults should consider the parenting capacity of their adult clients in order to meet their obligations to identify and report risk of significant harm of a child or children in the care of the adult client.

For support in determining if concerns about a child or young person meet the ROSH reporting threshold, and may call the Health Child Wellbeing Unit on 1300 480 420.
Further information on MRG is found in section 7.3.2.
Health workers need to be aware that respecting the confidentiality of a client is not sufficient reason against reporting to the Child Protection Helpline. In making a report to the Child Protection Helpline, the protection of children and young people from abuse and neglect is deemed more important than an individual's right to privacy.

The Care Act gives mandatory reporters discretion in whether or not to make child protection reports about young people. Health workers are however required, as a matter of NSW Health policy, to report all young people identified as meeting the ROSH reporting threshold after the worker has applied the MRG. The young person should be involved in the decision to make the report and the process of reporting, unless there are exceptional reasons for excluding them. If the young person does not agree to the report being made, this information should be conveyed to Community Services, so they can consider the young person's wishes in any investigations and assessments.

Those working with young people should endeavour to reduce vulnerability to risk through the network of care and support services available. Health workers may consult with Health Child Wellbeing Units if they have concerns about the level of risk a young person is facing and are unsure if a report should be made.

Health workers who fail to comply with their reporting obligations under the Care Act and/or NSW Health Policy may be subject to disciplinary action.

9.1.2 Legal Protections for Reporters

Protection of reporter’s identity

Legal provisions

Section 29 of the Care Act protects the identity of all people who report concerns about children and young people to the Child Protection Helpline or to a Child Wellbeing Unit. It also protects the identity of persons concerned in making the report or causing the report to be made.

It is generally prohibited under section 29 of the Care Act to disclose the reporter’s identity as well as any information from which the reporter’s identity might be deduced. There are a number of legal exceptions to the protection of reporter identity:

- where the reporter gives consent;
- where non-disclosure would prevent the proper investigation of the report;
- where the court before which proceedings relating to the report (i.e. Children’s Court or appeal court from the Children’s Court) grants leave in certain limited circumstances;
- where the disclosure is made to a law enforcement agency (i.e. the NSW Police Force or Australian Federal Police) in connection with the investigation of a serious offence alleged to have been committed against a child or young person, subject to various restrictions set out in the section; and
- where the disclosure is to the NSW Ombudsman or the Convenor of the Child Death Review Team in response to a request made in accordance with the NSW Community Services (Complaints, Review and Monitoring) Act 1993.

Any request from the NSW Ombudsman including from the NSW Child Death Review Team should be in writing.

Policy considerations

The protection of a reporter’s identity under section 29 of the Care Act must be considered by Local Health Districts / Speciality Networks when executing exchange of information requests, providing a response to a court subpoena or responding to requests for public access to government information.

Any disclosure of a reporter’s identity without legal grounds to do so is a serious matter. Health worker concerns about any breach of section 29 of the Care Act should be raised with the worker’s supervisor and escalated according to local and interagency escalation pathways. See Section 4.6 (8) of this document.

When responding to a request for information from the Ombudsman or the Child Death Review Team the Health service or Health worker should specifically ask whether the information needs to include details of the reporter’s identity and/or the ROSH report itself. If not, de-identified information should be provided.
Protection of content of reports

Reports to the Child Protection Helpline cannot be admitted in evidence in any court proceedings other than care proceedings in the Children’s Court. A person cannot be compelled to produce a report to the Child Protection Helpline in any proceedings. The report of evidence of its contents can only be admitted to certain court proceedings, such as proceedings in the Children’s Court or proceedings under the Coroners Act. Further information can be found in the Sharing Information Section 6.

Other protections

If the report is made in good faith the reporting or provision of information:

- does not constitute a breach of professional etiquette or ethics or a departure from acceptable standards of professional conduct;
- does not constitute grounds for liability for defamation; and
- does not constitute grounds for civil proceedings for malicious prosecution or conspiracy.

In addition, where a report is made in good faith, grievance proceedings within the Health Service shall not be initiated or allowed to progress against the person making the report in relation to that person’s report.

In the situation where the Health worker makes a report to the Child Wellbeing Unit under section 27A of the Care Act, the same legal protections apply.

Client complaint to a Local Health District / Specialty Network or worker because a report has been made to Community Services

Local Health Districts / Specialty Networks should consider carefully any disclosure of information that confirms a child protection report has been made to the Child Protection Helpline or to a Child Wellbeing Unit, or provision of any information that may relate to the content of that report, taking into account the protection of reporter identity.

In responding to a client complaint about the making of a report, Local Health Districts / Specialty Networks should generally only recognise receipt of the complaint.

Agency complaint that a report has not been made to Community Services

Failure to make a report of suspected risk of significant harm in accordance with the Care Act and this policy is a breach of this policy and the Health worker may be subject to disciplinary action under the NSW Health Code of Conduct. http://www.health.nsw.gov.au/policies/pd/2012/PD2012_018.html

Where a complaint is made by another agency, prescribed or statutory body that a report has not been made by a Health worker or service, the complaining body should be directed to the Chief Executive of the relevant Health Service.

9.1.3 Alleged Perpetrator is NSW Health Worker

Legal Provisions

Part 3A of the Ombudsman Act 1974 and the associated regulations require Chief Executives of Health Services to notify the Ombudsman of allegations (including charges) and convictions against employees that involve or may involve ‘reportable conduct’, that is, child-related allegations or convictions of conduct that may constitute:

- A sexual offence, or sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence);
- Assault, ill treatment or neglect of a child; or
- Behaviour that causes psychological harm to a child.

The Health Services Act 1997 requires Chief Executives of Health Services to report to the appropriate professional council (or registration board) any conduct of a Health employee (Section 117A ) or visiting practitioner (section 99A) that the CE suspects on reasonable grounds may constitute professional misconduct or unsatisfactory professional conduct.

The Health Services Act also requires NSW Health employees (section 117) or visiting practitioners (section 99) who are charged with having committed, or are convicted of, a serious sex or violence offence to report that fact in writing to the Chief Executive of the Health Service within 7 days of the charge being laid or conviction.


Policy Considerations

Employees as defined in the Ombudsman Act 1974 (section 25A) who become aware of a child-related allegation, charge or conviction against another employee of their Health Service must report that matter to their supervisor or the designated person within their Health Service as prescribed by local procedures, so that a decision may be made by the Chief Executive or their delegate regarding any requirements to manage the matter in accordance with the requirements of the Ombudsman Act.
An ‘employee’ is defined as a person engaged in employment by or in connection with a Health Service.

The requirement to report an employee extends to allegations and convictions for conduct or alleged conduct that occurred outside the course of, or prior to, the employees’ employment with NSW Health.

These reporting requirements apply to all child-related allegations which may be above or below the statutory reporting threshold of risk of significant harm.

In responding to allegations of reportable conduct or convictions involving such conduct, Health Services are required to

- Conduct an immediate risk assessment to determine whether there is any risk of further or ongoing harm to the child and whether the employee subject to the allegation or conviction requires relocation, supervision or suspension and report to the Ombudsman on the outcomes of their investigation;
- Notify NSW Police where an allegation involves possible criminal conduct;
- Take appropriate action to inform professional councils (or registration bodies) as required; and/or
- Report to the Child Protection Helpline where it is suspected that a child or young person (or class of such) is at ROSH.


9.1.4 Interstate Reporting

Legal provisions

States and Territories in Australia operate under child protection legislation that pertains only to their particular State or Territory.

The provisions in the Care Act, including reporting obligations, apply to children and young people who ordinarily live in or who are present in NSW [Section 4(a) and (b)].

The provisions also apply to children and young people who are subject to an event or circumstances occurring in NSW which gives or give rise to a report [Section 4(c)].

At present, only Community Services can lawfully provide information about children and young people to other States and Territories if the disclosure is necessary to enable an interstate officer to exercise functions under a child welfare law or an interstate law (Section 231V).

Policy considerations

If a Health worker is concerned that a child or young person in another State who does not ordinarily live in NSW or is not present in NSW is at ROSH they should notify the Child Protection Helpline. Health workers may also notify the Helpline if they are concerned that the unborn child of a pregnant woman who is not normally a resident of NSW, may be at ROSH when born. Although Community Services is unable to intervene in these matters directly, they can refer the information on to the relevant interstate authority.

Interstate reporting is of particular relevance in border towns. Community Services’ casework practice emphasises the need for Child Protection Helpline staff to obtain all relevant information from mandatory reporters who are situated close to borders and are reporting a child or young person suspected to be at ROSH from another State or Territory who is routinely attending their service. Helpline staff are expected to provide all relevant information to the counterpart statutory child protection agency in the other State or Territory on behalf of the mandatory reporter.

Further information:

For the processes regarding responding to requests for information from other States and Territories see Section 2 Information Sharing. See also The Child Wellbeing and Child Protection – NSW Interagency Guidelines http://www.community.nsw.gov.au/kts/guidelines/info_exchange/reporter_identity.htm
9.2 How to Make a Report to the Child Protection Helpline

9.2.1 Reporting by telephone

The Community Services Child Protection Helpline operates 24 hours a day and is a centralised intake, assessment and referral service. The Helpline telephone number for mandatory reporters is 133 627 and for the general public is 132 111.

If a Child Protection Helpline Caseworker is not available to speak immediately to the Health worker making a report, options exist for Health workers to bypass the Child Protection Helpline queue (in urgent situations) or to leave a voice message on the Child Protection Helpline telephone system (in non-urgent situations).

Leaving a message does not enable adequate information for a risk assessment to be undertaken by Community Services about a child, unborn child or young person at risk of significant harm. If a message is left by a Health worker about a child at risk of significant harm, a faxed report should also be sent. Health workers leaving a telephone message at the Helpline should indicate in the message if they intend to fax a report at that time. Health workers should use the Risk of Significant Harm Report Recording and Fax Form, to fax a report to the Child Protection Helpline. See Appendix 8.

When leaving a message on the Child Protection Helpline message system, Health workers should:

- provide clear information about the urgency and seriousness of the matter so the call back team at the Helpline can prioritise calls appropriately.
- provide the name of the child, young person or pregnant woman about whom the report is being made.
- if possible, provide a Health (agency) reference number, such as a Health file or Medical Record Number.
- provide clear details of how to contact the Health worker, when the Health worker is available, or the contact details of another Health worker able to provide the information to the Child Protection Helpline if you will not be available.
- advise in the message that a fax is also to be sent.

9.2.2 e-Reporting – non-Imminent Risk of Significant Harm

e-Reporting is a secure and convenient means for reporting non-imminent suspected risk of significant harm reports to Community Services by mandatory reporters over the internet. If the risk is imminent, the Health worker should always call the Child Protection Helpline or NSW Police Force. The Mandatory Reporter Guide should be applied to determine whether the risk is imminent.

eReports are made via a secure website, the Community Services Connect Portal, which can be accessed in one of two ways:

1. via the Community Services website:
   http://www.community.nsw.gov.au
   www.community.nsw.gov.au click on the DoCS Connect button at the top of the Home Page

2. via the Mandatory Reporter Guide when the recommended action is to eReport

The information entered into the eReport template is similar to the information that a mandatory reporter provides when making a report by phone to the Child Protection Helpline. The Child Protection Helpline actions all eReports within 24 hours of receipt.

eReporters are required to register for user access to the Community Services Connect Portal prior to making their first eReport, by faxing or emailing the Community Services Connect eReporting User Access Form to the Community Services Connect Service Desk. See http://www.community.nsw.gov.au and click on the DoCS Connect button.

The Community Services Connect Portal provides a range of assistance for eReporters, including:

- Hover-over help, in the form of additional information that ‘pops up’ as the eReporter hovers over fields in the eReport
- Fact Sheets and Frequently Asked Questions
- Detailed information about eReporting

Technical assistance is available for eReporters from the Service Desk ICT specialists. The Service Desk operates Monday to Friday (except public holidays) from 7am to 7pm on 1300 740 641 (or fax 1300 760 863).

9.2.3 Reporting by Facsimile (Fax)

If e-reporting is unavailable, Health workers who have been unsuccessful in speaking with a caseworker at the Child Protection Helpline and have left a telephone message may fax the Helpline. The telephone message should indicate that a faxed report will also be sent. This procedure may be used if the wait time exceeds five minutes or where operational commitments prevent Health workers from making a telephone report.
Reports should only be made by fax (02 9633 7666) when the concerns are not about imminent risk of significant harm. If the risk is imminent, the Health worker should always call the Child Protection Helpline or the NSW Police Force.

A faxed report is made using the Risk of Significant Harm Report Fax Form at Appendix 8. Where the MRG has been used, a copy of the Online MRG Decision Report should also be attached. The form and any relevant additional pages of information should be faxed to the Helpline on fax: 02 9633 7666.

The form should include:

- detailed information in order for Community Services to determine if the level of risk meets risk of significant harm (ROSH). This should include primary and other concerns held.
- the number of attached pages of the faxed report
- the urgency of the matter to assist the Child Protection Helpline prioritise the initial urgency of response

To assist in the legibility of faxed forms Health workers should clearly print in black pen or, where possible, type the form.

All forms and information faxed to the Child Protection Helpline must be placed in the client Health record and will constitute documentation of the report. Any fax confirmation sheets generated by faxing the report should also be placed in the client Health file.

Reports should be made in one form only, i.e. either by phone, e-report or fax. Duplicating or confirming a report in writing is unnecessary.

9.2.4 Requirement to Provide Name to the Child Protection Helpline

NSW Health workers are mandatory reporters and are required by this policy to provide their name and contact details when making a report to Community Services.

Section 26 of the Care Act allows other persons to make an anonymous report to Community Services.

Health workers making a report are required to give their contact details to the Child Protection Helpline unless extenuating circumstances apply, such as the safety of the Health worker or child or young person. The professional judgement and experience of the Health mandatory reporter cannot be considered by the Community Services when assessing the Report if the Health worker has not identified themselves.

9.2.5 Differing Opinions About Whether to Make a Report

Individual Health workers, regardless of professional status, are able to report suspected risk of significant harm to the Child Protection Helpline or the Health Child Wellbeing Unit whether or not this view is held by any or all Health workers involved with the child, young person or family.

9.2.6 Information that Community Services may Require When Reporting

The detail and quality of the information provided to the Child Protection Helpline by the reporter is critical to the quality of the decision-making that follows. It is important to provide all relevant information when making a child protection report.

Health workers should prepare for making a report to the Child Protection Helpline by gathering the most crucial pieces of information together. Even where only a little information is known by the Health worker, the Mandatory Reporter Guide (MRG) may indicate that the matter meets the statutory reporting threshold of suspected risk of significant harm requiring a report to be made.

The Child Protection Helpline needs to obtain the information giving rise to the suspicion of risk of significant harm, as prompted by the Mandatory Reporter Guide, as well as information about the child or young person, the family, the reporter, and the context of the report, as follows:

- the name, date of birth, known aliases or description of the child or young person, or class of children or young people;
- where possible a Health record number (such as the child’s Medical Record Number or a Unique Patient Identifier);
- the current whereabouts of the child or young person;
- the outcome of using the Mandatory Reporter Guide;
- when the child was last seen – Note: the Health worker does not need to sight the child to act;
- the name and address, if known, of the person suspected of abusing or neglecting the child or young person and, if possible, their occupation;
- cultural background of child or young person, language(s) spoken, religion and other cultural factors;
- whether a language or sign interpreter may be needed, or support required for a person with a disability;
- whether the child or young person and their parents, family or carers identifies as Aboriginal or Torres Strait Islander or both;
- the reasons for concern about risk of significant harm;
all available information relating to the safety, welfare or wellbeing of the child or young person;

- information about other services, agencies and supports that are in place;

- the child or young person’s views about the report, if known;

- events, conversations and observations that have led to concern – these should be recorded and available for reference;

- information about the child or young person’s history, current circumstances and their views;

- information about the parent, family or caregivers;

- information about relationships within the family;

- information about the agency’s role and relationship with the child, young person and their family;

- whether risk of significant harm is related to a staff member of an organisation;

- whether the child/young person is subject of an Apprehended Personal Violence Order or any other order such as a Family Law Order;

- whether the child or young person is under the care of the Minister or residing in out-of-home care;

- Information about parental risk factors and how they impact on the child, young person or unborn baby such as:
  - domestic violence
  - alcohol or other drug misuse
  - unmanaged mental illness
  - intellectual or other disability
  - teenage pregnancy
  - homelessness

- the name and contact details of an adult who has disclosed they were abused when they were a child or young person by someone who remains in child related employment and/or has access to children which would mean a class of children or young people are at risk.

Once a report is made to the Child Protection Helpline no further report needs to be made to the Helpline unless new information comes to hand.

Additional information given to the Child Protection Helpline or to Community Services officers in any subsequent contact about the initial report should be exchanged within the provisions of Chapter 16A or section 248 of the Care Act. Information exchanged outside of the context of a report is not subject to the protections afforded to mandatory reporters in s29 of the Care Act.

If any new information is identified as suspected risk of significant harm then Health workers should make an additional report to the Child Protection Helpline. As a new report of risk of significant harm, the identity protection provisions of section 29 of the Care Act would apply.

9.2.7 Child Protection Helpline Assessment of Report

When the Child Protection Helpline receives a report, they assess the level of risk using a Structured Decision-making® (SDM) tool to determine if the concerns meet Community Services’ threshold for establishing if a child or young person is at risk of significant harm. This threshold is at a different level to the Mandatory Reporter Guide (MRG) (which helps workers determine suspected risk of significant harm) due to the ability of Family and Community Services to draw on other information.

The SDM® screening tool guides caseworkers through a structured analysis of all information available to them about a child or young person (including any family history that may be recorded on KiDS, the Department of Family and Community Services database, to determine whether a matter meets the threshold for statutory child protection intervention.

Where a matter is screened in as ROSH by the Child Protection Helpline, the SDM® response priority tool is used to determine the response priority that should be allocated to the reported matter. There are three response priorities: 24 hours, less than 72 hours or less than 10 days.

If a report does not meet the statutory threshold it may still be forwarded within Community Services, for example, if it relates to information already known (multiple reports) or Community Services is working with the family under an existing open case plan.

In these instances the mandatory reporter will receive written feedback advising that the report has been forwarded within Community Services and provided with relevant contact details.