



Recognising and Responding to Risk of Significant Harm (R.O.S.H) Guidelines

All TMO staff, contractors or volunteers in child-related roles are to be aware of indicators of possible risk of significant harm.

If staff, contractors or volunteers are aware of a life-threatening situation involving a child or young person dial 000. Once the situation is resolved staff, contractors or volunteers will need to complete an incident report for TMO's MD, as a report may still need to be made to Family and Community Services.

Identifying significant harm, (sections 23 and 24 Child and Young Persons (Care and Protection) Act 1998.

1. Current Concerns

Current concerns means that the circumstances have a current impact on the child/young person. An event does not need to be recent for it to raise current concern for a child/young person. Information about a child or young person may also have implications for current concerns for a group of children.

2. Reasonable Grounds

To have reasonable grounds staff, contractors or volunteers need to be able to identify the child (either by name or by accurate location such as an address) and to be able to explain why they think the child is at Risk of Significant Harm. Staff, contractors or volunteers do not need to see a situation first hand to have reasonable grounds. Staff, contractors or volunteers do need to have an objective basis for the concerns, which may come from:

- First hand observations of the child, young person or family.
- What the child, young person, parent or other person has disclosed to you, or someone else.
- What can reasonably be inferred based on professional training and/or experience.

3. Risk of Significant Harm Circumstance

The Act says that one or more of the circumstances below must be present (along with reasonable grounds and current concerns) for a child (Aged 0-15 years) to be at Risk of Significant Harm. s. 23 (2) of the Act states that the circumstances may relate to a single act or omission or to a series of acts or omissions.

3.1 Neglect

Lack of supervision and basic needs, such as shelter and food. Not receiving necessary medical/mental health attention and not enrolled or attending school.

3.2 Physical Abuse

Non-accidental injury such as bruising, welts, fractures or burns or ill treatment such as severe beatings or shaking, attempted suffocation or strangulation.



3.3 Sexual Abuse

Any sexual act or sexual threat imposed on a child. This includes sexual assault and exposure to pornography.

3.4 Psychological Harm and/or Carer Concern

Exposure to domestic violence, exposure to severe parental/carer mental health or substance abuse issues. Parent/carer behaviours have significant negative impact on child/young person's development.

3.5 Relinquishing Care

A parent/carer cannot make informal care arrangements for more than 28 days, nor can they place a child in Out of Home Care unless it is arranged by an out-of-home care agency recognised by the Office of The Children's Guardian.

4. Responding to a Child or Young Person Disclosing Abuse or Neglect

Being trusted professionals may mean that a child/young person feels safe to discuss concerns with TMO staff, contractors or volunteers. This may be the first person they have disclosed to, so it is important that the staff, contractor or volunteer responds appropriately. TMO staff, contractors or volunteers are required to report concerns to TMO's MD or senior staff member as a matter of urgency. The MD or other senior staff member will contact Police and/or Family and Community Services who will likely proceed with an investigation.

Staff, Contractors or Volunteers SHOULD:

- Remain calm
- Listen carefully without interrupting
- Establish the welfare and safety of the child
- Make detailed notes and document all the information received (as soon as possible after the child has disclosed)
- Support the child and reassure them they have done the right thing by talking to them
- Explain clearly what will happen next:

The staff, contractor or volunteer will speak to someone who deals with this sort of thing all the time and arrange for a professional to come and speak to the child/young person.

- Follow TMO's incident and allegations process if applicable.

Staff, contractors or Volunteers SHOULD NOT:

- Make promises they cannot keep (including keeping the disclosure a secret)
- Express panic, shock, anger or disbelief
- Ask questions (especially leading questions)
- Dismiss, minimize or challenge the disclosure

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THE METROPOLITAN ORCHESTRA

- Confront the alleged perpetrator
- Discuss with staff, parents/guardians or participants unless directed by TMO's MD.

The first duty of care for the staff, contractor or volunteer, is to the child/young person making the disclosure. They should equally be aware of any other children/young people who may have witnessed the disclosure, provide support and request additional support as necessary.

Staff, contractors or volunteers should also be aware of their own self-care and seek support for themselves if necessary, speak with TMO's MD or seek professional support.

SIGN OFF AND REVIEW

Version	Authorised By	Approved Date	Review Cycle	Review Due
1	MD	05/05/2021	2 Years	May 2023

HISTORY

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