

**CHILD PROTECTION POLICY**

**Applies to:** Clients, Parents/Carers, Staff, Therapists and Management Committee

**Specific responsibility:** Director

**Version:** 2

**Date approved:** 30.07.2019

**Next review date:** July 2021

**Policy context:**

**Legislation or other requirements**

National Disability Insurance Scheme Act 2013  
 National Disability Insurance Scheme Guidelines (Quality Indicators) 2018  
 National Disability Insurance Scheme (Incident Management & Reportable Incidents) Rules 2018  
 NDIS Terms of Business for Registered Providers  
 NDIS Quality and Safeguards Framework, 2016  
 NDIS Code of Conduct for Workers 2018  
 United Nations Convention on the Rights of Persons with Disabilities (CRPD)  
 Children and Young Person (Care and Protection) Act 1998 (State)  
 Australian Human Rights Commission Act 1986

**Contractual obligations**

Employment Agreements  
 NDIS Service Registered Service Provider obligations  
 DoE (Sector Capacity Building project contract) Funding Terms and Conditions (Funding Agreement)

**POLICY STATEMENT:**

Early Connections-Port Macquarie/Hastings (EC-PMH) has a moral, ethical and legal responsibility to ensure that all children are safe and will provide training, resources, information and guidance to support this. We are committed to:

- Ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their individual goals and outcomes.
- Fulfilling its duty of care obligations under the law by protecting children from any reasonable, foreseeable risk of injury or harm.
- Ensuring that all staff, students and volunteers caring for or engaging with children act in the best interests of the child, and take all reasonable steps to ensure the child's safety and wellbeing at all times.
- Supporting the rights of all children to feel safe, and be safe, at all times.
- Developing and maintaining a culture in which children feel valued, respected and cared for.

- Encouraging active participation from parents/carers and families and ensuring that best practice is based on a partnership approach with shared responsibility for children's health, safety, wellbeing and development.

All staff complete the Department of Education's online Child Protection training at commencement of employment and update it every year.

All staff will be vigilant in monitoring each child and family with whom they are working to identify signs or situations when a child appears to be at risk of harm arising from neglect or abuse.

## **PROCEDURES:**

Whenever a staff member becomes aware of the possibility that a child is at "risk of significant harm" they must:

- Discuss their concern with the Supervisor or Manager.
- Refer to the definitions information below relating to abuse and harm as well as associated documents/guides referred to in this policy (eg. FACS Practice guidelines found on their website <https://reporter.childstory.nsw.gov.au/s/topic/0TO280000000emyGAA/how-to-guides> and factsheets found on <http://www.keepthemsafe.nsw.gov.au/resources/factsheets>
- Complete the Mandatory Reporter Guide (MRG) at: <https://reporter.childstory.nsw.gov.au/s/>

### Steps to Completing the MRG

Step 1 – Choose a Decision Tree (Physical, Neglect, Sexual, Psychological Harm, Danger to Self or Others, Relinquishing Care, Carer Concern, Unborn Child), through NSW Mandatory Reporter at <https://reporter.childstory.nsw.gov.au/s>

Step 2 – Answer the questions using the definitions carefully. Remember the tips to using the definitions.

Step 3 – Continue to answer YES or NO to questions based on your reading of the definitions until you reach the MRG Final Decision Point.

Step 4 – Depending on the Final Decision recommended by the MRG, notify the manager of outcome and either make a report to Community Services via the Helpline (1800772479) or seek additional assistance and support from the manager.

Step 5 – If no notification has been recommended by the MRG, continue to monitor the child's wellbeing, seek further information as permitted under Section 16A of the Act (see section "SHARING OF INFORMATION" in this policy), make referrals to other support services as appropriate and redo the MRG if needed as further information is gathered. The helpline can be called at any time for further guidance if necessary.

Step 6 – Document observations/information and print result of MRG and ensure it is dated and signed by staff member. All documentation is to be filed in the locked drawer in the Manager's office to ensure confidentiality. Each child's documentation should be in a separate yellow envelope.

## **DEFINITIONS:**

### **What is abuse:**

Abuse, neglect and maltreatment describe situations where a child may need protection. Child abuse can be defined as something done or not done by an adult that endangers or impairs the child's emotional or physical health or development.

**Risk of harm includes:**

- A child appearing frightened of their parent or carers
- A child acting in a way that is inappropriate for their age and development
- A parent persistently avoiding child health services or treatment of their child's illness or injury
- A parent having unrealistic expectations of their child
- Complaints by a child or someone else that the child is being criticised often or is not provided with emotional warmth
- Parents who are missing or appear drugged or drunk.

**Types of harm:**

**1. Physical harm - forceful behaviour that results in injury and may include being:**

- Pushed or thrown
- slapped, hit or punched
- burned (for example with a cigarette)
- kicked
- bitten
- choked
- tied down
- assaulted with a weapon
- shaken violently.

Physical injury may be the consequence of a physical punishment or aggressive treatment of a child or as a result of neglect. You should consider that physical harm may have occurred if a child:

- has injuries that don't match the story of how they occurred
- has unexplained bruises, welts, bites, broken burns or burns
- has injuries in the shape of an object (for example a belt buckle or cord)
- has faded bruises or other noticeable marks after they have not attended for some time
- shrinks at the approach of adults
- reports an incident
- has not received medical help for an injury needing care
- demonstrates extremes in behaviour (for example is highly aggressive or completely withdrawn)
- is afraid or overly upset about going home
- is fearful of a particular person
- demonstrates unusual or extreme dramatic play
- is described in a negative way by their parent or carer
- seems to be subjected to harsh discipline at home.

**2. Neglect- a situation where the carer of a child fails to provide the basic necessities to ensure a child is not harmed, things such as food, clothing, shelter, medical attention or supervision.**

You should consider that neglect may have occurred if a child:

- Is frequently absent
- does not receive adequate medical or dental care
- is consistently dirty or has severe body odour
- lacks appropriate clothing
- discussed use of drugs or alcohol
- is left at home alone for long periods (relevant to age and maturity)

- shows a failure to thrive or malnutrition
- exhibits constant hunger or begs for, steals or hides food
- is extremely willing to please
- is treated indifferently by their parent or carer
- is cared for by a parent or carer who is apathetic or appears depressed
- has a parent or carer who is irrational or demonstrates strange behaviour
- has a parent or carer who appears to abuse alcohol or drugs

**3. Sexual harm – a situation in which a person involves a child in sexual activity. Physical force is sometimes also used.**

Child sexual abuse involves a wide range of sexual activity including:

- fondling the child's genitals
- masturbation
- oral sex
- vaginal or anal penetration
- exposing the child to pornography.

You should consider that sexual harm may have occurred if a child:

- has difficulty walking or sitting
- urinates frequently
- suddenly refuses to change in front of others
- refuses to participate in normal physical activities
- demonstrates bizarre, sophisticated or unusual sexual knowledge or behaviour for their age
- becomes pregnant
- contracts a sexually transmitted disease
- reports sexual abuse
- has pain, swelling or itching in the genital area
- has stained or bloody underwear
- demonstrates a sudden change in achievement
- reports being shown pornography
- demonstrates that they don't like being hugged, kissed or touched by an adult
- receives sexual attention or is approached using sexual mannerisms by their parent or carer
- is called sexual names (such as stud, whore, slut) by their parent or carer.

**4. Emotional harm- a situation where the child is repeatedly rejected or threatened in a way that is frightening.** This may include:

- name calling
- put downs
- continual coldness

These actions would be to the extent that it significantly affects a child's development. You will notice there are similarities between emotional harm and neglect. You should consider that emotional harm may have occurred if a child:

- shows extremes in behaviour (for example is overly compliant or demanding or extremely passive or aggressive)
- acts inappropriately like an adult

- acts inappropriately like a younger child
- is delayed in physical or emotional development
- exhibits signs of depression or attempts suicide
- displays severe anxiety
- shows signs of low self-esteem
- finds it very difficult to learn
- is constantly blamed, belittled or berated by their parent or carer
- has a parent or carer who is unconcerned about the child and refuses to consider offers of help for any problem
- is rejected by a parent or carer.

**5. Trauma – a distressing or disturbing experience, or the emotional shock and ongoing psychological effects following such an experience.**

Trauma can be caused by an event or experience in a child's life such as:

- war
- kidnapping
- natural disasters (earthquake, cyclone, bushfire etc)
- accidents- car accidents, falls
- abuse
- witnessing a death or severe injury

Australia is a multicultural country – people from many other countries have come here to make a new home. Some have fled war, religious persecution or poverty. You may be in contact with a child/family who have experienced death of loved ones in terrible circumstances. Children may have been homeless, without food, separated from parents with no other guardian or held in prison-like conditions.

Common characteristics that indicate trauma include:

- general irritability and crying
- demand for constant physical comfort
- difficulty sleeping or disrupted sleep patterns
- loss of appetite or refusal to eat
- regression in development
- failure to reach developmental milestones
- exaggerated startle responses
- anxious responses to separations or unfamiliar events, situations or people
- social withdrawal or restricted play
- re-enacting an event in play, sometimes repetitively
- bed-wetting
- thumb sucking
- night terrors and nightmares
- aggressive behaviour with others
- fantasising about an event
- expressing intense emotions inappropriately.

(From "Aspire Learning Resources" CHCPRT001 – Identify and respond to children and young people at risk, Learner Guide, Version 1.3)

**SHARING OF INFORMATION**

**Chapter 16A** of the Children and Young Persons (Care and Protection) Act 1998 clearly prioritises the safety, welfare and wellbeing of a child or young person over an individual's right to privacy.

Chapter 16A allows government agencies and non-government organisations (NGOs) and other prescribed bodies to exchange information that relates to a child's or young person's safety, welfare or wellbeing, whether or not the child or young person is known to Community Services, and whether or not the child or young person consents to the information exchange. EC-PMH is classified as one of these "Prescribed Bodies" and is therefore required to participate in this exchange of information in regards to children/families who are clients of our program. We recognise that this is essential to ensure interagency cooperation and the provision of services to best help a child or family and to build a cumulative picture of the child's risk of significant harm.

- All requests for information under Chapter 16A received from and made to other prescribed bodies will be dealt with by the **Manager** of EC-PMH in consultation with the relevant staff member/s. Contact with other prescribed bodies, relating to Sharing of Information, will be through their **Manager or persons in a management position**.
- Information will be requested and provided in writing, in the form of letter, email or on standardized forms used for this purpose. Any verbal information that is offered will be requested in writing.
- Any documentation collected will be stored securely in the locked section of the filing cabinet in the Manager's office to maintain confidentiality and preserve evidence.
- All information gathered via this procedure will be classified as confidential and will not be shared with other prescribed bodies unless requested in the correct manner under Chapter 16A.
- The "Keeping Them Safe Factsheet 7 - Information Exchange" will be used as a guide for this procedure.

## DOCUMENTATION

Documents related to this policy	
Related policies	<ul style="list-style-type: none"> <li>- Case Management Policy</li> <li>- Dealing with a Death of a child whilst in care policy</li> <li>- Restrictive Practice, Positive guidance and behaviour management policy.</li> </ul>
Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> <li>- FACS Practice guidelines as outlined on website</li> <li>- Keeping Them Safe Fact Sheet 7 Information Exchange</li> <li>- Keeping them Safe Factsheet 4b</li> <li>- Keeping them Safe Factsheet 3a</li> </ul>

Reviewing and approving this policy		
Frequency	Person responsible	Approval
Every 2 Years	Manager and Management Committee	Management Committee

Policy review and version tracking
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Review	Date Approved	Approved by	Next Review Due
1	28.02.2017	Management Committee	28.02.2019
2	30.07.2019	Management Committee	July 2021
3			

**Management Committee:**



Signed:

Name: Tiana Pride

Position: President

Date: 30.07.2019