



1.3 CHILD PROTECTION AND REPORTABLE INCIDENTS POLICY AND PROCEDURE

Applies to: Clients, Parents/Carer's, Staff, Therapists and Management Committee
Specific responsibility: Key Workers, staff, Manager, Management Committee

Version: 6
Date approved: 28 th Aug 2020
Next review date: Aug 2023

Policy context: This policy aims at ensuring that staff remain vigilant in all matters relating to child protection. Staff will respond appropriately to evidence indicating that a child might be at "Risk of Significant Harm". Staff will assist families to find the support they need to ensure children in their care are not at "Risk of Significant Harm". Staff will report any incidents as per Incident Management process.

Standards or other external requirements	<ul style="list-style-type: none"> - National Disability Insurance Scheme Guidelines (Quality Indicators) 2018 - National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 - National Disability Insurance Scheme (Incident Management & Reportable Incidents) Rules 2018 <p>Principles from:</p> <ul style="list-style-type: none"> - The National Quality Framework (NQF), implemented by the Australian Children's Education and Care Quality Authority (ACECQA) - Early Years Framework
Legislation or other requirements	<ul style="list-style-type: none"> - Child Protection (Working with Children) Act 2012 - Child Protection (Working with Children) Regulation 2013 - United Nations Convention and the Rights of Children 1989. - Children and Young Persons (Care and Protection) Act 1998 (NSW) - National Disability Insurance Scheme Act 2013
Contractual obligations	<ul style="list-style-type: none"> - Employment Agreements - Client Service Agreements and Schedule of Supports - NDIS Service Registered Service Provider obligations - DoE (Sector Capacity Building project contract) Funding Terms and Conditions (Funding Agreement)

POLICY STATEMENT:

Early Connections - Manning and Great Lakes 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 always protected while also promoting their individual goals and outcomes.
- Fulfilling our 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 always take all reasonable steps to ensure the child's safety and wellbeing
- 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 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.

- NDIS Safeguards Commission processes followed to reduce restrictive practice as per National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and the National Disability Insurance Scheme (Incident Management & Reportable Incidents) Rules 2018

PROCEDURES:

Early Connections- MGL staff will be familiar with and follow all child protection and incident management processes. See Incident, Reportable Incidents and Child Protection Procedure document for processes flowchart.

EC-MGL is responsible for adhering to:

- Documentation of all incidents by someone to a person with a disability, or by the person with a disability to someone else, that may cause harm to either person.
- NDIS Safeguards commission requirements that any "reportable incidents" are reported to the commission.
- Mandatory Reporting guidelines requires that all concerns of "risk of harm" are reported in line with the Mandatory Reporting Guide (MRG).
- **In some instances, both NDIS Safeguards Commission AND Mandatory Reporting are required.**

Early Connections- MGL will keep records about incidents using an incident management system. Copies of the documented system will be available to certain people, including management, workers and persons with disability receiving supports or services from the provider (in accordance with our Access to Confidential Information Policy and Procedures).

Whenever a staff member becomes aware of the possibility that a child is at "risk of significant harm" or meets the above "reportable incidents" criteria they must:

- Discuss their concern (immediately) with the Manager or most senior staff member.
- At least one responsible staff member in each centre will hold "Identify and Respond to Children and Young People at Risk" – CHCPRT001 certificate. This person can be approached by staff to discuss and decide upon action needed.
- Refer to attached Definitions information relating to abuse and harm as well as the NSW Mandatory Reporting Guide (Dec 2014) – located in the Regulations folder in each centre. Staff will have a link to the ChildStory link on the desktop of each computer.

1. **For Mandatory Reporting** for concerns of serious risk of harm to a child:

- Complete the Mandatory Reporter Guide (MRG) / ChildStory:
 - a) Complete decision tree on Child Story,
 - b) Phone: 132111, or
 - c) Mandatory Reporting Guide (MRG) - ChildStory link: <http://childstory.net.au/2016/10/18/improved-mandatory-reporter-guide/>
 - d) Document report in Echidna system under "Mandatory Report"
 - e) Report the Mandatory Report to the Manager for lodgement in the Quality Management spreadsheet, to be reported to Management Committee.

2. **For Reportable Incidents** where NDIS "Reportable Incident" criteria are met staff will:
 - a) report incident to Manager or Assistant Manager, who will lodge "Reportable Incident Form (Immediate or 5-Day notification form) with the NDIS Safeguards Commission". Email Safeguards Commission at: reportableincidents@ndiscommission.gov.au
 - b) Manager/Assistant Manager to follow Incident Management procedures and document process and required follow up in Incident Management log in Quality Management Spreadsheet, to be reported to Management Committee.
3. **For non-Reportable Incidents:**
 - a) Document incident using Accident and Incident Analysis Form
 - b) Lodge form with Manager or Assistant Manager
 - c) Discuss with Manager/Asst Manager whether incident is deemed Reportable or requiring Mandatory Reporting if unsure.
 - c) Manager/Asst Manager to follow Incident Management procedures and document process and required follow up in Incident Management log in Quality Management Spreadsheet, to be reported to Management Committee.

DEFINITIONS:

NDIS Reportable Incidents, are particular types of serious incidents that have, or are alleged to have, occurred in connection with the provision of supports and services by registered NDIS providers. In New South Wales, registered NDIS providers must report these incidents to the NDIS Commission. The incidents concerned are:

- the death of a person with disability
- serious injury of a person with disability
- abuse or neglect of a person with disability
- unlawful sexual or physical contact with, or assault of, a person with disability sexual misconduct committed against, or in the presence of, a person with disability, including grooming of such a person for sexual activity
- the use of a restrictive practice in relation to a person with disability that is unauthorised use or not in accordance with a behaviour support plan. SEE RESTRICTIVE PRACTICE AND BEHAVIOUR SUPPORTS and POSITIVE GUIDELINES AND BEHAVIOUR MANAGEMENT POLICY for further information.

NDIS Incident Management Requirements:

(from NDIS Incident Management and Reportable Incident Rules 2018):

The incidents that must be recorded and managed are:

(a) incidents that have, or could have, caused harm to a person with disability receiving supports or services; and

(b) acts by a person with disability that happen in connection with the provision of supports or services and that have caused serious harm, or a risk of serious harm, to another person; and

(c) reportable incidents that are alleged to have occurred in connection with the provision of supports or services.

The incident management system must set up procedures for identifying, assessing, managing and resolving such incidents. These procedures must specify things such as the people to whom incidents must be reported, how people with disability affected by an incident will be supported and involved in resolving the incident and when corrective action is required.

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.

Indicators of Harm:

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.

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

DOCUMENTATION

Documents related to this policy	
Related policies	<ul style="list-style-type: none"> - Case Management Service Plan Policy - Restrictive Practice and Behaviour Support Policy - Positive Guidance and Behaviour Management Policy.
Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> - Confidential Documents folder in Manager's secure computer file. - NSW Mandatory Reporter Guide 2014 - ChildStory link: http://childstory.net.au/2016/10/18/improved-mandatory-reporter-guide/ - NDIS Safeguards Commission reporting documents a) Reportable Incident – Immediate notification form, b) Reportable incident – 5 day notification form. - EC Accident and Incident Analysis Form

Reviewing and approving this policy		
Frequency	Person responsible	Approval
Annually	Manager and Management Committee	Management Committee

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review Due
1	October 2014	Management Committee	Oct 2015
2	26/08/15	Management Committee	Sept 2016
3	July 2016	Management Committee	July 2017
4	17 th Feb 2017	Management Committee	Feb 2018
5	18 th Apr 2019	Management Committee	Apr 2020
6	26 th Aug 2020	Management Committee	Aug 2023

**Management Committee:
Aug 2020**

Signed:

A handwritten signature in cursive script, appearing to read "Michelle Richardson", enclosed in a large, light-colored circular mark.

Name: Michelle Richardson

Date: 26-Aug-2020