

CHILD PROTECTION POLICY

Policy Statement

Our service is committed to providing all children with an environment that fosters health, development, self-respect, dignity, and free from violence and exploitation. All children have the right to feel safe and secure and educators will always act in the children's best interests and take all reasonable steps to ensure their safety, welfare and wellbeing.

Strategies and Practices

- The *Child Protection Policy* is available to families upon enrolment and staff upon induction.
- The service will ensure that children are adequately supervised at all times. Both Indoor and Outdoor Supervision Plans are discussed upon induction, are displayed in the staffroom, and effective supervision is reviewed at staff meetings
- The confidentiality of staff, children and families will be upheld by all members of the service, with staff required to complete Confidentiality Agreements and Conflicts of Interest declarations.
- The service will ensure all staff, students and volunteers hold:
 - a current Working with Children Check clearance, which is verified annually
 - are aware of the services Child Protection Policy; and
 - are aware of the existence of the current child protection law and any mandatory reporting of current concerns regarding risk of significant harm to children obligations they have under that law.
- The service will ensure that the Nominated Supervisor and all designated Responsible Persons who have been placed in day-to-day charge of the service have successfully completed a course in child protection approved by the NSW Regulatory Authority. All other staff will be required to hold or be enrolled to complete the same course.
- Staff must report any current concerns they have regarding a risk of significant harm of a child including being neglected or physically, sexually or emotionally abused. Possible signs of neglect and abuse are listed in Attachment 1.
- While not necessary to inform the Nominated Supervisor/Director or designated Responsible Person, that educators are making a report, they will however be able to assist educators with sourcing essential reporting information such as full names, date of births, addresses, details of siblings, and be available for support and for staff to disclose their concerns if they deem necessary. Educators can also access the EAP (Employee Assistance Program) for support if required.

Mandatory Reporting Procedure

- Where staff feel a child/ren may be in immediate danger, they will phone 000 immediately.
- In order to make a report, it is suggested staff first document their concerns, then access the ChildStory Reporter Community Website at <https://reporter.childstory.nsw.gov.au/s/mrg> and complete the Mandatory Reporter Guide (MRG).
- If the MRG final decision is "Immediate Report to Child Protection Helpline", "Report to the Child Protection Helpline" or "Refer to Child Wellbeing Unit (CWU)", staff will have the option of creating an eReport.
- If the staff member disagrees with the MRG decision that is generated, they are still able to contact the Child Protection Hotline on 132 111, and/or consider what additional steps the service can take to support

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the child/ren and/or family, such as contacting local family referral services

- The staff member will continue to monitor the situation and repeat the Mandatory Reporting Procedure if they feel there is additional information that could be considered.
- Information can be exchanged with other prescribed bodies working with the child and their young family under Chapter 16A of the Care Act. Information regarding this can be found on the Department of Communities and Justice website.
- Where allegations of abuse are made against staff, educators, volunteers or students, the Reportable Conduct Scheme will be contacted to clarify information before acting. If the child is deemed at risk of harm, make a report to the Child Protection Hotline, and report to any other agency required, see attachment 2.

Child Sexualised Behaviours

- Educators and staff take all complaints seriously and make informed judgements regarding incidents or allegations of children or young people being made vulnerable or causing harm to another, to help ensure the health, safety and wellbeing of children. This is done by supporting healthy sexual development (age-appropriate sexualised behaviour), and protecting them from harm or abuse (inappropriate or problem sexualised behaviour).

When educators become aware of an incident or allegation of child sexualised behaviour, they will refer to the 'Traffic Light Framework' (Attachment 3) to manage the concern or complaint by;

- **IDENTIFY** the behaviour,
- **ASSESS** what the behaviour is communicating, and
- **RESPOND** to the needs of the child/ren affected.

Responses can range from continued monitoring and observation, documentation, education, reporting, through to possible reporting and legal responses, and staff and educators are aware of considerations for all stakeholders, see Attachment 4.

Staff will follow the services regular mandatory reporting procedure if they deem the incident or allegation to pose a risk of significant harm to any child or young person.

- Any documentation recorded must be safely secured to ensure privacy and confidentiality for all parties. The Nominated Supervisor/Responsible Person will assist with this.
- Records relating to actual, or allegations of child sexual abuse are to be stored securely in the child's enrolment folder for at least 45 years from the date the record is created. Likewise, staffing records (including volunteers, students and visitors) such as complaints, or breaches of the code of conduct, relating to any actual or alleged child sexual abuse, will also be stored in their staffing record folder for 45 years.

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References

- *Education and Care Services National Law*
- *NSW Commission Children and Young Person (Care and Protection) Act 1998*
- *Education and Care Services National Regulations*
- *Guide to the National Quality Framework*
- Community Early Learning Australia –Sample Child Protection Policy <https://www.cela.org.au/>
- Dr Brenda Abbey (Childcare by Design)
- Identify, Assess and Respond to Child Sexualised Behaviours, Traffic Light Framework, www.childspeak.com.au/wp-content/uploads/2016/05/traffic-lights.pdf
- ACECQA, Sexualised behaviour involving children- <https://www.acecqa.gov.au/resources/applications/reporting#prescribed%20matters>
- A Mandatory Reporters Guide to Selecting A Decision Tree; <https://reporter.childstory.nsw.gov.au/s/article/Guide-To-Selecting-A-Decision-Tree>
- Royal Commission into Institutional Responses to Child Sexual Abuse 2017; <https://www.childabuseroyalcommission.gov.au/recommendations>

Policy Review

The Service encourages staff and parents to be actively involved in the review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the review to ensure the policy contents are consistent with current research and contemporary views on best practice.

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Attachment 1 - Possible signs of neglect and abuse

Form of Abuse	Use this when;	Signs in children or young people	Signs in parents or caregivers
Physical Abuse	<ul style="list-style-type: none"> You suspect a non-accidental injury or physical harm to a child/young person that may have been caused by a parent/carer or other adult household member. You know of treatment of a child/young person by a parent/carer or other adult household member that may have caused or is likely to cause an injury or physical harm. Child/young person was injured, or nearly injured, during a domestic violence incident involving adults. <p>NOTE: If any of the above are true, but the person causing physical harm or injury is a child living in the home, the decision to report should be guided by whether the incident was due to neglect: supervision. Please refer to that decision tree.</p> <ul style="list-style-type: none"> If a child was injured by a non-household member, the issue may be a police matter. Female genital mutilation is an injury likely to be caused by a non-household member and should be reported to both the Child Protection Helpline and NSW Police. 	<ul style="list-style-type: none"> Bruising to face, head or neck, other bruising and marks which may show the shape of the object that caused it eg belt buckle, hand print Lacerations and welts. Drowsiness, vomiting, fits or pooling of blood in the eyes, which may suggest head injury. Adult bite marks and scratches. Fractures of bones, especially in children under three years old. Dislocations, sprains, twisting. Burns and scalds, including cigarette burns. Multiple injuries or bruises. Explanation of injury offered by the child or young person is not consistent with their injury Abdominal pain caused by ruptured internal organs, without a history of major trauma Swallowing of poisonous substances, alcohol or other harmful drugs General indicators of female genital mutilation, such as having a 'special operation'. 	<ul style="list-style-type: none"> Frequent visits with the child or young person in their care to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or with internal complaints. Explanation of injury offered by the parent is not consistent with the injury. Family history of violence. History of their own maltreatment as a child. Fears injuring the child or young person in their care. Uses excessive discipline

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<p>Neglect</p>	<ul style="list-style-type: none"> You suspect that a parent/carer is not adequately meeting child/young person needs. A child/young person appears neglected. A child/young/person is a danger to self or others and parents/carers are not supervising or providing care. For example - not adequately meeting child/young person's needs, such as: supervision, shelter, medical care, hygiene/clothing, mental health care, schooling/education, poor nutrition, or other basic needs. <p>NOTE: For concerns related to shelter, use this tree for a young person who is able to make an informed decision around placement. Use 'Relinquishing Care' if young person is unable to make an informed decision and for children whose parent/carer is refusing to provide shelter.</p>	<ul style="list-style-type: none"> Low weight for age and failure to thrive and develop. Untreated physical problems, such as sores, serious nappy rash and urine scalds, dental decay. Poor standards of hygiene, for example child or young person consistently unwashed. Poor complexion and hair texture Child not adequately supervised for their age. Scavenging or stealing food and focus on basic survival. Extended stays at school, public places, other homes. Longs for or indiscriminately seeks adult affection. Rocking, sucking, head-banging. Poor school attendance. 	<ul style="list-style-type: none"> Unable or unwilling to provide adequate food, shelter, clothing, medical attention, safe home conditions. Leaving the child without appropriate supervision. Abandons the child or young person. Withholding physical contact or stimulation for prolonged periods. Unable or unwilling to provide psychological nurturing. Has limited understanding of the child or young person's needs. Has unrealistic expectations of the child or young person
<p>Sexual Abuse</p>	<ul style="list-style-type: none"> You learn about sexual abuse or have concerns about sexual contact involving a child/young person. A child/young person has medical findings that give rise to suspicions of sexual abuse. A child/young person's behaviour, including sexualised behaviour, makes 	<ul style="list-style-type: none"> Bruising or bleeding in the genital area. Sexually transmitted diseases. Bruising to breasts, buttocks, lower abdomen or thighs. Child or young person or their friend telling you about it, directly or indirectly. Describing sexual acts. 	<ul style="list-style-type: none"> Exposing a child or young person to prostitution or pornography or using a child for pornographic purposes. Intentional exposure of a child to sexual behaviour of others. Previous conviction or suspicion of child sexual abuse.

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	<p>you worry that he/she may be a victim of sexual abuse.</p> <ul style="list-style-type: none"> You are concerned that a child/young person is at risk of sexual abuse. You are concerned/worried that a child or young person may be sexually harming another child or young person. 	<ul style="list-style-type: none"> Sexual knowledge or behaviour inappropriate for the child's age. Going to bed fully clothed. Regressive behaviour, such as sudden return to bed-wetting or soiling. Self-destructive behaviour, such as drug dependency, suicide attempts, self-mutilation. Child being in contact with a known or suspected pedophile. Anorexia or overeating. Adolescent pregnancy. Unexplained accumulation of money and gifts. Persistent running away from home. Risk taking behaviours, such as self harm, suicide attempts. 	<ul style="list-style-type: none"> Coercing a child or young person to engage in sexual behaviour with other children. Verbal threats of sexual abuse. Denial of adolescent's pregnancy by family
<p>Emotional Abuse or Psychological Harm</p>	<ul style="list-style-type: none"> A child/young person appears to be experiencing psychological/emotional distress that is a result of parent/carer behaviour such as domestic violence, carer's mental health, carer's substance abuse. A child/young person is a danger to self or others as a consequence of parent/carer behaviour. 	<ul style="list-style-type: none"> Constant feelings of worthlessness about life and themselves. Unable to value others. Lack of trust in people. Lack of people skills necessary for daily functioning. Extreme attention-seeking behaviour 	<ul style="list-style-type: none"> Constant criticism, belittling, teasing of a child or young person, or ignoring or withholding praise and attention. Excessive or unreasonable demands. Persistent hostility and severe verbal abuse, rejection and scapegoating. Belief that a particular child or young person in their care is bad or 'evil'.

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	<ul style="list-style-type: none"> You are aware of parent/carer behaviours, including domestic violence that are likely to result in significant psychological harm. You are aware of an underage marriage or similar union that has occurred or is being planned (see Glossary for definition of underage marriage). <p>NOTE: When a child/young person exhibits emotional or psychological distress, including being a danger to self or others, but the reporter lacks information on whether parent/carer behaviour had contributed to this behaviour, the Child/Young Person is a Danger to Self or Others, Neglect: Supervision or Neglect: Mental Health Care decision trees may be more appropriate.</p>	<ul style="list-style-type: none"> Is obsessively eager to please or obey adults. Takes extreme risks, is markedly disruptive, bullying or aggressive 	<ul style="list-style-type: none"> Using inappropriate physical or social isolation as punishment. Domestic violence.
<p>Child/Young Person is a Danger to Self and/or Others</p>	<ul style="list-style-type: none"> A child/young person is demonstrating suicidal or self-harming behaviours. A child/young person is a danger to self or others and the reporter does not know whether the parent/carer behaviours contributed now or in the past. For example, parent/carer allows the child/young person to consume/use or has provided the child/young person with alcohol or drugs. <p>NOTE: If you are aware that parent/carer actions or inactions contributed to this behaviour consider the Psychological Harm decision tree or the Neglect: Supervision or Neglect: Mental Health Care decision trees.</p>		

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<p>Relinquishing Care</p>	<ul style="list-style-type: none"> • Parent/carer states they will not or cannot continue to provide care for child under the age of 16; or a young person over 16 and he/she is unable to make an informed decision (temporarily or permanently). • If the young person is 16 years old or over and able to make informed decisions, please refer to the 'Physical Shelter' tree. • Child/young person is in voluntary care for longer than legislation allows. <p>Exclude appropriate care arrangements with other parents, relatives or kin (see Glossary - Informal Care Arrangements)</p>		
<p>Carer Concern</p>	<ul style="list-style-type: none"> • You have information that the child/young person is significantly affected by carer concerns such as substance abuse, mental health or domestic violence. <p>NOTE: If the child/young person has already experienced abuse or neglect, use the relevant abuse/neglect decision tree first. If a report to the Child Protection Helpline is not indicated using those decision trees, you may consider a Carer Concern decision tree.</p>		
<p>Unborn Child</p>	<ul style="list-style-type: none"> • You are concerned for the welfare of an unborn child at birth. <p>NOTE: Reports related to an unborn child are not mandatory but mandatory reporters should</p>		

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	<p>consider the benefits for the parent/s and unborn child in making a report. A report can enable FACS and other agencies to work collaboratively with the parent/s to access support services. Furthermore, a report can enable FACS to prepare for statutory intervention when the child is born. Where FACS has received a ROSH report about an unborn child, a parent responsibility contract can be used to support expectant parents to address issues so the child is safe when born.</p> <p>NOTE: Where you are concerned about a child who has just been born and due to lack of information none of the other decision trees apply, use this tree to identify your concerns such as inadequate preparation for the birth.</p>		
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Attachment 2 – Office of Children’s Guardian, Reportable Conduct Scheme

Early Childhood Education and Care Reporting Obligations

Staff and volunteers who work in Early Childhood Education and Care have reporting obligations related to the safety, welfare and wellbeing of children. They apply to all ECEC service types including long day care, family day care, outside school hours care, preschool, occasional care and mobile services. These reporting obligations exist to protect children from abuse or other harm that may occur while they are in the care of the organisation or elsewhere. Reports often need to be made to more than one agency, as the following chart explains.

 <p>NSW Police Force</p>  <p>Make a report to police if the matter involves conduct towards a child that you suspect may be criminal in nature. For emergencies call 000 For police assistance and general enquiries call 131 444</p> 	 <p>Department of Communities and Justice (DCJ)</p>  <p>Communities and Justice</p> <p>Make a report to DCJ if you suspect a child is at risk of significant harm. Types of abuse include neglect, sexual, physical and emotional. Call the Child Protection Helpline on 132 111</p> 	 <p>Reportable Conduct Scheme</p>  <p>Office of the Children's Guardian</p> <p>Notify reportable allegations against staff, certain volunteers and contractors within 7 working days. For advice and support contact 02 8219 3800 reportableconduct@ocg.nsw.gov.au</p> 	 <p>NSW Regulatory Authority</p>  <p>Education</p> <p>Notify incidents, complaints and allegations via the National Quality Agenda IT System (NQA ITS). You can also call 1800 619 113 or email eceecd@det.nsw.edu.au</p> 	 <p>Organisational response</p> <p>Every concerning matter is an opportunity for your organisation to strengthen its child safe practices and culture. This includes assessing and reviewing relevant policies and procedures. For support implementing child safe practices contact the Office of the Children's Guardian on 02 8219 3600</p> 
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If you're not sure about if you need to make a report, please speak with your manager as a priority.

Office of the Children's Guardian



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Attachment 3 - Traffic Light Framework; Recognising and Responding to Child Sexualised Behaviours

	Indications of behaviour	Possible age-appropriate examples
<p>RED</p> <p>Sexual behaviours indicate or cause harm.</p> <p>Provide immediate protection and support.</p>	<ul style="list-style-type: none"> • excessive, compulsive, coercive, forceful, degrading or threatening • secretive, manipulative or involve bribery or trickery • not appropriate for the age and stage of development • between children with a significant difference in age, developmental ability or power. 	<ul style="list-style-type: none"> • compulsive masturbation which may be self injurious, of a persistent nature or duration • persistent explicit sexual themes in talk, art or play • disclosure of sexual abuse • simulation of sexual touch or sexual activity • persistently touching the genitals/private parts of others • forcing other children to engage in sexual activity • sexual behaviour between young children involving penetration with objects, masturbation of others, oral sex • presence of a sexually transmitted infection
<p>ORANGE</p> <p>Sexual behaviours that cause concern.</p> <p>These behaviours signal the need to monitor and provide extra support.</p>	<ul style="list-style-type: none"> • persistence, intensity, frequency or duration of behaviours • the type of activity or knowledge for the age and stage of development • inequality in age, size, power or developmental ability • risk to the health and safety of the child or others • unusual changes in a child's behaviour. 	<ul style="list-style-type: none"> • masturbation in preference to other activities • spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual and consensual • persistently watching others in sexual activity, toileting or when nude • explicit sexual talk, art or play • following others into private spaces e.g. toilets, bathrooms to look at them or touch them • pulling other children's pants down or skirts up against their will • touching the genitals/private parts of other children in preference to other activities • attempting to touch or touching adults on the breasts, bottom, or genitals in ways that are persistent and/or invasive • touching the genitals/private parts of animals after redirection
<p>GREEN</p> <p>Sexual behaviours which are part of normal and healthy development.</p> <p>These behaviours provide opportunities to talk, explain and offer support.</p>	<ul style="list-style-type: none"> • spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual and consensual • appropriate to the child's age and development • activities or play among equals in terms of age, size and ability levels • about understanding and gathering information, balanced with curiosity about other parts of life 	<ul style="list-style-type: none"> • comfort in being nude • body touching and holding own genitals • unselfconscious masturbation • interest in body parts and functions • wanting to touch familiar children's genitals during play, toilet or bath times • participation in make believe games involving looking at and/or touching the bodies of familiar children e.g. show me yours and I'll show you mine", playing 'family' • asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. when in the bath

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Attachment 4 - Awareness of all stakeholders

<p>Children who have allegedly been exposed to sexual abuse by another child</p>	<ul style="list-style-type: none"> • The child’s voice is heard • Children are reassured of safety in the service • Child Protection procedures are implemented
<p>Child who has sexually abused another child</p>	<ul style="list-style-type: none"> • Ensure supervision at all times • Ensure they are age/developmentally made aware their behaviour is inappropriate, supporting them by intentionally teaching around child safety and child protection
<p>Educators</p>	<ul style="list-style-type: none"> • Use of Traffic Light Framework • Use of respectful language to describe the sexualised behaviour, ensuring it does not stigmatise the child • Uphold confidentiality • Intentionally teaching child protective behaviours • Thorough documentation, and safe storage of records
<p>Nominated Supervisors</p>	<ul style="list-style-type: none"> • Regulatory reporting within 24 hours, as required • Ensuring educators and staff are inducted and familiar with the Child Protection Policy, and mandatory reporting requirements
<p>Families Child who has been sexually abused</p>	<ul style="list-style-type: none"> • Confidentiality upheld • Refer to support, or counselling service • Kept updated with the complaints process
<p>Families of Child who sexually abused another child</p>	<ul style="list-style-type: none"> • Explain steps in reporting • Refer support agency, or counselling service
<p>SUPPORT AND COUNSELLING SERVICES</p>	
<ul style="list-style-type: none"> • Safe Wayz Program (NSW Health): (02) 6561 5840 • Kids Helpline: 1800 55 1800 • Lifeline: 13 11 14 • Bravehearts: 1800 272 831 	