

# Child Protection Reporting Overview

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## RECEIVING A DISCLOSURE

- Remain calm and find a private place to talk
- Explain why you can't keep it a secret
- Only ask enough questions to confirm the need to report the matter
- Do not attempt to conduct your own investigation



## DOCUMENTING A DISCLOSURE

- Complete an incident report form and include:
  - Time, date and place of the disclosure
  - 'Word for word' what happened and what was said, including anything you said and any actions that have been taken
  - Date of report and signature



## REPORTING A DISCLOSURE

If you have a reasonable suspicion a child is at risk of significant harm caused by physical or sexual abuse where a parent is unable or unwilling to protect child contact **Child Safety Services** on **1800**

**177 135 (after hours)** or **Regional Intake Service (business hours)**

Brisbane	1300 682 254
Central Queensland	1300 703 762
Far North Queensland	1300 684 062
North Coast	1300 703 921
North Queensland	1300 706 147
South East	1300 679 849
South West	1300 683 390

IF YOU AREN'T SURE WHO TO CALL CONTACT CHILD SAFETY SERVICES ENQUIRIES UNIT ON  
**1800 811 810**

**When children are in immediate danger of abuse contact the police on 000**



## FOLLOWING A DISCLOSURE

Assistance to access support and counselling will be offered to all parties involved. The policies and procedures for handling disclosures or suspicions of harm will be reviewed.

# Child Protection Policy

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## NQS

QA2	2.2.3	Child protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
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## National Regulations

Regs	84	Awareness of child protection law
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## Aim

To ensure all employees take their responsibility to protect children from any type of harm very seriously, understand their reporting obligations and are aware of our risk management strategy which includes practices designed to ensure the safety and well being of children is paramount.

## Related Policies

Educator and Management Policy

Privacy and Confidentiality Policy

Record Keeping and Retention Policy

### Related Documentation

Incident Injury Trauma and Illness Record

Child Protection Annual Review

Educator Induction Processes

Educator Appraisal Processes

Educator Recruitment Processes

Educator Professional Development Processes

Educator Job Descriptions

Staff Records

Risk Management Plans

## Implementation

Under the *Child Protection Act 1999* abuse and neglect is referred to as “harm” which is any detrimental effect of a **significant nature** on a child’s physical, psychological or emotional wellbeing:

- *physical abuse*, for example, beating, shaking, burning, biting, causing bruise or fractures by inappropriate discipline, giving children alcohol, drugs or inappropriate medication

- *emotional or physiological abuse*, for example, constant yelling, insults, swearing, criticism, bullying, not giving children positive support and encouragement
- *neglect* for example, not giving children sufficient food, clothing, enough sleep, hygiene, medical care, leaving children alone or children missing school, and
- *sexual abuse or exploitation*, for example, sexual jokes or touching, exposing children to sexual acts or pornography or having sexual intercourse with a child or young person under 16 years of age (even if the child has consented).

Approved Providers, Nominated Supervisors, and educators 18 years of age and over are mandated reporters under the 'Mason's Law' amendments which commenced on 1 July 2017. **These individuals must report their reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse and there is not a parent willing and able to protect the child from harm.** However all employees and where relevant volunteers at our service will report a child at risk of any form of significant harm if they have a reasonable belief that a child is, could be or has been harmed based on their:

- first hand observation of the child or family
- what the child, parent or other person has disclosed
- what can reasonably be inferred based on observation, professional training and/ or experience.

## **Child Protection Risk Management Strategy**

The Approved Provider, Nominated Supervisor, employees and volunteers will implement a Child Protection Risk Management Strategy to ensure the health, wellbeing and safety of all children at the service, protect children from harm and protect the integrity of employees and volunteers. The Strategy includes the following components which meet the eight mandatory requirements of the Risk Management Strategy outlined in the Working with Children legislation.

1. Aim (page 2)
2. Code of Conduct
3. Recruitment, Selection and Training Procedures for employees and volunteers which include child protection principles
4. Procedures for handling disclosures and suspicions of harm Reporting and Documenting Abuse or Neglect
5. Procedures for Managing Breaches
6. Policies and procedures for compliance with the Blue Card system
7. Risk Management for High Risk Activities and Special Events
8. Strategies for Communication and Support

## **2. Code of Conduct**

The service upholds the Code of Conduct in our Educator and Management Policy for employers, educators, volunteers, students, families and children to ensure the safety and wellbeing of children.

## **3. Recruitment, Selection and Training Procedures**

The Approved Provider or Nominated Supervisor will implement recruitment, professional development and training procedures for employees and where relevant volunteers to ensure no-one at the service poses a risk to children and everyone understands how to manage

disclosures or suspicions of harm (Recruitment procedures at Appendix A and training procedures in Educator and Management Policy). Requirements include:

- job advertisements which include qualifications and skills required, and culture of child safety and protection
- job descriptions which outline level of professional skills and responsibilities
- processes (including job advertisements) which ensure employees, volunteers and students have clear Working With Children Checks (Blue Cards) unless they are exempt (see [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au)).
- interview questions and referee checks which reference person's approach to child safety and protection
- documented induction/ orientation checklists which reference child safety and protection, supervision, compliance with National Law and Regulations, NQS, Code of Conduct, policies and procedures
- annual training and development to ensure individuals are clear about their roles and responsibilities to protect children from harm, are aware of their reporting obligations, can confidently recognise the indicators of harm (see Appendix B) and understand documenting and reporting procedures (see [Department of Child Safety, Youth and Women](#).)
- annual performance appraisals for employees
- regular inclusion of child protection and risk management strategy in staff meetings and annual review of written training plans which must include Child Protection matters (eg disclosures and suspicions of harm)
- providing access to relevant legislation and other resources to help employees and volunteers meet their obligations

## **4. Procedures for managing disclosures and suspicions of harm**

### **What is a *disclosure* of harm?**

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

- I think I saw...||
- Somebody told me that...||
- Just think you should know...||
- I'm not sure what I want you to do, but...||

### **What is a *suspicion* of harm?**

A suspicion of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm. Note there may be circumstances where there is concern for a child's welfare but it does not reach the threshold to be considered a disclosure or suspicion of harm. In this case educators will connect families with Family and Child Connect with the family's consent.

The Approved Provider, Nominated Supervisor, employees and volunteers may suspect harm if:

- a child says they have been harmed

- someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
- a child tells them they know someone who has been harmed (it is possible that they may be referring to themselves)
- they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
- they see the harm happening.

### **Managing and recording a disclosure of harm**

If the Approved Provider, Nominated Supervisor, educators have concerns about the safety of a child they will:

- find a private place to talk
- remain calm and listen in an attentive, active and non-judgemental way
- encourage the person (including a child) to talk in their own words
- take anything a child says seriously
- allow children to be part of decision-making processes where appropriate
- ask just enough open ended questions to act protectively without asking any leading questions which suggest an answer and could compromise later investigations
- tell the person they have done the right thing in revealing the information and they'll need to tell someone who can help keep them safe
- not try to investigate or mediate the matter themselves
- record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child)
- document as soon as possible so the details are accurately captured including:
  - time, date, location and who was present
  - full details of the (suspected) abuse
  - exactly what the person said using "I said", "they said," statements
  - the questions educators asked
  - any comments educators made
  - educators' actions following the disclosure
- ensure the managements and storage of records complies with our Privacy and Confidentiality Policy.
- follow our reporting procedures

See template at Appendix C

### **Managing and recording a suspicion of harm**

The Approved Provider, Nominated Supervisor, employees and volunteers will:

- remain alert to any warning signs or indicators
- pay close attention to changes in the child's behaviour, ideas, feelings and the words they use
- make written notes of observations in a non-judgemental and accurate manner, and manage in line with our Privacy and Confidentiality Policy
- assure a child that they can come to talk when they need to, and listen to them and believe them when they do
- follow our reporting procedures

See template at Appendix C

## **Making a Report**

A report will be made using the following procedure preferably on the same day there is a disclosure or suspicion of significant harm, and no later than 24 hours after the disclosure or suspicion.

**The Approved Provider, Nominated Supervisor, employees and volunteers will:**

### **1. Consider whether disclosure or suspicion needs to be reported to Police**

- contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so
- contact the police where the child has been or may be the victim of a criminal offence (including where a child is at risk of significant harm outside the family)
- get clear guidance from Police about who will tell child's parents about the disclosure and who can give ongoing support

### **2. Consider whether the disclosure or suspicion must be reported to Child Safety**

- use the online Child Protection Guide available on the Department of Child Safety, Youth and Women website at <https://www.csyw.qld.gov.au/> to help determine if a child is at risk of significant harm. Educators will also consider any detrimental effects on the child's body or emotional state, their nature and severity, the likelihood they'll continue and the child's age
- make a report online through Department of Child Safety, Youth and Women website at <https://www.csyw.qld.gov.au/> or by phone to Child Safety Services on 1800 177 135 (after hours) or the Regional intake Services (business hours) where children at risk of significant harm. Contact Child Safety Services Enquiry Unit on 1800 811 810 if unsure who to call. If reporting by phone, record name of person taking report, what the next step is, what advice will be sent to confirm report made, if there is any further action required
- make the report with the assistance or support of the Nominated Supervisor. If the Nominated Supervisor does not follow through and make the report, employees and volunteers will make the report
- get clear guidance from Child Safety about who will tell child's parents about the disclosure and who can give ongoing support

### **3. Consider whether referral is needed to Family and Child Connect**

- contact Family and Child Connect support services with parents' consent at [www.familychildconnect.org.au/](http://www.familychildconnect.org.au/) in cases where the significant harm threshold is not reached

### **4. Consider whether you must report to the ECEC Regulatory Authority**

- notify the Regulator within 24 hours through the online NQA IT portal about any incident, including any suspected or alleged incident, of child abuse that has occurred at the service. This includes any physical or sexual abuse that has occurred or is occurring while the child is at the service.

## **Allegations against Service Personnel**

The reporting procedure above will also be followed where there are allegations of harm against the Approved Provider, Nominated Supervisor, employees or volunteers. The Approved Provider or Nominated Supervisor will:

- complete an Incident, Injury, Trauma and Illness Record and notify the Regulatory Authority within 24 hours of making the report
- provide appropriate support for any employee/volunteer who has an allegation made against them
- protect the identity of employees/volunteers in relation to unsubstantiated complaints
- review the person's duties, and if they continue to interact with children, ensure they are appropriately supervised at all times
- seek legal advice about restricting that person's work activities if relevant.

### **Confidentiality**

It is important that individuals keep a Report confidential while the matter is investigated. Employees or volunteers will not discuss the Report with people who are not involved, or inform the person they have made the complaint about, to ensure the matter can be investigated without prior knowledge and contamination of evidence.

### **Safeguards for reporters**

Reports made to the Department of Child Safety, Youth and Women website or Police are kept confidential. Under the *Child Protection Act 1999* if the report is made honestly:

- the report will not breach confidence or standards of professional conduct
- the report can't incur civil or criminal liability
- the identity of the person making the report is protected. (However, the Court may grant leave to reveal the person's identity if the evidence is critically important or there is a compelling public interest.)

### **Support after disclosure**

The Approved Provider or Nominated Supervisor will provide assistance to access appropriate support and counselling services for all parties affected by a disclosure of harm.

## **5. Procedures for Managing Breaches**

All employees and volunteers working with children have a duty of care to support and protect children which is breached if a person:

- does something that a reasonable person wouldn't do in a particular situation
- fails to do something that a reasonable person would do in the circumstances
- acts or fails to act in a way that causes harm to someone owed a duty of care.

In relation to our Child Protection Risk Management Strategy, a breach of that duty of care includes any action or inaction by an employee, volunteer or child that fails to comply with any of the eight components of the Strategy.

Employees, volunteers or families should report the breaches to the Nominated Supervisor or Approved Provider who will manage an investigation into the breach in a fair, unbiased and supportive manner in line with our Grievance Policy and Procedure (see Report Breach template at Appendix D). For example:

- those involved in the breach will be able to provide their version of events
- matters discussed in relation to the breach will be kept confidential

- an appropriate outcome will be decided
- everyone affected will receive a clear written statement (letter, email or SMS) of the outcome
- records will be kept about the details of the breach, including the versions of all parties and the outcome of the breach

Depending on the nature of the breach outcomes may include:

- emphasising the relevant component of the Child Protection Risk Management Strategy, for example, the Code of Conduct
- providing closer supervision
- professional development and training
- mediating between those involved in the incident (where appropriate)
- disciplinary procedures if necessary
- reviewing current policies and procedures and developing new policies and procedures if necessary
- termination of employment.

## **6. Policies and procedures for compliance with the Blue Card system**

The Nominated Supervisor is responsible for managing Blue Cards at the service and will:

- ensure employees, volunteers and students have a current Blue Card or Exemption Card before commencing work unless this is not required. Employees (but not volunteers or students) who submitted a Blue Card application before 31 August 2020 can work at the Service while the application is assessed
  - for exemptions see Frequency Test Blue Card Services
  - teachers registered with QLD College of Teachers (or QLD police officers) who work/volunteer at the Service must apply for an Exemption Card if they do not hold a Blue Card
- ensure Blue Cards or Blue Card Exemption Cards are linked to the Service (see Blue Card Employment Changes, Blue Card Services)
- ensure that all information in relation to blue cards remains confidential including personal details, changes in Card status and notifications from Blue Card Services
- maintain an Employee Register with Card details for all staff, volunteers and students.

### **Blue Card Applications**

When an employee, volunteer and student is applying for a Blue Card, the Approved Provider or Nominated Supervisor will:

- certify they have sighted documents to confirm their identity
- carefully check the application to ensure all sections have been appropriately completed
- explicitly warn applicants it's an offence for a 'disqualified person' (defined on the application form) to sign a blue card application form or a renewal form. (It's an offence for an employer not to provide this warning)

- inform applicants who may be ‘disqualified persons’, that in certain circumstances, they may be able to check if they’re eligible for a Blue Card using an ‘Eligibility declaration application (see Other blue card forms Blue Card Services)
- advise applicants it’s an offence not to notify Blue Card services of changes in:
  - police information immediately
  - personal information within 14 days.

### **Blue Card Notifications**

If a card is cancelled or suspended or an employee, student or volunteer receives a negative notice, the Approved Provider or Nominated Supervisor will immediately terminate the person’s employment, volunteering or training arrangements.

### **Current employee, volunteer or student stops working at the service**

The Approved Provider or Nominated Supervisor will advise Blue Card Services the employee, volunteer or student is no longer with the Service as soon as possible (see Blue Card Employment Changes, Blue Card Services).

### **Blue Card Renewals**

Blue cards, including Exemption Cards, are current for three years unless cancelled or suspended. (Exemption cards without expiry dates must be renewed by 31 August 2023.) The Nominated Supervisor will ensure renewal applications are submitted at least 6 weeks prior to their card’s expiry date to ensure the holder can continue working while a renewal application is processed. Where Blue Cards are renewed before they expire holders can continue to work at the Service. If the Cards are not renewed before expiry, employees, volunteers and students must not work at the Service until a new Card is issued.

### **Employee Register**

The Nominated Supervisor will maintain a Register in electronic or hard copy format (see Blue Card Services for template) for all employees, volunteers, students and the Approved Provider which includes:

- whether or not the person requires a card and if not, why
- the type of employment (eg paid, volunteer, student)
- card status (eg valid/in progress) and when application submitted
- whether they sighted ID for the applicant
- type of Card (eg paid, volunteer, exemption) and card number
- expiry date of card or exemption card
- date renewal to be submitted (at least 6 weeks before expiry)
- whether Card has been linked to Service and this has been confirmed by Blue Card services
- any change in status and notifications from Blue Card Services (eg card cancelled or suspended, negative notice issued, known disqualified person, serious change in police information, application withdrawn) or personal information, including date person informed Blue Card Services.

## **7. Risk Management Plan for High Risk Activities and Special Events**

The Nominated Supervisor and educators will analyse the risk of 'harm' to children for all relevant events including purchase of new equipment as well as high risk activities where there is an increased risk of harm to children for example:

- water based activities
- special events like service concerts and family information days where there will be a large number of visitors or people present
- events or activities where visitors will be present
- excursions
- playground renovations
- activities using dangerous equipment

The Nominated Supervisor and educators will:

1. Identify all the elements of an activity (eg objectives, location, participants, transportation, toileting/change room procedures, appropriate supervision and adult to child ratios, photography policy, managing medications, managing illness and injury, procedure applying to visitors, physical environment)
2. Identify the risks
3. Analyse the likelihood and consequences of the risks
4. Evaluate the level of risk (eg low, moderate, high, extreme)
5. Implement strategies to eliminate or minimise the risk
6. Review the activity to determine how it could be improved

See Appendix E for a Risk Management template.

Where relevant (eg playground renovations) the Nominated Supervisor will encourage families to provide feedback on the risk of harm to children and strategies to minimise the risk. Feedback may be sought via newsletters or survey forms, or during parent information sessions.

## **8. Strategies for Communication and Support**

The Nominated Supervisor will implement the following to ensure families, employees, volunteers and children are aware of our Child Risk Management Strategy:

- regularly advise families and prospective families via service newsletters, emails and information evenings about the reasons for and components of our risk management strategy, where they can access our Child Protection Policy and Risk Management Strategy, and that we welcome feedback about the Policy/Strategy. We may include what we aim to teach children about protective behaviour (see Attachment F)
- provide written information about our risk management strategy during enrolment and orientation and include in Parent Handbook
- regularly include the reasons for and components of our risk management strategy in staff meetings and include in Staff Handbook
- ensure educators talk to children about the Strategy where appropriate and provide any feedback to the Nominated Supervisor
- display posters about child protection issues, including safe and supportive environments

- include child protection issues and our risk management strategy in employees' performance and training plans
- ensure educators regularly include learning about appropriate child protection issues in the Curriculum, including how to keep themselves safe, and what to do if they feel unsafe
- make available to employees and families relevant resources from the Department of Child Safety, Youth and Women website at <https://www.csyw.qld.gov.au/>

## Sources

**Child Protection Act 1999**

**Department of Child Safety, Youth and Women**

**Working with Children (Risk Management and Screening) Act 2000**

**QLD Family and Child Commission**

**Education and Care Services National Law and Regulations**

**Blue Card Services: Child and Youth Risk Management Strategy Toolkit**

## Review

The Policy, including Child Risk Management Strategy, will be reviewed annually and after any disclosure or suspicion of harm being actioned. The review will include checks to ensure the strategy reflects current legislation, continues to be effective, or whether any changes and additional training are required. The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: 21/08/2020**

**Date for next review:20/08/2021**

### Recruitment Process

- The Approved Provider/Nominated Supervisor will oversee and approve the recruitment process:
  - ensuring there is a documented position description for the vacant position that is accurate and current.
  - arranging for the position to be advertised
  - ensuring there is a standard list of interview questions for all applicants
  - reviewing the applications that have been received and making a short list of applicants
  - arranging suitable interview times with the shortlisted applicants
  - contacting referees for the most suitable candidate(s)
  - making an offer of employment in writing which the applicant must sign as an acceptance of the offer. The applicant must sign a contract of employment containing the specific terms and conditions of employment. A base Employment Contract is attached.
  - notifying unsuccessful applicants by letter, telephone or email.
- Recruitment and selection decisions will be made by the Approved Provider/Nominated Supervisor.

### Job Description

Every position must have a position description which:

- summarises the job and describes the tasks,
- details the skills, qualifications and experience required to perform the job and whether these are essential or desirable criteria.
- Clearly describes the expectations for educators/staff members to provide a safe and supportive environment for children.

### Advertising

- Positions may, at the discretion of the Approved Provider/Nominated Supervisor and where relevant, be initially advertised internally via email. This process gives current employees the chance to be considered for a transfer or nominate a suitable contact as a potential candidate.
- External advertising will occur when a suitable internal candidate (including employee contact) is unavailable, or may occur concurrently with the internal advertising where the Approved Provider/Nominated Supervisor believes it is in the service's best interests to source additional candidates.

### The Job Advertisement

The job advertisement will be written in clear, concise and non-discriminatory language and will contain:

- the title of the position
- a summary of the role and conditions of employment

- the essential and desirable criteria for candidates
- information about what applicants should provide with their applications
- clear, concise details about our Service and our safe, supportive work practices
- advice that the successful applicant will need to undergo a successful Working With Children Check (blue card screening, police check), referee checks and identification, and that candidates will be asked to disclose any information relevant to their eligibility to engage in activities involving children
- the name of a contact person
- the closing date for receipt of applications
- a statement that the Service is an Equal Opportunity Employer

### **Interviews**

The Approved Provider/Nominated Supervisor will conduct the interview. The format of the interview will be:

- advise the applicant about the position and the Service
- discuss the applicant's skills and experience as they relate to the position
- discuss the applicant's understanding of child safety and child protection
- answer any questions the applicant may have
- advise the applicant about the next steps in the selection process
- obtain permission to contact the applicant's nominated referees.

### **Selection of Candidates and Offer of Employment**

Following the interviews, we will check the work histories and references of the most suitable candidates(s) after obtaining their permission. We will include the following questions in those asked of referees:

- would you employ the person again?
- have you directly supervised the applicant and directly observed their work with children?
- do you have any concerns about the applicant working directly with children?
- can you give an example of a time when you observed the applicant managing a child with challenging behaviours?

If a decision is made to employ the most suitable candidate, we will make a written offer of employment.

The successful applicant must sign a contract of employment containing the specific terms and conditions of their employment.

### **Exit Interviews**

If an employee resigns, management will undertake an exit interview with the person to:

- gather information about the effectiveness of the recruitment process.
- identify possible areas for improvement in organisational processes, management, job design, remuneration or career planning and development.
- receive positive feedback on what is working well.

### Indicators of Harm

There are many indicators of harm to children. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However a single indicator can be as important as the presence of several indicators. Each indicator needs to be considered in the context of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing, and may be intentional or unintentional.

#### General indicators of harm

- showing wariness and distrust of adults
- rocking, sucking or biting excessively
- bedwetting or soiling •
- demanding or aggressive behaviour
- sleeping difficulties, often being tired and falling asleep
- low self-esteem
- difficulty relating to adults and peers
- abusing alcohol or drugs
- being seemingly accident prone
- having broken bones or unexplained bruising, burns or welts in different stages of healing
- being unable to explain an injury, or providing explanations that are inconsistent, vague or unbelievable
- feeling suicidal or attempting suicide
- having difficulty concentrating
- being withdrawn or overly obedient
- being reluctant to go home
- creating stories, poems or artwork about abuse

#### Indicators of Neglect in children

- poor standard of hygiene leading to social isolation
- scavenging or stealing food
- extreme longing for adult affection
- lacking a sense of genuine interaction with others
- acute separation anxiety
- self comforting behaviours, e.g. rocking, sucking
- delay in development milestones
- untreated physical problems
- comments from a child that no one is home to provide care
- being constantly tired
- frequent lateness or absence from school
- inappropriate clothing, especially inadequate clothing in winter
- frequent illness, infections or sores

- being left unsupervised for long periods.

#### **Indicators of Neglect in parents and caregivers**

- failure to provide adequate food, shelter, clothing, medical attention, hygiene or leaving the child inappropriately without supervision
- inability to respond emotionally to the child
- child abandonment
- depriving or withholding physical contact
- failure to provide psychological nurturing
- treating one child differently to the others

#### **Indicators of Physical Abuse in children**

- facial, head and neck bruising
- lacerations and welts
- explanations are not consistent with injury
- bruising or marks that may show the shape of an object
- bite marks or scratches
- multiple injuries or bruises
- ingestion of poisonous substances, alcohol or drugs
- sprains, twists, dislocations
- bone fractures
- burns and scalds

#### **Indicators of Physical Abuse in parents and caregivers**

- direct admissions from parents about fear of hurting their children
- family history of violence
- history of their own maltreatment as a child
- repeated visits for medical assistance

#### **Indicators of Emotional Abuse in children**

- feeling of worthlessness about them
- inability to value others
- lack of trust in people and expectations
- extreme attention seeking behaviours
- other behavioural disorders (disruptiveness, aggressiveness, bullying)

#### **Indicators of Emotional Abuse in parents and caregivers**

- constant criticism, belittling, teasing of a child or ignoring or withholding praise and affection
- excessive or unreasonable demands
- persistent hostility, severe verbal abuse, rejection and scape-goating
- belief that a particular child is bad or “evil”
- using inappropriate physical or social isolation as punishment

- exposure to domestic violence

#### **Indicators of Sexual Abuse in children**

- they describe sexual acts
- direct or indirect disclosures
- age inappropriate behaviour and/or persistent sexual behaviour
- self destructive behaviour
- regression in development achievements
- child being in contact with a suspected or known perpetrator of sexual assault
- bleeding from the vagina or anus
- injuries such as tears to the genitalia

#### **Indicators of Sexual Abuse in parents, caregivers of anyone else associated with the child**

- exposing the child to sexual behaviours of others
- suspected of or charged with child sexual abuse
- inappropriate jealousy regarding age appropriate development of independence from the family
- coercing the child to engage in sexual behaviour with other children
- verbal threats of sexual abuse
- exposing the child to pornography

#### **Indicators of Domestic Violence in children**

- show aggressive behaviour
- develop phobias & insomnia
- experience anxiety
- show signs of depression
- have diminished self esteem
- demonstrate poor academic performance and problem solving skills
- have reduced social competence skills including low levels of empathy
- show emotional distress
- have physical complaints

## Disclosure of harm

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

- I think I saw...||
- Somebody told me that...||
- Just think you should know...||
- I'm not sure what I want you to do, but...||

Child's name \_\_\_\_\_

What is the name of the person who made the disclosure? \_\_\_\_\_

Are they related to the child? Yes  No

If yes, what is the relationship? \_\_\_\_\_

What did the person disclose? Try to use the exact words they used. Use "I said" "they said" statements, include any questions you asked and comments you made

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What date did the person make the disclosure? \_\_\_\_\_ What time? \_\_\_\_\_ AM/PM

Where did the disclosure occur? \_\_\_\_\_

Was anyone else present during the disclosure? Yes  No  If yes what is/are their name, role and employer?

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Have you followed the procedure in the Child Protection Policy for making a report? Yes  No

Describe the actions you have taken following the disclosure

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\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
Signature of person completing form

Date \_\_\_\_\_

Time \_\_\_\_\_ AM/PM



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Name of person completing form

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Signature of person completing form

Date \_\_\_\_\_

Time \_\_\_\_\_ AM/PM



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**If no action taken – reason**

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\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
Signature of person completing form

Date \_\_\_\_\_

Time \_\_\_\_\_ AM/PM

\_\_\_\_\_  
Authority breach reported to (if relevant)

\_\_\_\_\_  
Name of person reported to

**Child Protection Risk Management Strategy – Template for High Risk Activity**



Management

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
<p><b>Describe the activity</b></p> <p><i>Identify all elements of the event from beginning to end eg activity, objectives, location, participants</i></p>	<p><b>Identify Risks</b></p> <p><i>Something that could happen that results in harm – also consider physical, emotional, sexual and cultural risks from children, adults, visitors, employees, volunteers</i></p>	<p><b>Analyse the Risk</b></p> <p><i>How likely is the risk, what would happen if the risk did occur?</i></p>	<p><b>Evaluate the Risk</b></p> <p><i>Likelihood/Consequences</i></p>	<p><b>Manage the Risk</b></p> <p><i>Assess the options to reduce the risk</i></p>	<p><b>Review</b></p> <p><i>Nominate who will review after the event/activity</i></p>

Determine **likelihood** of the risk by using the left hand column of the **Risk Analysis Matrix** (below). Use the impact information to determine the **consequences** level. Combine the Consequence and Likelihood ratings to arrive at the **Risk Level** (i.e. *Low, Medium, High or Critical*). **CONSEQUENCES**

<b>LIKELIHOOD</b>	<b>Insignificant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Very likely</b> Expected to occur in most circumstances	Medium	Medium	High	Critical	Critical
<b>Likely</b> Will probably occur in most circumstances	Low	Medium	High	High	Critical
<b>Possible</b> Might occur at some time	Low	Medium	Medium	High	High
<b>Unlikely</b> Not expected to occur	Low	Low	Medium	Medium	High
<b>Rare</b> Occurs in exceptional circumstances only	Low	Low	Low	Medium	Medium

### **Educating Children about Protective Behaviour**

**Educators will regularly include child protection issues in the curriculum. For example they will intentionally teach children:**

- about acceptable/unacceptable behaviour, and appropriate/inappropriate contact in a manner suitable to their age and level of understanding
- that they have a right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe
- the difference between 'fun' scared that is appropriate risk taking and dangerous scared that is not ok
- to use their own skills to feel safe
- to recognise signs that they do not feel safe and need to be alert and think clearly
- that there is no secret too awful, no story too terrible, that they can't share with someone they trust
- that educators are available for them if they have any concerns
- to tell educators of any suspicious activities or people
- to recognise and express their feelings verbally and non-verbally
- that they can choose to change the way they are feeling.

Educators believe that:

- children are capable of the same range of emotions as adults
- children's emotions are real and need to be accepted by adults
- an adult's response to a child during their early emotional development can be hugely positive or detrimental depending on the adult's reaction
- children are very in touch with their bodies' reactions to their emotions
- children who better understand their body's response to an emotion are more able to foresee the outcome of a situation and avoid them or ask for help.