



CHILD PROTECTION POLICY AND PROCEDURE

Policy number		Version	2
Drafted by	Stacey Bayliss	Approved by MC on	18.05.2020
Responsible person		Scheduled review date	MAY 2023
Applies to: Clients, Parents / Carers, staff members and Management Committee			
Specific responsibility: Key Workers, staff members, Management team, Management Committee			
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”.			
Standards / Legislation or other external requirements	Relevant Industrial Awards Fair Work Commission Fair Work Act 2019 National Employment Standards Work Health & Safety Act 2019 (State) Work Health & Safety Regulations 2019(State) National Disability Insurance Scheme Act 2013 National Disability Insurance Scheme Rules and Guidelines 2018 - 2019 NDIS Terms of Business for Registered Providers NDIS Quality and Safeguarding Framework, 2018 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)		
Contractual obligations	NDIS Service Agreements Employment Agreements		

POLICY STATEMENT:

Early Connections - Coffs Coast 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 team members, 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.



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- ✓ Developing and maintaining a culture in which children feel valued, respected and cared for.
- ✓ Encouraging active participation from families, parents / carers and ensuring that best practice supports and services are based on a partnership approach with shared responsibility for children's health, safety, wellbeing and development.
- ✓ All team members 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:

1. Ensure that all front line team members (Teachers / Therapists / Key Workers) complete the NSW Dept. of Education online Child Protection Awareness Training annually.
2. Ensure that the calendar for the annual renewal of NSW Dept. of Education online Child Protection Awareness Training is maintained and updated in the CRM – Echidna
3. Ensure all team members are aware of their obligations as workers under the [NDIS Code of Conduct](#) and have an understanding of the role of the NDIS Quality and Safeguards Commission and their roles and responsibilities regarding human rights, respect and risk.
4. Ensure all new team members complete the *Worker Orientation Module called 'Quality, Safety and You'* within their induction process.
5. Ensure all existing workers complete the module as part of their ongoing learning and to support the organisations compliance with the NDIS
6. All completed certificates for the above will be filed in each team member's Echidna file.
7. Whenever a team member becomes aware of the possibility that a child is at "risk of significant harm" they must discuss their concern (immediately) with the Program Manager.
8. Refer to the definitions and information relating to abuse and harm listed below.
9. Additional information can also be found at the NSW Mandatory Reporting Guide <https://www.facs.nsw.gov.au/families/Protecting-kids/mandatory-reporters/what-when-to-report/chapters/mandatory-reporter-guide>
10. Any team member who has concerns regarding a child at risk, will work with the Program Manager to complete the Mandatory Reporter Guide (MRG).
11. There are two ways mandatory reporters can make a child protection report:
 - ✓ By eReport through the ChildStory Reporter website. <https://reporter.childstory.nsw.gov.au/s/article/How-to-create-an-eReport-in-the-Reporter-Community>
 - ✓ By calling the Child Protection Helpline on 132 111.

Steps to Completing the MRG

Step 1 – Choose a Decision Tree (Physical, Neglect, Sexual, Unborn Child), either through NSW Mandatory Reporter Guide online or via phone.

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



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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, either make a report to Community Services or seek additional assistance and support from the Program Manager.

Step 5 – Document observations/information and print result of MRG, date and sign including documentation relating to the second new ground for reporting “a series of acts or omissions when viewed together may establish a pattern of significant harm”.

Step 6 – File all documentation in the secure filing cabinet – section - “Keep them Safe” – with all other ongoing notes and notifications. Each child’s documentation should be in a separate plastic sleeve.

Notifications / Incidents relating to NDIS Clients and the NDIS Commission – Quality and Safeguards –

Anyone who has a concern or complaint about the quality or safety of services provided to an NDIS participant in NSW, can make a complaint on behalf of a person with disability to the NDIS Commission <https://www.ndiscommission.gov.au/workers/complaints-and-concerns>

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.

Indicators of Harm:

- ✓ 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 bones 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

Team members who are working with client families from CALD cultural backgrounds should be mindful and responsive to the specific situations relating to their transition to Australia. Refugee families may have experienced trauma and other harm including war, religious persecution or poverty. Client children and families may also have experienced severe trauma due to the death of loved ones in traumatic 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.

DOCUMENTATION

Documents related to this policy	
Related policies	<ul style="list-style-type: none"> - Case Management Service Plan Policy - Positive guidance and behaviour management policy. - Incident Policy



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	<ul style="list-style-type: none"> - Child Protection – Allegations of abuse against an employee Policy and Procedure
Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> - Keeping them Safe box (locked cupboard) - NSW Mandatory Reporter Guide 2014 - Children’s Services Regulations 2017.

Reviewing and approving this policy		
Frequency	Person responsible	Approval
3 years	Management team and Management Committee	Management Committee

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review Due
2	18.05.2020	Management Committee	MAY 2023

Management Committee:

Signed:

Name: Ian Braine - President
Date: 18.05.2020