

Child Protection Policy and Procedures

1. Objective

The staff and Committee of Management at Annie Dennis Children's Centre believe that children have the right to be safe from abuse and neglect. It is for this reason and the commitment to being a part of a community that takes responsibility for children's safety that the Centre has developed this policy.

Part A: General Principles in the event that protective concerns arise.

Part B: Notification procedure for Annie Dennis Children's Centre Staff/Director

PART C: How to handle suspected abuse or neglect

Part D: Keeping Documentation

Part E: Mandatory Reporting

Appendix: Comments on Children at Risk

Attachment: Providing Support to Vulnerable Children and their Families (brochure)

Part A - General Principles in the event that protective concerns arise.

1. The welfare and safety of children is the primary consideration.
2. The Centre has a commitment to and responsibility in ensuring that children are protected from abuse and neglect.
3. When there is conflict between the rights of the caregiver and the rights of the child, then the welfare and interests of the child's are paramount.
4. The Centre adheres to information privacy, however this must not impede the safety of children. Where the safety and wellbeing of a child is threatened, the best interest of the child is paramount. The Centre will apply relevant legislation, including the Children, Youth and Families Act (2005) (Vic).
5. To ensure that the needs of children are met in the best way, staff should work collaboratively with other professionals and families in a relationship of mutual trust and respect.
6. The Department of Human Services' Child Protection and Family Services section provides protective services to children and young people and their families in order to protect children and young people from significant harm resulting from abuse and neglect within the custodial family unit.
7. Childcare staff will make a report to the DHS if they have a significant concern for the wellbeing of a child.
8. Staff are not responsible for establishing or proving that abuse or neglect has taken place.

9. Investigation of suspected abuse or neglect is the responsibility of the DHS and the police.
10. Grounds for a staff member forming a reasonable belief that a child is a risk of harm can include a child telling a staff member that abuse or neglect is occurring, someone else informing a staff member of such a belief, and/or staff observations of the child.
11. The Children, Youth and Families Act provides that a person who has a significant concern for the wellbeing of a child may make either a report to the Secretary (effectively DHS) or a referral to a community based child and family service. The attached brochure *Providing Support to Vulnerable Children and their Families* provides further guidance. For the purposes of this Policy, the term "report" is used to cover both these avenues.
12. In the most serious matters, where the staff member believes a child has suffered or is likely to suffer significant harm as a result of sexual abuse or physical injury, and the child's parents have not protected the child, it is mandatory to make a report. The main body of this Policy deals with all reports, while Appendix A covers mandatory reporting in more detail.

Part B - Notification procedure for Annie Dennis Children's Centre Staff/Director

1. In the course of work hours, if the worker forms the view that protective concerns exist; the worker must discuss these concerns as soon as possible with the Director, or if the Director is unavailable with the Assistant Director.
2. Following discussions with the Director, a decision will be reached about whether a notification will be made to the DHS.
3. The staff members involved will be informed of the outcomes, but no other staff members will be given identifying information about the family unless the Director feels that they need to know.
4. The President of the COM will be informed of any action taken, but will not be given any identifying information about the family.
5. The Director will generally make all reports unless she is unavailable to do so, and in this case the assistant Director will do this. Note that a staff member or any other person may independently make a report that is covered by the protections of the *Children Youth and Families Act*, regardless of whether the Director or Assistant Director decides to do so.
6. The Director has discretion whether and if so when to notify the family involved that she is making a report. When the suspected abuse involves severe physical injury or sexual abuse, the family will generally not be notified before a notification to the DHS is made (examples are unexplained burns, disclosures by the child of sexual

abuse). The Centre will in these cases be guided by the DHS as to if and when to notify the family.

7. The centre and each staff member has a right to take any action to ensure that children at the Centre and staff members are safe at all times. This may involve contacting the police if any person or family makes threats against staff members.
8. As part of the standard procedure, staff or the Director will make careful documentation of concerns and any action taken.

Part C – How to handle suspected abuse or neglect

If a child discloses abuse or neglect affecting him/herself

- a. Stay calm- this is important so that the child will feel reassured and secure.
- b. Provide privacy- if/when possible take the child aside so that others do not hear.
- c. Listen to and support the child.
- d. Praise the child for speaking out.
- e. DO NOT promise the child to keep it a secret. Ask the child for details.
- f. Ask open-ended questions. Give the child the opportunity to talk.
- g. Ask the child 'what do you want me to do now?'

If someone else (including another child) reports abuse or neglect

The guidelines for supporting the person reporting the suspected abuse or neglect are the same as those above. The decision whether to then discuss the issue with the affected child should be made by the Director, circumstances permitting. If so, the discussion follows the same guidelines. Note that it is not mandatory to investigate, gather evidence or seek confirmation from the affected child or anyone else before making a report.

Confidentiality

Other than for the purposes of making a report and as provided in this Policy, staff members aware of possible abuse or neglect must maintain strict confidentiality at all times.

Steps prior to making a notification

In many cases of suspected abuse, the behavioural and physical indicators may be vague or minor. In these circumstances, when the worker is considering that a child is exhibiting some of the indicators of suspected abuse, it is important to consider that it may be as a result of an accident or other stresses.

If appropriate, talk informally and casually with the child and parents about the physical and /or behavioural indicators.

If you believe that the indicators are clearly suggestive of abuse, then consult with DHS, which may in turn, result in a report.

HOW TO MAKE A NOTIFICATION

1. The Director is required to telephone the Northern Protection Office, DHS on 9479 6222 or 13 12 78 (after hours and weekends).
2. Ask to speak to the **INTAKE WORKER** regarding a REPORT.
Write down the worker's name.
3. The Director needs to provide the following information to the intake worker, where possible:
 - State your name, address or remain anonymous
 - Child's name, age, sex, aboriginality, ethnic background and address.
 - Child's present location.
 - Family composition name, parents, address and ages.
 - Marital status of parents.
 - Current state of child's custody eg Family law court access conditions.
 - Siblings' names, sex and ages.
 - Other adults in the house.
 - The reason for the report. Detail your protective concerns in a factual and specific manner.
 - The notifier's relationship with the family.
 - Other people or agencies involved.
 - Any concerns about the protective worker's safety in visiting the home.
 - The best time to find the parents at home.
 - Whether the family knows the notification is being made.
4. The staff member may feel a responsibility to tell the parents that they have or will be making a notification. This decision should be made in consultation with the director whether the disclosure is in the best interests of the child, the parent and the working relationship.

STAFF ARE UNDER NO LEGAL OBLIGATION TO TELL THE PARENTS OF A NOTIFICATION.

In cases of suspected sexual abuse or severe physical injury, DO NOT inform the parent of your intention to notify.

Who informs the parents?

If the family is to be notified of the report, the Director will do this, generally in a private office subject to any safety concerns. Any staff member who was involved in preparing the report would not generally be present.

What happens after the notification

It is important that all staff continue to work in a professional manner with the parents. If the parents are anxious for information refer them to the DHS protective worker. Parents may demand to know more information or the same information again that led to the notification. This is the role of the Director to manage.

The Director will keep the staff member informed of what happens after the notification process.

Part D: Keeping Documentation

All observations of a protective nature need to be documented, including the recording of behavioural and physical indicators, dates, times, phone calls to parents/agencies and comments made by the child. This information is a good record for the Centre's information, and may be required at a later date for court evidence.

1. Use a formal recording system i.e. don't use scrap pieces of paper.
2. Date your notes. Sign your notes. State the time of documentation and time of consultations. State the name of each person, including staff and other children, involved in the report.
3. Clearly document first hand observations. If it is second-hand information, state that. e.g 21/06/98 Staff member told me this morning that Jim had stated.....
4. Your documentation should be consistent with other entries in the child's record Progress notes.
5. Give precise information. FACTS. FACTS. FACTS. Not interpretation.
6. Document the observed behavioural symptoms and injuries.
7. Draw the injuries on a body chart.
8. Write clearly and do not use white out. Cross out mistakes, initial and date.
9. If another person witnessed an incident, behaviour or other indicators of abuse or neglect, they should write up their own documentation independently. There is no rule against discussing the matter with

another staff member, where this might assist in understanding or working with the affected child.

10. Document within your expertise.

Part E: Mandatory Reporting

The earlier sections of this Policy covers a wide range of potential risks to a child's wellbeing, for which protected avenues are available to report a matter.

As an overlay to the general reporting avenues available, there is a category of specific, serious risks to a child's wellbeing which **must** be reported under the mandatory reporting rules in the Children Youth and Families Act 2005.

In 1993 the Victorian Government introduced mandatory reporting laws requiring professionals in a number of health and safety-related roles to notify the Department of Human Services if they have reasonable grounds to believe a child has suffered or is likely to suffer significant harm as a result of sexual abuse or physical injury, and the child's parents have not protected the child.. Staff members who meet the following definition fall within the mandatory reporting rules in line with other mandated professionals – "a person with a post-secondary qualification in the care, education or minding of children who is employed by a children's service".

Reasonable grounds for reporting may exist where, for example:

- A child tells you that he/she has been physically injured or sexually abused;
- Someone else, such as a relative, friend, acquaintance or sibling of the child, tells you that the child has been physically injured or sexually abused;
- You observe the child's behaviour and together with your knowledge of child development and behaviour you believe the child has been physically injured or sexually abused;
- You observe indicators of physical injury or sexual abuse. (See appendix for more information.) Further information set out in the Appendix was taken from "CHILDREN AT RISK, POLICY AND PROCEDURES CHILDREN'S SERVICES – CITY OF DAREBIN"
- The DHS brochure *Providing Support to Vulnerable Children and their Families* is attached for further guidance.

Appendix: Comments on Children at Risk

Purpose

This document was developed in recognition of the stress, difficulties and dilemmas children's services staff face when dealing with "at risk" children. Its purpose is to inform staff about children 'at risk', to outline steps for consistent and professional management of abuse situations and to inform workers of their obligations under mandatory reporting.

Some Underlying Assumptions

The following assumptions underpin the work of children's services staff:

- Children have rights that should be respected and upheld by the professionals who work with them.
- In general, children are given the best care and protection within their own families.
- Children are in unequal power relationships with adults because of their age and stage of development.
- Child maltreatment can occur in any family regardless of income, occupation, racial, social or cultural background.
- In some instances the rights of children to live in a safe and protective environment are violated. Such children need support, care and protection.
- Where there is a conflict of interest between the needs of the child and those of the family, the best interests of the child should be paramount.
- The Darebin community has an important role to play in the prevention, identification and management of children at risk.
- Where possible, families should be made aware of protective concerns staff may have about their child and the legal processes which may follow.
- Dealing with children 'at risk' is stressful and workers should seek consultation and support immediately.

Definitions of Abuse

Children at risk are being abused or are in danger of being abused by parents or caregivers. Abuse can endanger a child's physical or emotional health or development. Abuse is broken down into four categories:

- 1/Physical Abuse
- 2/Emotional or Psychological harm
- 3/Sexual Assault
- 4/Neglect

1/Physical Abuse

This consists of any non-accidental form of injury or serious harm inflicted on a child/young person by a person having custody or charge of care of that child or young person. Physical abuse includes beating, shaking, burning and assault with weapons. Physical abuse does not mean reasonable discipline.

2/Emotional or Psychological Harm

Emotional abuse occurs when a child is repeatedly rejected or subjected to threats, hostility or persistent coldness. The child might be called derogatory names; humiliated or ignored over long periods of time to such an extent that the child's behaviour is disturbed or the child's emotional development is at serious risk of being impaired. The type of abuse is often present with other forms of abuse or neglect.

3/Sexual Assault

A child or young person is sexually assaulted when any person uses his/her power over the child to involve that child in sexual activity. Child sexual assault involves a wide range of sexual activity including fondling genitals, masturbation, oral sex, vaginal or anal penetration by a finger, penis or any other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution. Child sexual abuse is a protective services concern where the child's or young person's parents or caregivers are unwilling or unable to protect that child from further abuse.

4/Neglect

Neglect may be either physical or emotional. Physical neglect is essentially the failure of a parent or caregiver to provide an adequate standard of nutrition, shelter, clothing, medical and dental care and supervision to such an extent that the child's health and development are impaired or placed at serious risk.

Emotional neglect involves acts of omission by the parent or caregiver. These acts include rejection, the withholding of praise and affection and the lack of nurturing of the child.

Indicators of Abuse

The following indicators may assist with recognition of child abuse. They are guidelines only. The presence of one indicator or several indicators does not prove that abuse exists. However, indicators can alert us to the possibility that a child is being abused.

Physical Abuse

Physical Indicators:

- Bruises or welts, often of different ages
- Burns, scalds, sprains, dislocations, bites, cuts
- Fractures, especially in an infant
- Lacerations or abrasions
- Poisoning
- Shaking injuries eg retinal haemorrhage
- Subjural haematoma
- Internal injuries

Possible Behavioural Indicators:

- Wariness of adult contacts
- Inappropriate clothing eg long sleeved jumpers on hot days
- Apprehension when other children cry or shout
- Behavioural extremes eg aggressiveness/withdrawal
- Fear of parents
- Child reports injury by parents or gives inappropriate explanation of injury
- Excessive compliance
- Extreme wariness
- Attachment too readily to strangers
- Excessive desire to please adults

Emotional Abuse

Physical indicators:

There are few indicators of emotional abuse although emotional abuse is sometimes accompanied by physical abuse. Emotional abuse can cause delay in physical, emotional and mental development.

Possible Behavioural Indicators:

- Extremely low self-esteem
- Compliant, passive, withdrawn, tearful and/or apathetic behaviour
- Aggressive or demanding behaviour
- Anxiety

- Serious difficulties with peers and/or adult relations
- Delayed or distorted speech
- Regressive behaviour eg soiling, wetting

Sexual Abuse

Physical Indicators:

Sexual abuse is not usually identified through physical indicators although the presence of sexually transmitted diseases or pregnancy, vaginal or anal bleeding or discharge can indicate sexual abuse.

Frequently, the first sign of sexual abuse is when a child confides in an adult or peer that they trust that she/he has been sexually abused.

Sexual abuse includes any sexual behaviour imposed on a child and may include exploitation as in pornography or prostitution.

Possible behavioural Indicators:

- Reports sexual abuse to caregiver
- Constant complaints of headaches and/or abdominal pains
- Difficulties at school or change in level of performance at school
- Sophisticated or unusual sexual behaviour or knowledge
- Persistent habit disorders eg sucking, biting, rocking etc
- Sleep disorders
- Inhibition to play
- Serious difficulties relating to peers and/or adults
- Self-destructive behaviours

Neglect

Physical Indicators:

- Consistent hunger
- Failure to thrive or malnutrition
- Poor hygiene resulting in health problems and/or isolation by peers
- Inappropriate clothing eg summer clothing in mid winter
- Consistent lack of supervision, especially in dangerous activities or for long periods
- Unattended physical problems or medical needs
- Abandonment
- Health or dietary practices which endanger a child's health or development
- Stealing food
- Extending stays at school
- Constant fatigue, listlessness or falling asleep
- Alcohol or drug abuse
- Child states there is no caregiver
- Aggressive or inappropriate behaviour
- Isolation from their peer group

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