

CHILD PROTECTION POLICY

Document History:

VERSION NUMBER:	DATE ISSUED:	REVISION SUMMARY / REASON FOR ISSUE:
20160729	29/07/2016	Document reviewed. Format amended and revision history incorporated.
20170531	31/05/2017	Incorporated changes for Mandatory Reporting.
20180531	31/05/2018	Staff Recruitment process moved to Educator and Management Policy. Regulatory notification requirements amended.

CHILD PROTECTION POLICY

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 Law

Sect	162A	Persons in day-to-day charge and nominated supervisors to have child protection training
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National Regulations

Regs	84	Awareness of child protection law.
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Aim

Little Legends Early Learning Centre aims 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
- Grievance Policy
- Privacy and Confidentiality Policy
- Record Keeping and Retention Policy
- Relationships with Children Policy

Related Documents

- Child Protection Breach Incident Report
- Code of Conduct
- Disclosure of Harm Form
- Enrolment Form
- Incident Injury Trauma and Illness Record
- Staff Records
- Suspicion of Harm Form
- Risk Management Plans

Who is affected by this policy?

- Children
- Families
- Educators

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:

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- **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 commence 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.

Protecting children is about more than managing disclosure or suspicion of harm, it includes preventative and early intervention strategies. There are 3 ways the services can protect children

- **Response** - this is usually after harm has occurred and is the most critical and least effective, it will only prevent further occurrences.
- **Early Intervention** - Identifies families and children at risk, it is a targeted approach working with families and children to preventing abuse and is moderately effective.
- **Prevention** - this is a whole of population approach to prevent harm before it occurs, it is the most effective but requires a change to whole of community. It is like the "Life be in it" campaign of the 80's.

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 (see separate document)
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 (see Risk Assessment and Management Policy)
8. Strategies for Communication and Support

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2. Code of Conduct

Refer to our published Code of Conduct document which is available on our website and displayed in the foyer.

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 and 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 (Staff Recruitment Process 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 and volunteers have clear Working with Children Checks (Blue Cards) unless they are exempt (see Blue Card Services 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. Information sheets are available on Blue Card Services website
- annual performance appraisals for employees
- regular inclusion of child protection and risk management strategy at least every 6 months 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

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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 or 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 using the Disclosure of Harm Form

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 using the Suspicion of Harm Form

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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:

- 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
- Consider whether the disclosure or suspicion must be reported to Child Safety
 - use the online Child Protection Guide available on the Department of Communities, Child Safety and Disability Services website at www.communities.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 www.communities.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
- 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/ in cases where the significant harm threshold is not reached
- Consider whether you must report to the ECEC Regulatory Authority
 - notify the Regulator 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.

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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 Communities, Child Safety and Disability Services 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 Child Protection Breach Incident Report). 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.

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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 everyone who needs a Blue Card under the *Working with Children (Risk Management and Screening) Act 2000 (the Act)* has a current Card or applies for a card before commencing work
- ensure that all information in relation to blue card applications is kept confidential
- maintain a blue card register of all staff and volunteers.

Applying for a Blue Card

- When a person is applying for a Blue Card, the Nominated Supervisor will:
 - tell all applicants that by signing the application form they are consenting to the screening
 - process under the Act
 - certify they have sighted documents to confirm an employee's identity
 - carefully check the application to ensure all sections have been appropriately completed
 - allow employees to commence employment after an application form has been submitted, unless they withdraw their consent to employment screening, the application has been withdrawn for any other reason, they are issued with a negative notice or their blue card is cancelled or suspended
 - not allow volunteers and trainee students to commence regulated employment until they hold a valid blue card
 - explicitly warn all potential staff (employees, volunteers and students) that it is an offence for a 'disqualified person' to sign a blue card application form or a renewal form. (It is an offence for an employer not to provide this warning.) A person is disqualified if they:
 - have been convicted of a 'disqualifying offence'
 - are a 'reportable offender' with current reporting obligations under the Child Protection (Offender Reporting) Act 2004
 - are subject to an offender prohibition order under the Child Protection (Offender Prohibition Order) Act 2008
 - are subject to a sexual offender order under the Dangerous Prisoners (Sexual Offenders) Act 2003
 - are subject to a disqualification order from a court prohibiting them from applying for or holding a blue card (See Blue Card Services website for further details of the above).
- inform prospective employees and volunteers who may be 'disqualified persons', that in certain circumstances, they may be able to apply for an 'Eligibility declaration' under the Act
- advise individuals they must advise the Nominated Supervisor if there's a change in their police information
- advise employees and volunteers it is an offence not to notify Blue Card services of changes in personal information within 14 days

Managing existing Blue Card holders

If a new person already has a Blue Card, the Nominated Supervisor will check the validity of the Card on the Blue Card Services website using the person's name as it appears on the card, full card number and expiry date and:

- *if the person holds a paid Blue Card* lodge a completed 'Authorisation to confirm a valid blue card' application form to register the service as the applicant's current employer (the service will be notified if there is any change to the validity of the Card due to a change in their police information)
- *if the person holds a volunteer Blue Card and will be undertaking paid employment* lodge a 'Volunteer to paid transfer form' with Blue Card Services
- *if the person holds a voluntary Blue Card and will be volunteering at the service* lodge 'Authorisation to confirm a valid blue card' application form with Blue card Services.

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Change in police or disciplinary information

If employees or volunteers advise their police or disciplinary information has changed after being issued with a card (or during the application process for paid employees who have already commenced working), the Nominated Supervisor will no longer employ them unless he or she has lodged a 'Change in police information' form. (Employees and volunteers are not required to disclose the specific nature of any change). The date of lodgement will be recorded.

Managing notifications from Blue Card Services

Blue Card services may notify the Nominated Supervisor about high risk individuals, for example:

- an employee who receives a negative notice or is a known disqualified person
- an employee who has their Blue Card or exemption cancelled or suspended
- an employee who has their Blue Card application withdrawn
- a person who has a serious change in criminal history

If a card is cancelled or suspended or receives a negative notice the Nominated Supervisor will terminate the person's employment or volunteering arrangements.

Current employee or volunteer stops working at the service

The Nominated Supervisor will lodge an 'Applicant/Cardholder no longer with organisation form' with Blue Card Services as soon as possible.

Blue Card Renewals

Blue cards are current for three years unless cancelled or suspended. The Nominated Supervisor will ensure renewal applications are submitted at least 30 days prior to their card's expiry date to ensure the holder can continue working while a renewal application is processed.

Blue Card Records

The Nominated Supervisor will maintain an **Employee Register** similar to the template on the Queensland BlueCard website (<https://www.bluecard.qld.gov.au/pdf/rmst/TEMPLATE-employee-register.xlsx>) in electronic or hard copy format of all service operators, employees and volunteers. The Register will include:

- whether or not the person requires a card (if not, why not - eg. the parent exemption applies)
- the type of application (eg. paid or volunteer)
- when the person applied and/or the date of issue of the positive notice and blue card
- the expiry date of the blue card
- the renewal date (at least 30 days before expiry to allow employees and volunteers to continue working)
- whether a negative notice has been issued
- any change in status to a blue card (eg. a change in police information, the positive notice and blue card is cancelled or suspended)
- the date Blue Card Services was informed of any change in police information
- any change of personal information, including the date they informed Blue Card Services (it is an offence for an employee to fail to notify on the appropriate form of any change in personal details within 14 days).

The Nominated Supervisor will also ensure appropriate and confidential records are maintained when:

- a negative notice has been issued
- there's a change in status of a card
- there's a change in police information
- there are changes to personal information including date employee advised Blue card services.

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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:

- 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)
- Identify the risks
- Analyse the likelihood and consequences of the risks
- Evaluate the level of risk (eg low, moderate, high, extreme)
- Implement strategies to eliminate or minimise the risk
- Review the activity to determine how it could be improved

Risk Assessment and Management

Little Legends uses a Risk Analysis Matrix to determine actions which need to be taken to manage the risk inherent in an activity.

Determine likelihood of the risk by using the left hand column of the <i>Risk Analysis Matrix</i> (below). Use the impact information to determine the consequences level. Combine the Consequence and Likelihood ratings to arrive at the Risk Level (i.e. <i>Low, Medium, High or Critical</i>). CONSEQUENCES					
LIKELIHOOD	Insignificant	Minor	Moderate	Major	Extreme
Very likely Expected to occur in most circumstances	Medium	Medium	High	Critical	Critical
Likely Will probably occur in most circumstances	Low	Medium	High	High	Critical
Possible Might occur at some time	Low	Medium	Medium	High	High
Unlikely Not expected to occur	Low	Low	Medium	Medium	High
Rare Occurs in exceptional circumstances only	Low	Low	Low	Medium	Medium

Assessment is made of the likelihood of an event happening and the consequences of the event happening. The two factors are then cross-related to determine the risk level.

Activities which have a risk rating of **Low** may proceed with little or no specific monitoring.

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Activities which have a risk rating of **Medium** may proceed but require constant interactive monitoring with staff ready to intervene and assist children immediately.

Activities which have a risk rating of **High** may not proceed without alteration to reduce the risk to children or additional direct assistance.

Activities which have risk level of **Extreme** are not to proceed under any circumstances.

Little Legends management and educators believe that a child should, in a range of circumstances, be exposed to risk as this increases their learning experiences but the risk needs to be defectively managed.

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 (at least every 6 months) 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 Assessment and Management Strategy, and that we welcome feedback about the Policy/Strategy. We may include what we aim to teach children about protective behaviour (see below)
- provide written information about our risk management strategy during enrolment and orientation and include in Parent Handbook
- regularly include (at least every 6 months) 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 Communities, Child Safety and Disability Services website at www.communities.qld.gov.au

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

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- 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.

Our Management and 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.

Sources

- Child Protection Act 1999
- Working with Children (Risk Management and Screening) Act 2000
- Working with Children (Risk Management and Screening) Act 2011
- 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: 31 May 2018

Date for next review: May 2019

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Child Reporting Overview

Appendix A

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.

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Indicators of Harm

Appendix B

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.

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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

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- 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

- shows 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