Child Protection Policy

2014

Approved by: Melanie Mitchell
Revised Date: 12/05/14
Review Date: 12/05/15
Mission Statement

Suncoast Little Learners exists to provide high quality Christ-centered care and education that promotes life-long learning whilst supporting the role of parents and families.
Child Protection Reporting Overview

Notifications of Abuse

When anyone has reasonable suspicion a child is at risk of significant harm they need to contact Child Safety Services on 1800 177 135 (after hours) or the 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

If you are not 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

Consult our Child Protection Policy for more information.
Child Protection Policy

NQS

| QA2 | 2.3.4 | Educators, co-ordinators and educators are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect. |

National Regulations

| Regs | 84 | Awareness of child protection law. |

Aim

All educators and staff at Suncoast Little Learners take seriously their responsibility to protect children from any type of abuse, and are aware of their roles and responsibilities regarding child protection. While we understand there are legislative obligations we must follow, we believe it is also our responsibility as educators to ensure the safety and wellbeing of all children, and to provide the children at our service with the opportunity to develop to their full potential free from any form of harm and abuse. We will implement a child protection risk management strategy to ensure the safety of children is paramount and the service will always act quickly in the best interests of a child.

Related Policies

- Educator and Management Policy
- Privacy and Confidentiality Policy
- Record Keeping and Retention Policy
- Family Law and Access Policy
- Relationships with Children Policy
- Tobacco Drug and Alcohol 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

The Approved Provider, Nominated Supervisor, educators, staff members and volunteers will implement a Child Protection Risk Management Strategy to ensure the health, wellbeing and safety of all children at the service.

Child Protection Risk Management Strategy

1. Code of Conduct
   Suncoast Little Learners upholds a Code of Conduct in relation to employers, educators, volunteers, students, families and children to ensure the safety and wellbeing of children (See Educator and Management Policy).

2. Recruitment, Selection and Training Procedures include child protection principles.
   The Approved Provider is responsible for developing recruitment and professional development procedures that ensure all people working at the service do not pose a risk to children and understand how to respond to disclosures or suspicions of harm and abuse. (See Appendix A and Educator and Management Policy Professional Development Requirements).

3. Procedures for Reporting and Documenting Abuse or Neglect

4. Procedures for Managing Breaches

5. Risk Management for High Risk Activity

6. Information for Families

3. Procedures for Reporting and Documenting Abuse or Neglect

What is abuse and neglect?
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.

Harm is categorised as:
- 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 appears to have consented).
Under the Act teachers/educators are not mandated reporters but all educators, staff members and volunteers will report abuse if they have a reasonable belief (objective basis) that a child is, is at risk of or has been harmed based on:

- 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.

**Responsibilities**

The Approved Provider, Nominated Supervisor, educators, staff members and volunteers must:

- be able to recognise indicators of abuse (see Appendix B).
- take anything a child says seriously and follow up their concerns.
- allow children to be part of decision-making processes where appropriate.
- understand they must report to Child Safety Services on **1800 177 135** (after hours) or the Regional intake Services business hours if they believe on reasonable grounds a child has, is or is likely to suffer harm. Educators, staff members and volunteers should make the report with the assistance or support of the Nominated Supervisor.
- contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so.
- connect families with referral agencies where concerns of abuse or neglect do not require reports to Child Safety Services. Family consent will be sought before making referrals.
- promote the welfare, safety and wellbeing of children at the service.
- prepare accurate records to assist investigations of abuse or suspected abuse by Child Safety Services or the Police or dealings with referral agencies. Accurate records record exactly what happened, was thought to have happened or potentially could happen.
- understand that allegations of harm against them are treated in the same way as allegations of harm against other people (see “Allegations against Service Personnel”).

The Approved Provider and Nominated Supervisor must also:

- ensure that all employees and volunteers are:
  - clear about their roles and responsibilities regarding child protection.
  - aware of their obligations to immediately report cases where they believe on reasonable grounds a child has or is experiencing abuse and neglect including sexual abuse.
  - aware of the indicators showing a child may be at risk of abuse or neglect.
- provide training and development for all educators, staff and volunteers in the recognition and reporting of harm.
- provide reporting procedures and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
- inform all stakeholders of the actions or inactions that form a breach of the child protection risk management strategy and the potential outcomes of breaching the strategy.
- manage any breaches of the child protection risk management strategy.
- conduct a Working With Children Check (WWCC) (blue card) for all educators, staff and volunteers unless the person meets the criteria for exemption from a WWCC. Further information is available at [http://www.ccypcg.qld.gov.au/bluecard/index.html](http://www.ccypcg.qld.gov.au/bluecard/index.html)
• provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.
• ensure records of harm or suspected harm are kept in line with our Privacy and Confidentiality Policy.

**Allegations against Service Personnel**
Allegations of abuse or suspected abuse against educators, staff members, volunteers, the Nominated Supervisor or Approved Provider are treated in the same way as allegations against other people. Reports will be made to the Department of Communities, Child Safety and Disability Services where a child is being harmed by a person at the Service. Educators will make the report with the assistance or support of the Nominated Supervisor. If the Supervisor is involved in the harm then the Approved Provider or most senior educator will assist in notifying Child Safety Services.

The Approved Provider:
• will complete an Incident, Injury, Trauma and Illness Record and notify the Regulatory Authority within 24 hours of making the report to Child Safety Services.
• will provide appropriate support for any educator or staff member who has an allegation made against them.
• will protect the identity of educators/staff members against whom unsubstantiated complaints have been made will be protected.
• will review the person’s duties, and if they continue to interact with children, ensure they are appropriately supervised at all times.
• may seek legal advice about restricting that person’s work activities.

**Documentation**

**Documenting a suspicion of harm**
If educators have concerns about the safety of a child they will:
• record their concerns in a non-judgmental and accurate manner as soon as possible.
• 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).
• not attempt to conduct their own investigation.
• document as soon as possible so the details are accurately captured including:
  ▪ time, date and place of the suspicion
  ▪ full details of the suspected abuse
  ▪ date of report and signature.

**Documenting a disclosure of harm**
A disclosure of harm occurs when someone, including a child, tells you about harm that has happened or is likely to happen. 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…‖

When receiving a disclosure of harm educators, staff members, the Nominated Supervisor or Approved Provider will:
• remain calm and find a private place to talk
• not promise to keep a secret
• tell the child/person they have done the right thing in revealing the information but that they’ll need to tell someone who can help keep the child safe
• only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
• not attempt to conduct their own investigation or mediate an outcome between the parties involved.
• document as soon as possible so the details are accurately captured including:
  ▪ time, date and place of the disclosure
  ▪ ‘word for word’ what happened and what was said, including anything they said and any actions that have been taken
  ▪ date of report and signature.

**Notifications of harm**
The person making a notification of abuse or suspected abuse will make a record of the answers to the following:

• name of person they spoke to.
• what the next step in the process is.
• what advice will be sent to confirm the report has been made.
• if there is any further action they need to take.

**Confidentiality**
It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the complaint should not inform the person they have made the complaint about. This ensures 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.)

4. **Procedures for Managing Breaches**
This plan outlines the steps to be taken following a breach of the child protection risk management strategy in order to address the breach in a fair and supportive manner.

**Definition**
All educators and staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

• does something that a reasonable person in that person’s position would not do in a particular situation
• fails to do something that a reasonable person in that person’s position would do in the circumstances
• acts or fails to act in a way that causes harm to someone the person owes a duty of care.
A breach is also any action or inaction by any member of the service, including children and young people, that fails to comply with any part of the strategy including any breach of:

- a statement of commitment to the safety of children and their protection from harm
- a code of conduct for interacting with children
- procedures for recruiting, selecting, training and managing paid employees and volunteers
- policies and procedures for handling disclosures or suspicions of harm, including reporting guidelines
- policies and procedures for implementing and reviewing the child protection risk management strategy
- risk management plans for high risk activities and special events
- strategies for communication and support.

**Processes to manage a breach of the child protection risk management strategy**

The Approved Provider will manage breaches in a fair, unbiased and supportive manner:

- all people concerned will be advised of the process
- all people concerned will be able to provide their version of events
- the details of the breach, including the versions of all parties and the outcome will be recorded
- matters discussed in relation to the breach will be kept confidential
- an appropriate outcome will be decided.

**Suitable outcomes for breaches**

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
- further education 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.

5. **Risk Management Plan for High Risk Activity**

In addition to workplace health and safety concerns, a child risk management strategy should analyse the risk of ‘harm’ to children. See Appendix C for a risk Management template.

6. **Information for Families**

**Our Child Protection Risk Management Strategy**

Creating safe and supportive service environments for children is everyone’s business. Our service is committed to ensuring children are kept safe from harm. We will initiate and maintain ongoing planning and commitment to a safe and supportive environment so children:

- feel safe and protected from harm
- help plan activities and make decisions
- are consulted and respected
- have their best interests considered and upheld.
We have a written child protection risk management strategy to protect the children in our service from harm, and to ensure we have a safe and supportive environment for children by identifying and minimising risks.

The child protection risk management strategy consists of:
- a code of conduct for interacting with children.
- procedures for recruiting, selecting, training and managing paid employees and volunteers, including screening procedures through working with children checks.
- procedures for handling disclosures or suspicions of harm, including reporting guidelines
- procedures for managing breaches of the strategy
- risk management plans for high-risk activities and special events
- strategies for communication and support.

As a parent/carer it is important for you to understand the policies and procedures that form the child protection risk management strategy. A copy of the strategy is attached for your information and comment.

**Educating Children about Protective Behaviour**

**We aim to teach children:**
- about acceptable and unacceptable behaviour, and appropriate and 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.

**Beliefs**

Our service believes that:
- children are capable of the same range of emotions as adults.
- children’s emotions are real and need to be accepted by adults.
- a response given to a child from an adult in a child’s early stages of 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 retain, enhance and better understand their body’s response to an emotion are more able to foresee the outcome out a situation and avoid them or ask for help.
Sources
Child Protection Act 1999
Commission for Children and Young People and Child Guardian Act 2000
Education and Care Services National Regulations 2011
Early Years Learning Framework

Review
The policy will be reviewed annually.
The review will be conducted by:
• Management
• Employees
• Families
• Interested Parties

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<th>Approved By:</th>
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<tr>
<td><strong>NAME:</strong></td>
<td>Director of Early Years</td>
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Appendix A

Educator Recruitment Procedures

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Service Name:

Recruitment Process
- The Approved Provider 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). A Telephone reference Check Template is attached.
  - 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.

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 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 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
• 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 and the 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
• 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. 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.
Appendix B

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

- marked delay between injury and seeking medical assistance
- history of injury
- the child gives some indication that the injury did not occur as stated
- the child tells you someone has hurt him/her
- the child tells you about someone he/she knows who has been hurt
- someone (relative, friend, acquaintance, sibling) tells you that the child may have been abused

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

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 know 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 systems 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

In addition to occupational health and safety concerns, a child and youth risk management strategy should analyse the risk of ‘harm’ to children and young people.

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<tr>
<th>STEP 1</th>
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<th>STEP 4</th>
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<th>STEP 6</th>
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<tbody>
<tr>
<td>Describe the activity</td>
<td>Identify Risks</td>
<td>Analyse the Risk (Likelihood/Consequences)</td>
<td>Evaluate the Risk</td>
<td>Manage the Risk Assess the options</td>
<td>Review Nominate who will review after the event/activity</td>
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<tr>
<td>Identify all elements of the event from beginning to end</td>
<td>Something that could happen that results in harm to a child or young person</td>
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| Faith Diligence Love | 17 |
BELONGING

Experiencing belonging – knowing where and with whom you belong – is integral to human existence. Children belong first to a family, a cultural group, a neighbourhood and a wider community. Belonging acknowledges children’s interdependence with others and the basis of relationships in defining identities. In early childhood, and throughout life, relationships are crucial to a sense of belonging. Belonging is central to being and becoming in that it shapes who children are and who they can become.

BEING

Childhood is a time to be, to seek and make meaning of the world. Being recognises the significance of the here and now in children’s lives. It is about the present and them knowing themselves, building and maintaining relationships with others, engaging with life’s joys and complexities, and meeting challenges in everyday life. The early childhood years are not solely preparation for the future but also about the present.

BECOMING

Children’s identities, knowledge, understandings, capacities, skills and relationships change during childhood. They are shaped by many different events and circumstances. Becoming reflects this process of rapid and significant change that occurs in the early years as young children learn and grow. It emphasizes learning to participate fully and actively in society.