

# CHILD PROTECTION POLICY

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## Policy statement

Our service is committed to providing all children with an environment that fosters health, development, self-respect and dignity. All children have the right to feel safe and secure and educators will always act in the children's best interests and take all reasonable steps to ensure their safety.

## Strategies and practices

- The *Child Protection Policy* is available to families upon enrolment and staff upon induction.
- The service will ensure that children are adequately supervised at all times.
- The confidentiality of staff, children and families will be upheld by all members of the service.
- The service will ensure all staff, students and volunteers hold:
  - a current Working with Children Check clearance
  - are aware of the services *Child Protection Policy*; and
  - are aware of the existence of the current child protection law and any obligations they have under that law.
- The service will ensure that the Nominated Supervisor and all designated Responsible Persons who have been placed in day to day charge of the service has successfully completed a course in child protection approved by the NSW Regulatory Authority. All other staff will be strongly encouraged to complete the same course.
- Staff must report any current concerns they have regarding the safety, welfare and wellbeing of a child including being neglected or physically, sexually or emotionally abused. Possible signs of neglect and abuse are listed in Attachment 1. (Sourced from NSW Department of Communities and Justice website).
- In order to make a report, staff must access the ChildStory Reporter Community Website (refer to Attachment 2 for Sign up instructions) and complete the Mandatory Reporter Guide (MRG). The MRG supports mandatory reporters to:
  - determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child (including unborn) or young person; and
  - identify alternative ways to support vulnerable children, young people and their families where a mandatory reporter's response is better served outside the statutory child protection system.
- If the MRG final decision is "Immediate Report to Child Protection Helpline", "Report to the Child Protection Helpline" or "Refer to Child Wellbeing Unit (CWU)", staff will have the option of creating an eReport. Refer to Attachment 3 - Completing an eReport.
- If the staff member disagrees with the MRG decision that is generated, they are still able to contact the Child Protection Hotline on 132 111
- While not necessary to inform the Nominated Supervisor/Director or designated Responsible Person, that you are making a report, they will however be available for support and for staff to disclose their concerns if they deem necessary.

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## References

- *NSW Commission Children and Young Person (Care and Protection) Act 1998*
- *Education and Care Services National Regulations*
- *Education and Care Services National Law*
- *Guide to the National Quality Framework*
- Community Early Learning Australia – *Sample policies* <https://www.cela.org.au/>
- NSW Department of Communities and Justice – *Signs of abuse*  
<https://www.facs.nsw.gov.au/families/Protecting-kids/reporting-child-at-risk/harm-and-neglect>
- ChildStory Reporter Community <https://reporter.childstory.nsw.gov.au/s/>

## Policy review

The Service encourages staff and parents to be actively involved in the review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the review to ensure the policy contents are consistent with current research and contemporary views on best practice.

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## Attachment 1 - Possible signs of neglect and abuse

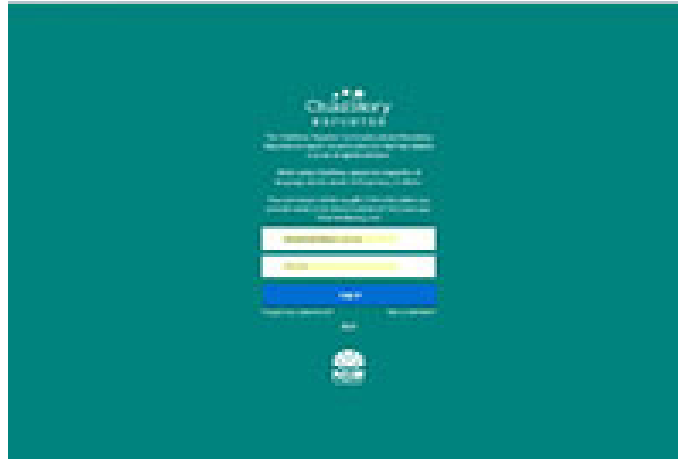
	Signs in children or young people	Signs in parents of caregivers
<b>Neglect</b>	<ul style="list-style-type: none"> <li>• Low weight for age and failure to thrive and develop.</li> <li>• Untreated physical problems, such as sores, serious nappy rash and urine scalds, dental decay.</li> <li>• Poor standards of hygiene, for example child or young person consistently unwashed.</li> <li>• Poor complexion and hair texture</li> <li>• Child not adequately supervised for their age.</li> <li>• Scavenging or stealing food and focus on basic survival.</li> <li>• Extended stays at school, public places, other homes.</li> <li>• Longs for or indiscriminately seeks adult affection.</li> <li>• Rocking, sucking, head-banging.</li> <li>• Poor school attendance.</li> </ul>	<ul style="list-style-type: none"> <li>• Unable or unwilling to provide adequate food, shelter, clothing, medical attention, safe home conditions.</li> <li>• Leaving the child without appropriate supervision.</li> <li>• Abandons the child or young person.</li> <li>• Withholding physical contact or stimulation for prolonged periods.</li> <li>• Unable or unwilling to provide psychological nurturing.</li> <li>• Has limited understanding of the child or young person's needs.</li> <li>• Has unrealistic expectations of the child or young person.</li> </ul>
<b>Physical abuse</b>	<ul style="list-style-type: none"> <li>• Bruising to face, head or neck, other bruising and marks which may show the shape of the object that caused it eg belt buckle, hand print.</li> <li>• Lacerations and welts.</li> <li>• Drowsiness, vomiting, fits or pooling of blood in the eyes, which may suggest head injury.</li> <li>• Adult bite marks and scratches.</li> <li>• Fractures of bones, especially in children under three years old.</li> <li>• Dislocations, sprains, twisting.</li> <li>• Burns and scalds, including cigarette burns.</li> <li>• Multiple injuries or bruises.</li> <li>• Explanation of injury offered by the child or young person is not consistent with their injury</li> <li>• Abdominal pain caused by ruptured internal organs, without a history of major trauma</li> <li>• Swallowing of poisonous substances, alcohol or other harmful drugs</li> <li>• General indicators of female genital mutilation, such as having a 'special operation'.</li> <li>• Swallowing of poisonous substances, alcohol or other harmful drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent visits with the child or young person in their care to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or with internal complaints.</li> <li>• Explanation of injury offered by the parent is not consistent with the injury.</li> <li>• Family history of violence.</li> <li>• History of their own maltreatment as a child.</li> <li>• Fears injuring the child or young person in their care.</li> <li>• Uses excessive discipline.</li> </ul>

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	Signs in children or young people	Signs in parents of caregivers
<b>Sexual abuse</b>	<ul style="list-style-type: none"> <li>• Bruising or bleeding in the genital area.</li> <li>• Sexually transmitted diseases.</li> <li>• Bruising to breasts, buttocks, lower abdomen or thighs.</li> <li>• Child or young person or their friend telling you about it, directly or indirectly.</li> <li>• Describing sexual acts.</li> <li>• Sexual knowledge or behaviour inappropriate for the child's age.</li> <li>• Going to bed fully clothed.</li> <li>• Regressive behaviour, such as sudden return to bed-wetting or soiling.</li> <li>• Self-destructive behaviour, such as drug dependency, suicide attempts, self-mutilation.</li> <li>• Child being in contact with a known or suspected pedophile.</li> <li>• Anorexia or overeating.</li> <li>• Adolescent pregnancy.</li> <li>• Unexplained accumulation of money and gifts.</li> <li>• Persistent running away from home.</li> <li>• Risk taking behaviours, such as self harm, suicide attempts.</li> </ul>	<ul style="list-style-type: none"> <li>• Exposing a child or young person to prostitution or pornography or using a child for pornographic purposes.</li> <li>• Intentional exposure of a child to sexual behaviour of others.</li> <li>• Previous conviction or suspicion of child sexual abuse.</li> <li>• Coercing a child or young person to engage in sexual behaviour with other children.</li> <li>• Verbal threats of sexual abuse.</li> <li>• Denial of adolescent's pregnancy by family.</li> </ul>
<b>Emotional abuse</b>	<ul style="list-style-type: none"> <li>• Constant feelings of worthlessness about life and themselves.</li> <li>• Unable to value others.</li> <li>• Lack of trust in people.</li> <li>• Lack of people skills necessary for daily functioning.</li> <li>• Extreme attention-seeking behaviour</li> <li>• Is obsessively eager to please or obey adults.</li> <li>• Takes extreme risks, is markedly disruptive, bullying or aggressive.</li> </ul>	<ul style="list-style-type: none"> <li>• Constant criticism, belittling, teasing of a child or young person, or ignoring or withholding praise and attention.</li> <li>• Excessive or unreasonable demands.</li> <li>• Persistent hostility and severe verbal abuse, rejection and scapegoating.</li> <li>• Belief that a particular child or young person in their care is bad or 'evil'.</li> <li>• Using inappropriate physical or social isolation as punishment.</li> <li>• Domestic violence.</li> </ul>

## Attachment 2 - Signup to the ChildStory Reporter Community

1. Access the ChildStory Community Reporter log in page:  
<https://reporter.childstory.nsw.gov.au/s/login/?startURL=%2Fs%2F%3Ft%3D15312949276962>



2. Click the 'Not a member' link in the bottom right hand corner of the login screen
3. Enter your first name, last name and email into the corresponding fields and then click the 'Sign up' button.
4. You will be sent an email which will allow you to complete the signup process.
5. If you get an error, please email [childstory.support@facs.nsw.gov.au](mailto:childstory.support@facs.nsw.gov.au) with a screenshot and description of the error.

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## Attachment 3 - Creating an eReport in the Childstory Reporter Community

### Step 1 – Login to Childstory Reporter Community

### Step 2 – Complete the MRG

Select the concern (sexual abuse, physical abuse, neglect etc.) which most closely resembles the reason you were prompted to make the report. Click on the arrow down button beside each concern for a definition of the concern options. If your concern is not listed, it most probably does not warrant a report. However, you may wish to consult with your Department's Child Wellbeing Unit (CWU) and/or your supervisor if you deem appropriate to evaluate the child/YP's situation further.

Once you have nominated your most serious concern, you will be guided through a decision tree in the form of a series of questions. At the end of this series of questions you will be provided with an MRG final decision highlighting the recommended action to take. The possible MRG final decisions outcomes are:

- Consult with a Professional/Service
- **Immediate Report to Child Protection Helpline**
- **Report to the Child Protection Helpline**
- **Refer to Child Wellbeing Unit (CWU)**
- Referral
- No action required for this Decision Tree
- Contact your education peak-body association
- Document and continue relationship / monitor
- Inform Local Department of Education
- Inform the school where the child/ young person is enrolled and collaborate
- Consult Education Child Wellbeing Unit (CWU)

If the MRG final decision is “**Immediate Report to Child Protection Helpline**”, “**Report to the Child Protection Helpline**” or “**Refer to Child Wellbeing Unit (CWU)**”, you will have the option of creating an eReport. An eReport cannot be generated if the MRG final decision is anything other the three above.

### Step 3 – Create the eReport

If you choose to create an eReport, click on the green 'Create eReport' button located in the top right-hand corner of the page. You will have 48 hours to complete and submit the eReport, after which the eReport will expire and you will need to run the MRG again to create a new eReport.

### eReport Writing Tips

1. Provide as much information and detail as possible when completing eReport questions.
2. When completing the 'Details of your concerns' section be mindful not to include any identifying information about yourself, your profession, your location, or anyone who works with you which could be used to determine your identity.

For example:

- “I have noticed that the child is always wearing a dirty uniform...”
- “Those around the mother heard her yelling ....”
- “In conversation, the father appeared to be struggling to keep his eyes open .....

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## Complete eReport Questions

**Primary Concern:** The main concern which worries you the most about the child/ YP's situation. E.g sexual abuse, neglect, self. This will auto populate depending on the information you placed in the MRG.

**Case type:** The agency handling the report. This will automatically populate for you.

**Reporter consent to Share Information:** This is a drop down selection of options you can select to inform the agency of whether you will allow them to share the information you are providing. Your identifying information can be shared with other CWU's and can be provided to your own agency, FACS, NSW Health and NSW Police in the event that Statutory Intervention or criminal investigation is require in relation to your report.

**Reporter/ Contacter own Ref #:** Include here any number/s you may have recorded relating to the subject Child/ Young Person or related party to the report for example CWU event number, medical reference number, NSW police Event Number

**Previous Engagement Number:** Include here any previous engagement number/s which relates to the current report you are completing (for example previous eReports on the child/ a sibling/ the family) that would be helpful for CWU or FACS to refer to when assessing your current report.

**Unverified Persons:** Place here as much information as you have on the Child/ren/ Young Person/s (subject of the report) as well as any information you have regarding Parent/ Carers and Siblings of the subject. FACS/ CWU will review this information and use it later to verify person identities and where possible match them to their records. Until this occurs all the people discussed in your report are classified as unverified persons.

You have the opportunity to add numerous unverified persons including several subjects of the report as well as family members or persons significant to the Child/Young Person. You can add these individuals by clicking on the 'Add' button in the Unverified Persons section. This will expand the section so you can add in more specific information regarding the individual. At least one Unverified Person must be added with the Role type of Subject, before you can submit the eReport. The fields include:

- **Role Type:** Drop down options outlining the role of the unverified person being discussed. Options include subject (subject of the report)/ subject related participant (individual related to the subject of the report, contactor (individual who contacted FACS?), reporter (individual who reported the concerns for the subject) and /POI (person of interest to include in the report due to their involvement).
- **Relationship:** Extensive list of relationship options. Please select the most appropriate.
- **Approximate age:** If you do not know the individual's date of birth, place in here your guess for their estimated age.
- **Interpreter Required:** Tick this box if FACS or CWB would require a interpreter to effectively communicate with the individual.
- **Comments:** Please include here any information regarding the unverified persons physical appearance which may assist to identify them. For example a tattoo, birthmark, limp in their walk etc.
- **Mandatory Fields are:** Role Type, First Name, Last Name, Gender, Address, and Age or Date of Birth.

**Concern is about a class of children?:** This question prompts you to consider whether the concerns you are reporting for the subject child/young people may relate to a larger group of children/young people that have attribute or several attributes in common. For example children involved in a cult, are part of a sport team or club or school.

**Are there any worker safety issues and comments:** In the event that your eReport is investigated further, are there any possible dangers or considerations workers would need to be careful and account for? For example is there vicious dog at the family home? Is a parent known to be violent or aggressive? Do the family live in a remote area which does not have phone reception? Are you aware of firearms on the family property? Does the child has a history of biting people?

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**Disability or health issues:** Does the subject child have any health concerns or disabilities that it would be helpful for FACS or the CWU to be aware of when assessing the eReport? This information can assist in various ways for example when assessing the potential risk being posed to the child/ YP's ( e.g a child who is unable to communicate is likely to be at a higher risk of potential harm) and could also be helpful to inform how to best communicate with the child/YP, who it might be helpful to have present in the event that the child needs to be interviewed and so on.

**Is family/subject aware if this report?:** Have the family or child/YP been told that a report is being made. This can guide how the agency interact, engage and discuss the report with the family and child/YP down the line if required.

**Current location and school details:** This is the current location and school details of the Child and/or Young Person(s) involved in this report

**Concern for the child/ Young person(s):** Do you have any other worries for the child/YP in addition to the primary concern you listed earlier and why? This assists to paint a picture of the situation the child/young person may be in so the agency can more accurately assess their risk.

**Concern about parent/carer/house members:** Do you have any worries about the child/YP's parent, carer or other household members. For example, does the child's carer appear to be struggling with their mental health? Is there information to suggest that the child's mother is a victim of domestic violence?

**Known impacts on the child:** How are the concerns you have outlined above having a negative impact on the child/ YP based on what you have noticed of the child/YP's psychological, social, behavioural and academic functioning as well as and their overall health and well-being.

**Known support, interventions, your role:** Are you aware of any supports the child/YP or the child/YP's family already have in place. For example do they attend family counselling or the child individual counselling, does the family receive assistance from their local parish in the form of food baskets and clothing. Please include any details you have about these supports. Please also include how you may have been providing support to the child/YP; for example as a teacher you may have organised for the child to receive free food from the school canteen and attend after school care. As a clinician you may have discussed a safety plan with the child in the event that their father become violent in the family home or in the event that they are considering self harm.

**Attachments:** Please attach copies of any documentation which may be helpful for the agency to have when processing your report. It is important that you are always mindful of the child and family's privacy when sharing files with the Child Protection Helpline and Child Wellbeing Unit. Please refer to your organisation policies for further clarification.

## Step 4 – Saving and Submitting

Once you have completed the report, at the end of the page, you will have the option of clicking on the:

**'Save for Later' button** – Will save an incomplete eReport to return to later. The saved report will be stored under the 'Mandatory Reporter- Draft Reports' heading in the 'Reports' tab of your reporter portal. It will remain here for completion for 48 hours after which it will automatically expire. You will be able to edit the draft report as well as submit the report to Child Protection Helpline or Child Wellbeing Unit (CWU) to be processed from this location.

**'Submit' button** – This submits the report immediately to the Child Protection Helpline or your CWU to be processed. If you would like to upload any additional attachments, you can do so after submitting your eReport. You will be alerted if "Your eReport was successfully submitted" and here you will be able to click on the 'upload attachments' hyperlink to attach any helpful documents.



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## Step 5 – After submitting the eReport

After submitting the eReport, you will be taken to the 'ENGAGEMENT SUBMITTED' page. From this page you can:

- Attach supporting documents by clicking the 'Attachments' button.
- 'Engagement Comments' serve as an opportunity to add ad-hoc information you may have forgotten, when you initially completed the report or now see as useful for the agency to be aware of. To add an engagement comment place the information in the 'Add more info.....' text box located at the bottom of the screen or attach a document by clicking on the paper clip icon then pressing the green 'ADD' button below the text box.
- You will receive a confirmation email advising you that your report has been submitted. Following this you will receive emails informing you of the status of your report.