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# ARANDA AFTERS ASSOCIATION INCORPORATED

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## CHILD PROTECTION POLICY

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Implemented	Updated/Updated	Next Review Due By
November 2014	March 2017	October 2017

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# 1 REFERENCES

## NATIONAL QUALITY STANDARDS

2.3.4	Educators, co-ordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect.
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## NATIONAL REGULATIONS

84	Awareness of child protection law.
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# 2 AIM

All educators and staff at Aranda Afters Association Incorporated [Aranda Afters] take their responsibility to protect children from any type of abuse seriously, 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.

# 3 IMPLEMENTATION

## DUTY OF CARE

The Approved Provider and the Director will ensure they take all reasonable steps to ensure the health and safety of all educators, staff, volunteers, children, their families and any other people impacted by the service operations. This includes identifying and eliminating or reducing all reasonably foreseeable hazards and providing appropriate training and instruction.

Our educators, staff and volunteers will also ensure they take reasonable care for their own health and safety and that their conduct does not adversely affect the health and safety of other people.

## 4 CHILD PROTECTION REPORTING OVERVIEW



## 5 CHILD PROTECTION RISK MANAGEMENT STRATEGY

### CODE OF CONDUCT

Aranda Afters upholds a Code of Conduct in relation to employers, educators, volunteers, students, families and children to ensure the safety and wellbeing of children.

### RECRUITMENT, SELECTION AND TRAINING PROCEDURES INCLUDE CHILD PROTECTION PRINCIPLES

The Director and Approved Provider are 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”).

## 6 PROCEDURES FOR REPORTING AND DOCUMENTING ABUSE OR NEGLECT

### WHAT IS ABUSE AND NEGLECT?

6.1 Under the *Children and Young People Act 2008*:

- Abuse of a child is maltreatment that endangers a child's safety, wellbeing and development and includes physical or sexual abuse, or emotional abuse which causes significant harm to their wellbeing or development including abuse as a result of domestic violence.
- Neglect is a failure to provide the child with the necessities of life (eg: the basic needs for his or her physical, emotional/psychological and intellectual development).
- Mandatory reporters who suspect cases of sexual abuse or non-accidental physical injury on reasonable grounds must report this to the Mandated Reporters Line. The mandated reporter is not required to prove that abuse has occurred. A mandated reporter includes a person caring for a child at a childcare service but does not include anyone caring for a child as an unpaid volunteer.
- It is an offence to make a report that contains information or allegations that are false or misleading. It is also an offence if you knowingly omit or withhold information relevant to the allegations and by withholding this information the allegations are false or misleading.

6.2 Reasonable grounds refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect 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

6.3 The Approved Provider, Director, 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 are mandatory reporters under the ACT child protection legislation and urgently report any situation where they believe on reasonable grounds (through information obtained during or because of their employment) a child has or is experiencing sexual abuse or non-accidental physical injury to the Mandated Reporters Line on **1300 556 728** (available 24 hours/7 days a week). (Volunteers are not mandatory reporters.) Educators, staff members and volunteers should make the report with the assistance or support of the Nominated Supervisor.
- Be able to use "Keeping Children and Young People Safe" Guide which is available at: [www.communityservices.act.gov.au/\\_data/assets/pdf\\_file/0017/5660/Keeping\\_Children\\_Young\\_People\\_Safe\\_November2012.pdf](http://www.communityservices.act.gov.au/_data/assets/pdf_file/0017/5660/Keeping_Children_Young_People_Safe_November2012.pdf) to help make decisions about reporting abuse and neglect. The Guide covers physical abuse, emotional abuse and neglect.

- Be able to contact the Care and Protection Services Centralised Intake Services on 1300 556 728 as soon as possible to make voluntary reports about other forms of abuse or to discuss their concerns that a child is or is at risk of being abused or neglected.
- 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 Care and Protection Services. However, they may contact Care and Protection Services for advice on appropriate referral agencies. 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 Care and Protection Services or dealings with referral agencies. Accurate records record exactly what happened, was thought to have happened or potentially could happen.
- Understand that allegations of abuse/neglect or suspected abuse/neglect against them are treated in the same way as allegations of abuse against other people (see “Allegations against educators, staff members, Director, Approved Provider”).

#### 6.4 The Approved Provider and Director must also:

- Ensure that all employees 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 sexual abuse or non-accidental physical injury to the Mandated Reporters Line
  - 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 abuse and neglect.
- 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.
- Ensure that **all staff** working at Aranda Afters have a current Working With Vulnerable People [WWVP] card.  
 More information about Working With Vulnerable People [WWVP] requirements, and how to apply for a WWVP Card, is available from the [Access Canberra](#).
- Provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.
- Ensure records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy.

#### 6.5 Allegations against Service Personnel

Allegations of abuse or suspected abuse against educators, staff members, volunteers, the Director or Approved Provider are treated in the same way as allegations against other people.

Reports will be made to Care and Protection Services where a child is being abused or neglected 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 abuse then the Approved Provider or most senior educator will assist in notifying Care and Protection Services.

#### 6.6 The Director or Approved Provider:

- Will complete an Incident, Injury, Trauma and Illness Record and notify the Regulatory Authority within 24 hours of making the report to Care and Protection 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 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.

## 7 DOCUMENTATION

### 7.1 Documenting a *suspicion* of abuse or neglect

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

### 7.2 Documenting a *disclosure* of abuse or neglect

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 ... "

### 7.3 When receiving a disclosure of abuse or neglect 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

#### 7.4 Notifications of abuse

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

- Name of person to whom they spoke.
- 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.

## 8 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.

## 9 SAFEGUARDS FOR REPORTERS

Reports made to Community Services are kept confidential. Under the *Children and Young People Act 2008* if the report is made in honestly and without recklessness, the:

- Report will not breach confidence or standards of professional conduct.
- Report can't incur civil or criminal liability.
- Identity of the person making the report is protected. (However a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child, and a court may order the report be produced but the court must carefully consider the desirability of protecting the person who made the report).

A report is also an exempt document under the *Freedom of Information Act 1989*.

## 10 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

10.1 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.

10.2 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

10.3 The Director or 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

10.4 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.

## 11 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.

## 12 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.

## 13 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 that situation or ask for help.

## 14 SOURCES

- Children and Young People Act 2008.
- Education and Care Services National Regulations 2011 Early Years Learning Framework.
- Keeping Children and Young People Safe: a shared community responsibility. A Guide to Reporting Child Abuse and Neglect in the ACT. ACT Community Services November 2012.
- National Quality Standard.
- Community and Disability Services Ministers' Conference (2005). *Creating safe environments for children: Organisations, employees and volunteers: National framework.*
- Community and Disability Services Ministers' Conference (2005). Schedule: Guidelines for building the capacity of child-safe organisations. *Creating safe environments for children: Organisations, employees and volunteers: National framework.*

# APPENDIX A – EDUCATOR RECRUITMENT PROCEDURES

## RECRUITMENT PROCESS

The Director and 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 (as required).
- 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).
- 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.
- Notifying unsuccessful applicants by telephone and/or letter.

Recruitment and selection decisions will be made by the Director and 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 Director and Approved Provider, 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 Director and 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 Vulnerable People 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 Director and Approved Provider 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 ABUSE

There are many indicators of harm to children. Behavioural or physical signs which assist in recognising harm to children are known as indicators.

**NB:** *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 student or 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 ABUSE AND NEGLECT

- 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 student or 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 STUDENTS AND CHILDREN

- Poor hygiene; matted hair, dirty skin or strong body odour.
- Loss of "skin bloom" and poor hair texture.
- Untreated physical or medical problems.
- Frequent illness and low grade infections.
- Persistently untreated head lice.
- Hungry – scavenging, stealing or hoarding food.
- Constantly tired and listless.
- Delay in developmental milestones.
- Low weight for age and/or failure to thrive for no medical reason.
- A flat and superficial way of relating.
- Anxiety about being dropped or abandoned.
- Self-comforting behaviour, (eg: rocking and/or sucking).
- Inadequate clothing in winter.
- Frequent lateness to or absence from the service.
- Student or child states that no one is home to provide care.
- Longing for adult affection.

- Student or child avoids going home.

## **INDICATORS OF NEGLECT IN PARENTS AND CAREGIVERS**

- Dirty unhygienic environment (eg: house over-run with pets, faeces not cleaned up, etc).
- Nowhere for child or young person to sleep.
- Unable or unwilling to provide adequate food and/or clothing.
- Leaving the student or child inappropriately without supervision.
- Abandoning the student or child.
- Unable to respond emotionally to the student or child.
- Depriving of or withholding physical contact or stimulation for prolonged periods.
- Overwhelmed with other problems (eg: substance abuse).
- Showing no concern for the child or young person's wellbeing when it would be reasonably expected.
- Family is isolated from relatives, other adults or social supports.
- Greeting the student or child with indifference.
- An extremely chaotic life.
- Family home is very chaotic and unkempt.

## **INDICATORS OF PHYSICAL ABUSE IN STUDENTS AND CHILDREN**

- Facial, head and neck bruising.
- Other bruising and marks which show the shape of the object used (eg: a hand print, belt buckle).
- Multiple bruises or injuries.
- Lacerations and welts.
- Bite marks.
- Dislocations.
- Fractures of bones, especially in children under three years old.
- Burns and scalds – a burn with a clear outline may be suspicious.
- A large number of scars of different sizes or ages, or on different parts of the body.
- Verbal disclosure by the student or child.
- Explanation offered by the student or child is not consistent with the injury.
- Flinching when approached by adults.
- Frozen watchfulness.

## **INDICATORS OF PHYSICAL ABUSE IN PARENTS AND CAREGIVERS**

- Direct admissions by parents or caregivers that they have injured the student or child.
- Direct expressions by parents or caregivers that they may injure the student or child.
- Family history of violence, including previous harm to students and children.

- Repeated presentations of the student or child to health or other services with injuries, swallowing of non-food substances or minor complaints.
- Marked delay between injury and presentation for medical assistance.
- Story of injury which is inconsistent with the physical findings.
- History of injury which is vague or variable.
- Showing little concern about the welfare of a student or child or the treatment and care of an injury.
- Isolating a student or child from contact with school, services, etc – in order to hide injuries or prevent disclosure.

## **INDICATORS OF EMOTIONAL ABUSE IN CHILDREN**

- Over compliant, withdrawn, passive and/or tearful.
- Displaying age-inappropriate behaviours, (eg: overly adult – parenting other children) or overly infantile (eg: thumb sucking, rocking, wetting or soiling).
- Lack expectations and trust in people.
- Fearful of parent(s) and/or carer(s).
- Indiscriminate attachment.
- Disruptive or aggressive behaviour towards others.
- Hyper-vigilance, particularly in pre-school children.
- Exhibiting extreme attention seeking or risk taking behaviour.
- Withdrawn or seen as a “loner” – difficulty relating to others.
- Highly anxious.
- Developmental delay.

## **INDICATORS OF EMOTIONAL ABUSE IN PARENTS AND CAREGIVERS**

- Excessive or unreasonable demands.
- Unrealistic expectations of the child or young person.
- Persistent hostility and severe verbal abuse.
- Rejection, ridiculing and scape-goating.
- Exposure to domestic violence.
- Constant criticism, belittling, teasing and withholding of affection and praise.
- Belief that a particular child or young person is intrinsically “bad”, “naughty” or “evil”.
- Using inappropriate social or physical isolation as punishment.

## **INDICATORS OF SEXUAL ABUSE IN STUDENTS AND CHILDREN**

- Direct or indirect disclosures.
- Describes sexual acts.

- Sexually explicit behaviour, play or conversation inappropriate to the child or young person's age.
- Self-destructive behaviour including eating disorders, substance misuse, self-mutilation and suicide attempts.
- An anxious unwillingness to remove clothes (eg: for sporting events).
- Persistent running away from home.
- Sudden and unexplained changes in mood or behaviour.
- Regression in developmental achievements in younger children.
- Unexplained accumulation of money and gifts.
- Pain, itching or bleeding in genital or anal area.
- Bruising to buttocks, breasts, abdomen and thighs.
- Sexually transmitted infection.
- Difficulty sleeping and nightmares.

## **INDICATORS OF SEXUAL ABUSE IN PARENTS, CAREGIVERS, FAMILY MEMBERS, ACQUAINTANCES OR STRANGERS**

- Exposing a student or child to pornography or using a child or young person for pornographic purposes.
- Intentional exposure of student or child to sexual behaviour in others.
- Previously committed or suspected of child sexual assaults.
- Inappropriate curtailing or jealousy regarding age appropriate development of independence from the family.
- Coercing the student or child to engage in sexual behaviour with other children.
- Verbal threats of sexual abuse.
- Exploitation or corruption of children or young people.

## **SUSPECTING A STUDENT OR CHILD IS AT RISK OF SIGNIFICANT HARM**

Educators are to contact the Care and Protection Services to decide if any of the following conditions are present to a significant risk:

- Physical abuse.
- Neglect
  - supervision
  - physical shelter/environment
  - food
  - medical care
  - mental health care
  - education
- Sexual abuse.

- Problematic sexual behaviour.
- Psychological harm.
- Relinquishing care.
- Parent/carer concerns.
  - Parent/carer substance abuse
  - Parent/carer mental health
  - Parent/carer domestic violence
- Unborn child.

## APPENDIX C – CHILD PROTECTION RISK MANAGEMENT MATRIX

<b>CHILD PROTECTION RISK MANAGEMENT STRATEGY</b>	 Management
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RISK ASSESSMENT MATRIX				
<i>How serious could the injury be?</i>	<i>How likely is it to be that serious?</i>			
	Very Likely	Likely	Unlikely	Very Unlikely
Death or permanent injury	1	1	2	3
Long term illness or injury	1	2	3	4
Medical attention and several days off	2	3	4	5
First aid needed	3	4	5	6
<b>Severity</b> – is how seriously a person could be harmed		<b>Likelihood</b> – is an estimate of how probable it is for the hazard to cause harm		
Legend				
<b>1 and 2</b>	<b>Extreme Risk</b>	Terminate staff member’s employment; or child’s enrolment; or parent access to Aranda Afters.		
<b>3 and 4</b>	<b>Moderate Risk</b>	Review staff member’s employment through performance appraisal and professional learning; or child’s enrolment and implement a management plan; or provide conditional parental access to Aranda Afters.		
<b>5 and 6</b>	<b>Low Risk</b>	Take action as appropriate to the situation.		