

Child Protection Policy

NQS

QA2	2.2.1	Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	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.

QA7	7.1.2	Management systems – Systems are in place to manage risks and enable the effective management and operation of a quality service.
	7.1.3	Roles and responsibilities – Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

National Regulations

Regs	84	Awareness of child protection law
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EYLF

LO1	Children feel safe, secure and supported
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LO3	Children become strong in their social, emotional and mental wellbeing
	Children are aware of and develop strategies to support their own mental and physical health and personal safety

Aim

The aim is to ensure all the staff identify and assess possible sources of harm to the children and then take the appropriate steps to prevent it from occurring. All the staff understand their reporting obligations and their responsibility to protect them from any types of harm. Our centre has a commitment to maintaining the safety and wellbeing of all children and young people.

Related Documents

Educators Supervision Policy

Centre Practice Procedure

Welcome to the Montessori Journey

Child Protection Policy

Privacy and Confidentiality of Records Policy

Staffing Policy

Implementation

Child protection risk management strategy

The approved provider, nominated supervisor, employees and volunteers will implement the child protection risk management strategy to ensure the health, wellbeing and safety of all children at Montessori Journey, protect them from harm as well as the integrity of employees and volunteers. Management and early childhood educators are responsible for monitoring centre compliance with the guidelines set down by the Commission for Children and Young People. Monitoring will occur daily.

Child Protection is a three-phase system:

1. **Prevention** – Teaching all children protective strategies such as ‘7 steps 2 Safety’ (<https://www.napcan.org.au/Programs/7-steps-to-safety/>)
2. **Early intervention** – Identifying high risk families and situations and providing support and community referrals or reporting to authorities.
3. **Response** – Recognising indicators of abuse and reporting to authorities.

Preventive education

Educating children, parents and educators is important and is the first step in the prevention of child abuse. Knowledge builds confidence and empowers children and adults. Children who understand about personal safety are more likely to disclose abuse to others.

Educators can include child protection topics in the program:

- Acceptable/unacceptable behaviours, and appropriate/inappropriate contact in a manner suitable to children’s age and level of understanding
- Children have a right to always feel safe.
- Children should say “no” to anything that makes them feel unsafe
- Children can use their own skills to feel safe.
- Children being able to recognise signs that they do not feel safe and need to be alert and think clearly
- There is no secret too awful, no story too terrible, that they can’t share with someone they trust
- Educators are available for children if they have any concerns
- Children need to tell educators of any suspicious activities or people
- Children learn to recognise and express their feelings verbally and non-verbally

Boundaries for physical touching

Physical touching from caregivers to the children is an important part of quality care and nurturing. Acceptable touching includes hugging (e.g., to greet or farewell a child or to comfort). Rubbing their back for reassurance and comfort, kissing an injured finger, etc. Touching for hygiene reasons includes changing children’s clothes, bathing, assisting with toileting, etc.

Children have the right to refuse an adult’s touch and need to be taught about acceptable and unacceptable touches in a non-threatening way. The welfare and interests of the children are of paramount importance from any forms of child abuse.

Staff recruitment

All early childhood educators employed in this centre have a current blue card. The centre will send off the details in the form called “The authorisation to confirm a valid blue card” for all new educators. We also have an employee register.

What is harm

According to the *Child Protection Act 1999*, harm, to a child, is any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing. Harm can be caused by:

- **Physical abuse**, for example, beating, shaking, burning, biting, causing bruise or fracture by inappropriate discipline, giving children alcohol, drugs or inappropriate medication
- **Emotional or psychological 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, learning children alone or children missing school

- **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)

Mandatory reporting in the childcare

With the Mason's Law Amendment which commenced from 1 July 2017, early childhood education and care professionals are the mandatory reporters to make a report to Child Safety. This includes the approved provider, the nominated supervisor and the educators. If they form a reasonable suspicion, they need to report it immediately.

There are four times when you must report concerns to authorities:

1. If a child tells you they have been or are being abused.
2. If you see a child being abused.
3. Your own observations of the child's physical condition, behaviours or circumstances cause you to suspect that child abuse has happened or is likely to happen.
4. If another person tells you a child is being or has been abused (remember that other person could be a child).

Remember:

- You need to have formed reliable suspicion or belief in order to report.
- Single isolated acts of child abuse are still abuse.
- When a child harms another child, it becomes abuse when there are circumstances that are not considered normal
- If a child arrives at the centre with a significant pre-existing injury, e.g., black eye. Ask parents or carers for an explanation.

How to Report:

- Reports may be written (forms, emails, notes on files)
- Do not inform families of your intention to report.
- Keep on file a copy of all information provided for your report. Keep records safe and confidential, e.g., paper filing system in office.

Who to Report to:

- In House – Director, relevant staff.
- Formal – Authorities (Child Safety Service – Cannon Hill is our nearest centre)

Is it urgent?

- Timing – will perpetrator have access to child?
- Injury – is it severe, is medical treatment required?
- Child – did they disclose abuse?
- History – history of previous abuse or family violence, current or recent episode of violence

Important things to consider for employees in recording a disclosure or suspicion of harm

- Remain calm and listen attentively, actively, and non-judgementally.
- Ensure there is a private place to talk.
- Encourage the person to talk in their own words and ensure just enough open-ended questions are asked to act protectively (e.g. "Can you tell me what happened" ... or "Can you tell me more about that"). Don't ask leading questions which tend to suggest an answer.

Ensure the person is advised that the disclosure cannot remain a secret and it is necessary to tell someone in order to get help:

- Reassure the child they have done the right thing by telling you
- Advise the child that you need to tell someone else who can help the child
- Document the disclosure clearly and accurately and store in child file in the office.
- Follow the process for reporting a disclosure of harm and consider whether there are requirements to report matters to the Queensland Police Service or Child Safety
- If a child comes in with pre-existing injuries and you have doubt, please fill in an accident report and start observations which will be stored in the office in the child's file.

Abuse or neglect indicators

Physical abuse indicators

- Unexplained injuries – location, size, frequency and shape of bruises, burns, breaks
- Inconsistent explanations
- Child's behaviour – submissive, anxious, fears going home, cowers
- Family history of violence/abuse
- Delay between injury and receiving medical assistance
- Parent who shows little concern
- Parent isolating a child
- Admissions by parents

Emotional abuse indicators

- Extremes of behaviour
- Lacks empathy
- Inappropriately destructive or cruel
- Poor peer relationships
- Delayed development
- Behaviours inappropriate for their age
- Negative emotions – anxiety, fears, shame, depression
- Compulsive behaviours
- Low self esteem
- Uncharacteristic seeking of attention or affection
- Erratic appetites
- Reluctance to go home
- Rocking, sucking thumbs or self harming
- Concerning behaviour involving parent or caregiver

Sexual abuse indicators

- Sexualised behaviour or promiscuity
- Inappropriate or persistent sexual play
- Knowledge of sexual behaviour
- Disclosures through art
- Problems with sexual areas
- Sudden unexplained fears
- Bed wetting and/or soiling
- Disrupted sleep patterns
- Unusual aggressive behaviour towards others or pets
- Unusual behaviours or changes in behaviours or appetites
- Questions about sexual topics
- Indicators involving parents, caregivers, siblings, other adults

Neglect indicators

- Signs of malnutrition
- Poor hygiene
- Unattended physical or medical problems
- Inadequate supervision
- Child appears constantly tired
- Frequent lateness or absence
- Inappropriate clothing
- Alcohol or drug abuse present in the house
- Frequent illness
- Self comforting behaviours or craving attention
- Home environment inappropriate

Children's stress and brain development

Some stress is normal and an important aspect of every child's experience and development. High and ongoing levels of stress where children are not supported by warm and consistent relationships with their carers (e.g., parents/guardians, grandparents, early childhood educators) lead to negative outcomes.

Positive stress

Positive stress is a moderate and transient stress response which results in mild increases in stress. It may occur as the result of encountering new people or situations, dealing with frustration and adult limit setting and the pain of a minor falls or injections.

Tolerable stress

Tolerable stress responses may be caused by the death or serious illness of a loved one, parents' divorce, witnessing a frightening event or a natural disaster. Tolerable stress responses are generally limited to a short period of time when the carers are supportive and facilitate the child's adaptive coping skills.

Toxic stress

Toxic stress responses occur as the result of strong and prolonged activation of the body's stress response, without the buffering protection of supportive relationships with caregivers. Toxic stress responses can be triggered by physical or emotional abuse, chronic neglect, severe maternal depression, and family violence. This increases the risk of stress related physical and mental illness.

Early brain development impacts later life

The disruption of early brain architecture, resulting in disordered brain circuits, leads to problems in childhood. There is evidence that many problems in adult life begin and form in childhood. There will never be sufficient resources available and treating established problems is often difficult, expensive, or ineffective. It is therefore essential that the focus be on prevention, by investing in the most critical brain development period that occurs during a child's early years.

Family and Child Connect

The Family and Child Connect services are an entry point for information and support advice for vulnerable families. The role of Family and Child Connect is to assess the needs of a family and help that family link to local services that best meet their needs. Families, community members and professionals seeking assistance can all contact Family and Child Connect to discuss their concerns about a family and what supports are available.

Family and Child Connect may be able to help in a single session, or by taking more time getting to know the family's situation then connecting them to the right services that can help. Family and Child Connect are available to help a family over the phone, or they can visit the family in their home or at place that the family thinks is a safe place to talk.

You can contact Family and Child Connect by calling 13 FAMILY (13 32 64), by visiting the website <https://www.familychildconnect.org.au/> or visiting us in person.

Services for parents and children

IF URGENT TAKE IMMEDIATE ACTION TO CALL AUTHORITIES OR 000.

If you have a reason to suspect a child in Queensland is experiencing harm, or is at risk of experiencing harm or being neglected, contact Department of Child Safety, Youth and Women and talk to someone about your concerns:

- During normal business hours – contact the Regional Intake Service (For Brisbane and Moreton Bay, call 1300 682 254, from 9am to 5opm, Monday to Friday)
- After hours and on weekends – contact the Child Safety, Youth and Women After Hours Service Centre on 1800 177 135 or (07) 3235 9999. The service operates 24 hours a day, seven days a week.
- Kids Help Line (24hr): 1800 55 1800

Sources

National Quality Standard

Education and Care Services National Regulations (Queensland)

Early Years Learning Framework

Child Protection Act 1999

Queensland Family and Child Commission

Commission for Children and Young People

Queensland Government Department of Children, Youth Justice and Multicultural Affairs

Queensland Child Protection Guide 2.1 (2019)

Child Protection (Mandatory Reporting – Mason's Law) Amendment Act 2016

Review

This policy will be reviewed annually by:

- Director
- Employees
- Families
- Interested Parties

Last reviewed: October 2023

Date for next review: November 2024

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. Disclosure of harm may start with:

- I think I saw...
- Somebody told me that...
- Just think you should know...

Child's name:		The name of the person who made the disclosure:	
Are they related to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the relationship?	
Date and time of disclosure		Where did occur?	
What did the person disclose? Try to use the exact words they used. Use "I said", "They said" statements. Include any questions you asked and comments you made			
Any witnesses during the disclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name and role			
Have you made a report to the authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe any actions you have taken following the disclosure			
Name of person completing this form:			
Signature of person completing this form:			
Date and time of completing:			