

Policy Name	Child Protection Policy & Procedure
<b>Related Policies and Legislation</b>	Mandatory Reporting Policy & Procedure Access to Children Policy Anti-Bullying Policy Appropriate Behaviour Policy Behaviour Management Procedure Complaints Policy and Procedure Critical Incident & Emergency Policy Staff Code of Conduct Visitor Policy School Education Act (1999) s63 & 63 Criminal Code Act (1913) s322; Criminal Code Amendment Act 2006 Children & Community Services Act 2004 Children & Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008 AISWA Guidelines: Child Protection
<b>Policy Category</b>	Student Wellbeing & Safety
<b>Relevant Audience</b>	All Treetops Community
<b>Date of Issue / Last Revision</b>	26 August 2010, 21 May 2015, 01 December 2016, 11 May 2017, 14 September 2017, 25 October 2018 <b>4 October 2019</b>
<b>Date Set for Review</b>	<b>October 2020 (Annually)</b>
<b>Person/s Responsible for Review</b>	Treetops Administration

## Child Protection Policy

**Purpose:**

Treetops Montessori School is committed to providing a child safe environment. The Principal, all school employees and volunteers have a duty of care towards the children of Treetops Montessori School, and believe that all children have a right to feel safe at school and in the wider community.

Treetops Montessori School acknowledges its responsibility to protect children when they are on school premises and to intervene if they believe the welfare of a child is at risk outside of the school.

Treetops Montessori School will ensure that procedures are put in place to help prevent abuse, decrease risks and allow teachers the opportunity to have concerns about abuse and risk raised and addressed. All members of the school community are covered by this policy.

Treetops Montessori and International Baccalaureate School forbids the use of any form of child abuse, corporal punishment or other degrading punishment.

#### Definition of Child Maltreatment

Child maltreatment refers to any non-accidental behaviour by adults or children that is outside the norms of conduct and entails a substantial risk of harm to a child or young person. The behaviours may be intentional or unintentional.

It may be the result of action or inaction on the part of the person who has responsibility to care for the child resulting in harm or injury to the child. The harm may include delayed physical and/or intellectual development. The maltreatment experienced is normally described in five categories, defined in detail in the next section; emotional (including psychological), physical, sexual, neglect and family/domestic violence.

Child abuse and neglect, through the Department of Communities Child Protection and Family Services (CPFS), is defined as maltreatment done by a person who has responsibility to care for a child.

It is important to note that definitions mentioned in this document can be used to describe some of the behaviour that may occur at school by one child to another. While the treatment of such behaviour can be dealt with through other school policies (for example behaviour management or bullying), the victim of that "bullying" may display some of the physical or behavioural indicators as those described in the next section of this policy. These events will be treated seriously by Treetops Montessori School with the aim to help both parties. It is also important to note that the child who is "bullying" may be doing so because they have been subjected to the same inappropriate behaviour and may require assistance.

#### Definitions and Indicators of Child Abuse and Neglect

The following list is not exhaustive. Students frequently show indicators from more than one category. The single most helpful item for staff to consider is the deviation from normal or baseline behaviour of a child.

***Emotional Abuse:*** Emotional abuse is a sustained, repetitive, inappropriate, ill treatment of a child or young person through behaviours including threatening, teasing, humiliating, bullying, confusing, ignoring and inappropriate encouragement. Children who have been emotionally abused are likely to have a reduced capacity to experience a range of emotions, to express emotion appropriately and to modulate their emotional experience. Children are likely to feel fearful, withdrawn and/or resentful, distressed and despairing.

Included under emotional abuse is psychological abuse. This abuse damages a child's intellectual faculties and processes, including intelligence, memory, recognition, perception, attention, imagination and moral development. Children are likely to feel worthless, flawed, unloved, unwanted, endangered or only of value in meeting another's needs.

<b><i>Physical Indicators</i></b>	<b><i>Behavioural Indicators</i></b>
<ul style="list-style-type: none"> <li>• Depression.</li> <li>• Eating Disorders.</li> <li>• Lethargy or fatigue.</li> <li>• Symptoms of stress.</li> <li>• Evidence of drug abuse or dependence.</li> <li>• Wetting, soiling, smearing.</li> <li>• Psychosomatic complaints.</li> <li>• Delayed physical development</li> <li>• Eating hungrily or hardly at all.</li> </ul>	<ul style="list-style-type: none"> <li>• Compulsive lying or stealing.</li> <li>• Attempted suicide or self-harm.</li> <li>• Extremes of behaviour from overly aggressive to overly passive</li> <li>• High levels of anxiety.</li> <li>• Feelings of worthlessness about life and themselves.</li> <li>• Reluctance to go home.</li> <li>• Uncharacteristic seeking of attention or affection.</li> <li>• Fearfulness when approached by a person known to them.</li> <li>• Lack of trust in people.</li> <li>• Delayed emotional or intellectual development.</li> </ul>

**Physical Abuse:** Occurs when a child has experienced severe and/or persistent ill treatment. It can include, but is not limited to injuries such as cuts, bruises, burns and fractures caused by a range of actions including beating, shaking, illicit administration of alcohol and other drugs, attempted suffocation, excessive discipline, physical punishment or other forms.

<b><i>Physical Indicators</i></b>	<b><i>Behavioural Indicators</i></b>
<ul style="list-style-type: none"> <li>• Unexplained bruises, burns or welts in various stages of healing.</li> <li>• Broken bones.</li> <li>• Hair missing in tufts.</li> <li>• Lacerations and abrasions (especially to the eyes, lips, gums and mouth).</li> <li>• Missing or loosened teeth.</li> <li>• Self-mutilation.</li> <li>• Ingestion of poisonous substances including alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent absences, with or without explanation from parents/caregivers.</li> <li>• Guarded or evasive answers to questions about the causes of obvious injury.</li> <li>• Injuries that are not consistent with a child's explanation of them or vague/bizarre explanations.</li> <li>• Fear of going home</li> <li>• Arms and legs kept covered.</li> <li>• Disclosure of abuse directly to an adult or indirectly to a friend.</li> <li>• Avoidance of physical contact.</li> <li>• Marked delay between injury and obtaining medical assistance</li> </ul>

**Sexual Abuse:** A wide range of behaviour or activities that expose or subject a child to sexual activity that is illegal and/or inappropriate to his/her developmental level. These behaviours include observation or involvement with inappropriate fondling of a child's body, making a child touch an adult's genitalia, showing pornographic material or sexual acts to a child, and sexual penetration of the child. Harm from sexual abuse may include significant emotional trauma, physical injury, infections and impaired emotional and psychological development.

**IT IS MANDATORY TO REPORT SEXUAL ABUSE – SEE MANDATORY REPORTING POLICY AND PROCEDURE**

<b>Physical Indicators</b>	<b>Behavioural Indicators</b>
<ul style="list-style-type: none"> <li>• Bruises or bleeding from external genitalia, vagina or anal regions.</li> <li>• Blood stained underwear.</li> <li>• Pregnancy or fear of pregnancy.</li> <li>• Signs of pain, bleeding, itching or discomfort in the genital area.</li> <li>• Urinary tract infection.</li> <li>• Bed wetting or bed soiling.</li> </ul>	<ul style="list-style-type: none"> <li>• Disclosure of involvement in sexual activity directly to an adult, indirectly to a friend or in a disguised way, e.g. I know someone.</li> <li>• Knowledge of sexual behaviour inappropriate to their years.</li> <li>• Evidence of sexual themes in artwork, stories or play.</li> <li>• Sexualised behaviours inappropriate to their age (including sexually touching other children and themselves)</li> <li>• Child or young person implies that he/she is required to keep secrets.</li> <li>• Sudden unexplained fears.</li> </ul>

**Neglect:** Failure of a parent/caregiver to provide a child with the basic necessities of life. These include adequate supervision, adequate food or shelter, suitable clothing, medical care and emotional security. Neglect can be acute, chronic or episodic, and can result in detrimental effects on the child or young person's social, psychological, educational or physical development and/or physical injury. Neglect should be considered in the context of physical, emotional or psychological abuse.

<b>Physical Indicators</b>	<b>Behavioural Indicators</b>
<ul style="list-style-type: none"> <li>• Abandonment.</li> <li>• Poor hygiene.</li> <li>• Lack of adequate or suitable clothing.</li> <li>• Signs of malnutrition.</li> <li>• Lack of medical or dental care.</li> <li>• Frequent illness, low grade infections or sores.</li> <li>• Constant fatigue.</li> <li>• Developmental delays.</li> </ul>	<ul style="list-style-type: none"> <li>• Falling asleep in school.</li> <li>• Poor school attendance or alternatively always attends school, even when sick.</li> <li>• Begging, stealing or hoarding food.</li> <li>• Uses drugs or alcohol.</li> <li>• Early arrival at school or reluctance to leave.</li> <li>• The child or young person states that no one is home to provide care.</li> </ul>

### **Note**

Students aged 18 and over are legally considered adults and as such are not covered by the DCPFS mandate. However, they can be considered potentially vulnerable and in need of specialist services. Treetops Montessori School acknowledges its duty of care to these students. The police should be contacted if the school becomes aware of any assault or crime against a young adult.

### **Cyber Predators**

Although the main perpetrators of child abuse and neglect are people that the child knows, the popularity of chat rooms, discussion groups and interactive games makes them attractive places for predators.

The *Criminal Code Amendment Act 2006* is the legislation in WA that protects children under the age of 16, or that the offender believes is under the age of 16, from an adult who uses electronic communications with the intent to procure the child to engage in sexual activity; or to expose the child in an indecent manner. The school will seek advice from [www.thinkuknow.org.au](http://www.thinkuknow.org.au) when reporting inappropriate, harmful or criminal activities that occur online or via a mobile device.

**In reference to child protection Treetops Montessori School will ensure that:**

1. It has procedures in place to prevent abuse, particularly effective human resource practices to adequately screen, train and supervise staff and volunteers.
2. Disciplinary procedures for students are proportionate, responsible, documented and followed.
3. All staff and volunteers are adequately screened, trained and supervised. Treetops' commitment to child protection is clearly stated as a part of the recruitment process.
4. Staff are given access to protective behaviour training and understand mandatory reporting requirements.
5. The school's protective behaviour curriculum covers a comprehensive, realistic and age-appropriate personal safety component enabling students to recognise and report abuse, understand power in relationships and develop protective strategies, including seeking help.
6. Parents and students know how to raise concerns.
7. All members of the school community are given the opportunity to raise concerns and identify risks of abuse and will be supported in bringing forward any concerns as a result of their observations.
8. The school responds to all concerns in a professional manner.
9. Abusive behaviour by students towards other students is fully investigated.
10. Procedures for responding to allegations or suspicions of abuse are documented.
11. Staff are aware that they cannot agree to a student's demands for confidentiality or a request that parents, police or other agencies are not informed when the welfare or safety of the student or other students may be threatened. Restrictions and reasons for breaches of confidentiality will be overtly stated.
12. All strong concerns for the welfare of children suspected of, or known to be victims of, maltreatment by parents/caregivers are discussed with the CPFS or the WA Police.
13. Parents, staff and students are informed of the content of this policy and are aware of the procedures to follow in the event that abuse is suspected or has occurred.
14. This policy and procedure is monitored and evaluated on a regular basis with the agenda for continual improvement.
15. It has a clear and concise complaints procedure, identifying leadership members responsible for dealing with child protection matters and concerns. The complaints procedure is responsive and accessible to children.
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## Child Protection Procedure

### Child Protection Notification Procedure

If a teacher has a concern based on his/her own observations or on a report from another person, for example another student or a parent, or if a student makes a disclosure of abuse or neglect, the following steps should be taken:

#### **Step 1**

- The teacher should discuss the matter with the Principal, or the School Board Chair if not appropriate to discuss with the principal if a conflict exists, and the discussion be fully documented. It is not the role of the teacher to investigate child abuse or neglect matters. They must report concerns to the Principal or School Board Chair. The teacher must contact the Department of Communities Child Protection and Family Support (CPFS). Ideally this occurs with the support or facilitation of the Principal or School Board Chair. However, if the teacher does not feel supported by the Principal or School Board Chair, the teacher should go direct to CPFS regardless.
- The teacher and Principal may wish to consult with the school psychologist, a member of the AISWA Schools Psychology Service, or the school nurse (Confidentiality is paramount and disclosure of information should only be discussed with those in the school who are required to know).
- In the case of suspected sexual abuse the teacher is the mandatory reporter, and is required to make a report directly to the CPFS. Discussion with the Principal is if the teacher chooses to do so – ***see Mandatory Reporting Policy and Procedure.***

#### **Step 2**

To avoid interfering with any investigative process initiated by CPFS or the WA Police, the Principal or teacher must seek advice from CPFS or the WA Police prior to informing the parent/carer of a concern of abuse/neglect. These agencies will then decide on the provision of advice to parent/caregivers and any further action

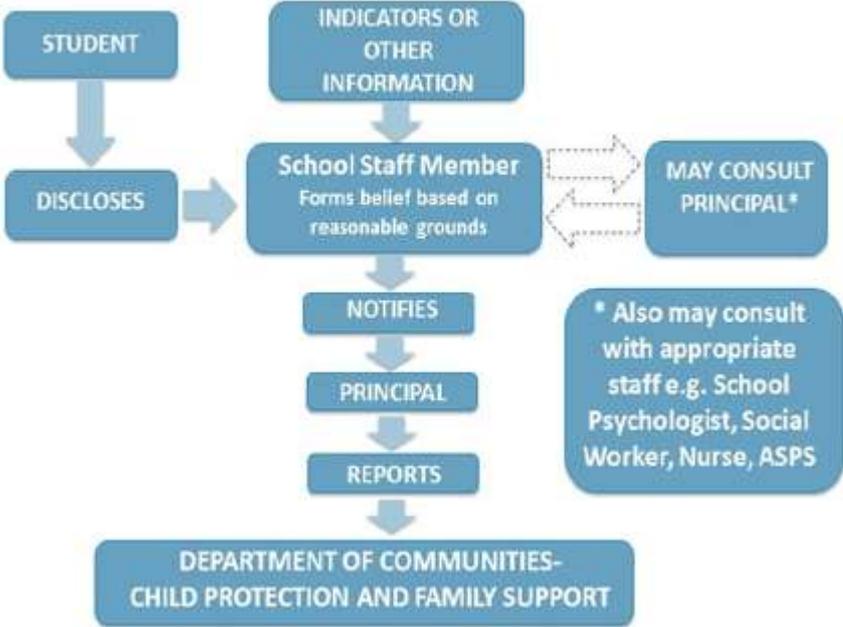
If, following a report to CPFS, the family of the child at the centre of the concern approaches the school to receive support for the child, an interview should be conducted with a minimum of two school members present. The focus of the meeting should be the welfare of the child.

#### **Step 3**

The Principal should undertake ongoing support for the teacher, the student and anyone else affected, as the teacher continues in his/her role with the student. CPFS's role may continue for some time. Victims of abuse and neglect can be supported by the school through appropriate management plan formed in consultation with the CPFS.

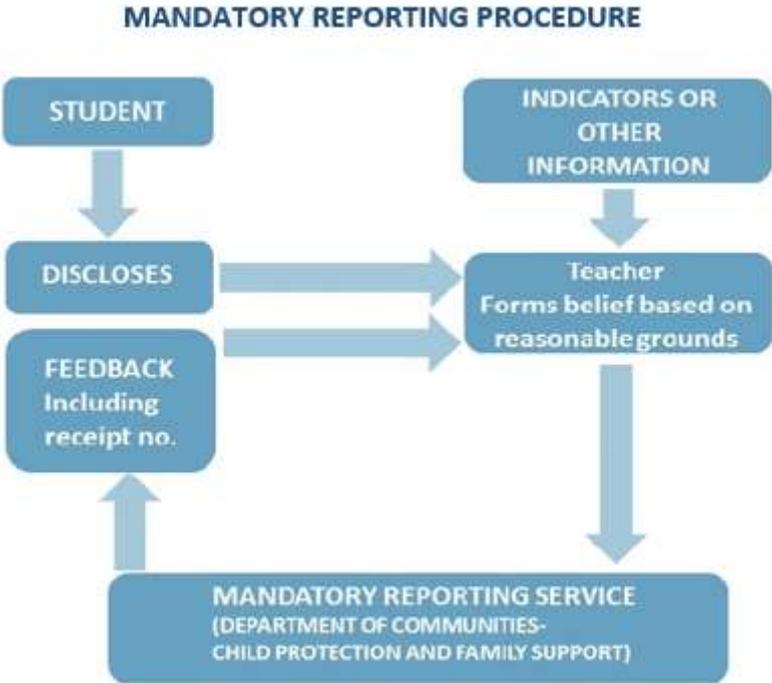
Flowchart for notification steps for reporting all forms of abuse other than sexual abuse i.e. for reporting physical, emotional, psychological abuse and neglect:

**NOTIFICATION PROCEDURE – CHILD ABUSE AND NEGLECT  
(NON-MANDATORY REPORT)**



The procedure flowchart shows what the staff member must do once they have formed a belief that abuse/neglect has taken place. Informal advice regarding the process may occur prior to the staff member forming a belief. This process is not included in the flow chart.

**Flowchart for notification steps for reporting child sexual abuse:**



Once a teacher has formed a belief based on reasonable grounds, they are required to make the report to CPFS, not the school principal. Prior to forming a belief, the teacher may, if they wish, consult with colleagues with specialist knowledge, for example, the principal, psychologist, school counsellor. The teacher may also wish to advise the principal after they have made the report to CPFS.

The flowchart above only shows what the teacher must do once they have formed a belief. It does not include the consultation process with other school staff, only the process the teacher must follow once they have formed a belief. The school’s policy and procedure should ensure that it is clear that the consultation process may occur prior to the teacher forming a belief.

### **Staff Immediate Response to Disclosure of Abuse or Neglect**

Staff should be aware of the immediate needs of the child and what to do in this circumstance.

The teacher should use 'protective interrupting' if the child begins to disclose in class or in a public area.

- a. Acknowledge having heard the child and stop him/her from disclosing any further.
  - b. Be supportive and gently indicate that he/she can tell you about it in a more private situation.
  - c. Quietly arrange to see the child as soon as possible, in a situation away from other students.
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- Establish clear limits on confidentiality by telling the child that a report will be made to a person who will be able to provide help and protection and that you will help them through the process.
  - Listen attentively.
  - Listen to students in a private location within the School.
  - Be supportive and understanding.
  - Be empathetic to the child's feelings.
  - Acknowledge that it is difficult to talk about such things.
  - Try to identify child's immediate fears.
  - If you are unable to answer all the questions of the child, it is OK to let them know.
  - Let the child choose his/her own words.
  - Accept what is said – only the minimum of information is required. This is important to ensure that questions cannot be raised later about possible manipulation of the disclosure.
  - Reassure the child that it is alright to tell, that he/she is believed and that he/she is not to blame.
  - Be calm and non-judgemental.
  - Ensure that the child understands that support will be given during any agency interview and that this support will be ongoing.
  - Document the disclosure and subsequent discussions and actions. Use the words and phrases used by the child.
  - Explain to the child what will happen next.
  - Stay with child until necessary steps have been taken to ensure safety and support.

### **Staff must be careful that they:**

- Don't push for details or conduct an investigation. Other agencies have this responsibility.
- Don't express judgement of the student, perpetrator or family.
- Don't get angry, upset or show shock.
- Don't ask questions that may make the child feel guilty or inadequate.
- Don't ask leading questions.
- Don't put words in students' mouths.
- Don't promise not to tell when there are clear limits on confidentiality.
- Never make false promises.
- Don't give a lecture about right and wrong.
- Don't say 'forget it' or other such minimalising statements.
- Don't give excess pity.
- Respect the confidentiality of the disclosure and do not share the information with anyone other than the Principal and either the Department of Communities Child Protection and Family Support or the WA Police. This includes engaging in general staffroom discussion about the disclosure.