

Koondrook Primary School Mandatory Reporting Policy

RATIONALE:

The purpose of this policy is:

- To define the roles and responsibilities of school staff in protecting the safety and wellbeing of Koondrook Primary School Students.
- To enable staff to identify the indicators of a student who may be in need of protection.
- To enable staff to make a report of a child or young person who may in need of protection.

GUIDELINES:

Mandatory reporters, who believe on reasonable grounds that a student is in need of protection from physical injury or sexual abuse, must report their concerns to Department of Human Services (DHS) Child Protection.

All other school staff who believe on reasonable grounds that a child or young person is in need of protection are encouraged to report their concerns to DHS Child Protection or Victoria Police.

Therapeutic treatment are encouraged to report their concerns to DHS Child Protection.

If staff have significant concerns for the wellbeing of a child or young person they are encouraged to report their concerns to DHS Child Protection or Child FIRST.

In cases where staff have concerns about a child or young person, they should discuss their concerns with the principal.

LEGAL OBLIGATIONS:

Type of Reporting	By Whom	To Whom
<p><i>Mandatory Reporting</i></p> <p>Mandatory reporters must make a report as soon as practicable if, in the course of practising their profession or carrying out their duties, they form a belief on reasonable grounds that a child or young person is in need of protection, as a result of physical injury or sexual abuse, and the child's parents are unable or unwilling to protect the child.</p>	<p>Teachers registered to teach or who have permission to teach pursuant to the <i>Education and Training Reform Act 2006 (Vic)</i></p> <p>Principals of government and non-government schools</p> <p>Registered medical practitioners</p> <p>Nurses</p> <p>All members of the police force</p>	<p>DHS Child Protection</p>
<p><i>Child in need of protection</i></p> <p>Any person may make a report if they believe on reasonable grounds that a child is in need of protection for any of the following reasons:</p> <p>The child has been abandoned and there is no other suitable person who is willing and able to care for the child.</p> <p>The child's parents are dead or incapacitated and there is no other suitable person who is willing and able to care for the child.</p> <p>The child has suffered or is likely to suffer significant harm as a result of physical injury</p>	<p>Any person</p>	<p>DHS Child Protection</p> <p>Victoria Police</p>

and the parents are unable or unwilling to protect the child.

The child has suffered or is likely to suffer significant harm as a result of sexual abuse and their parents are unable or unwilling to protect the child.

The child has suffered or is likely to suffer emotional or psychological harm and the parents are unable or unwilling to protect the child.

The child's physical development or health has been, or is likely to be significantly harmed and the parents are unable or unwilling to provide basic care, or effective medical or other remedial care.

Child in need of therapeutic treatment

Any person

Any person may make a report if they believe on reasonable grounds that a child who is 10 years of age or over, but under 15 years of age, is in need of therapeutic treatment because he or she has exhibited sexually-abusive behaviours.

Significant concerns about wellbeing of a child

Any person

Any person may make a report if they have significant concerns for the wellbeing of a child.

DHS Child Protection
Child FIRST

TYPES OF CHILD ABUSE AND INDICATORS OF HARM

Child abuse can have a significant effect on a child's physical or emotional health, development and wellbeing. The younger a child the more vulnerable he/she is and the more serious the consequences are likely to be.

Types of child abuse include:

- physical abuse
- sexual abuse
- emotional abuse
- neglect
- medical neglect
- family violence.

Other reports to DHS Child Protection may be needed for:

- risk-taking behaviour
- female genital mutilation
- Unborn child
- child or young person exhibiting sexually abusive behaviours.

There are many indicators of child abuse and neglect. The presence of a single indicator, or even several indicators, does not prove that abuse or neglect has occurred. However, the repeated occurrence of an indicator, or the occurrence of several indicators together, should alert teachers to the possibility of child abuse and neglect.

Note: For full definitions for all of the types of child abuse and a comprehensive list of the indicators of harm, see: Appendix 1.

IMPLEMENTATION:

1. Staff member is raise concern with Principal.
2. Staff member will be asked to make and keep comprehensive and confidential notes that are dated and include the following:
 - Description of the concern(s) physical injuries, student behaviour or statements.
 - Source of the concern(s) observation, reports from child or others.
 - Actions taken as a result of the concerns (report to principal, staff discussion, contact DHS, police of other organisations).
3. Whilst the staff member with the concern should raise this with the Principal, each individual staff member should make their own decision about whether or not they must or may make a report about the student.
4. If a report is to be made, all staff involved with the student should be informed and gather relevant information necessary to make a report:
 - full name, DOB and address of the student
 - concerns and reasons for concerns
 - the reporters involvement with student (teacher, principal etc)
 - details of any other agencies involved with the student
5. Make the report to the relevant authority/agency.
6. Keep a written account of the report. Record date and time report was made, names of person making report and who report was made to.
7. Notify Principal of report (if have not done so already).
8. Notify Victoria Police if concerned that any crime has been committed.

Appendix 1: Definitions of types of child abuse and indicators of harm

Appendix 1: Definitions and types of child abuse and indicators of harm.

Physical Abuse:

Physical Abuse consists of any non-accidental form of injury or serious physical harm inflicted on a child or young person by any person. Physical Abuse does not mean reasonable discipline, though it may result from excessive or inappropriate discipline. Physical Abuse can include beating, shaking, burning and assault with implements.

Physical injury and harm to a young person may result from the failure of a parent or caregiver to adequately ensure the safety of a child, exposing the child to extremely dangerous or life-threatening situations. Physical Abuse also includes fabricated illness syndrome (previously known as Munchausen's Syndrome by proxy) and female genital mutilation (FGM). FGM comprises of all procedures that involve partial or total removal of the female external genitalia and/or injury to the female organs for cultural or any non-therapeutic reasons.

PHYSICAL ABUSE- POSSIBLE INDICATORS:

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<ul style="list-style-type: none">• Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations, or those that look like the object used to make the injury, for example fingerprints, handprints, buckles, iron, teeth.• Burns that show the shapes of the object used to make them such as an iron, grill, cigarette; or burns from boiling water, oil or flames.• Fractures of the skull, jaw nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child's age and development.• Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia.• Human bite marks.• Bald patches where hair has been pulled out.• Multiple injuries, old and new.• Poisoning.• Internal injuries.	<ul style="list-style-type: none">• The child or young person states that an injury has been inflicted by someone else (caregiver or other), or offers an inconsistent or unlikely explanation or can't remember the cause the injury.• Unusual fear of physical contact with adults (for example flinches if unexpectedly touched).• Wearing clothes unsuitable for weather conditions (such as long sleeved tops) to hide injuries.• Wariness or fear of parent/caregiver; reluctance to go home.• No reaction or little emotion displayed when hurt.• Little or no fear when threatened.• Habitual absences from school without explanations (the caregiver may be keeping the child or young person away until signs of injury have disappeared).• Overly compliant, shy, withdrawn, passive and uncommunicative.• Fearful when other children cry or shout.• Unusually nervous or hyperactive, aggressive, disruptive or destructive to self and/or others.• Excessively friendly with strangers• Regressive behaviour, such as bed wetting or soiling.• Poor sleeping patterns, fear of dark, nightmares.• Sadness and frequent crying.• Drug or alcohol misuse.• Poor memory and concentration.• Suicide attempts.

Sexual Abuse

A child is sexually abused when any person uses their authority or power over the child or young person to engage in sexual activity. Child sexual abuse involves a range of sexual activity and may include fondling genitals, masturbation, oral sex, vaginal or anal penetration by finger, penis or any other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution.

SEXUAL ABUSE- POSSIBLE INDICATORS:

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<ul style="list-style-type: none">• Injury to the genital or rectal area, such as bruising or bleeding.• Vaginal or anal bleeding or discharge.• Discomfort in urinating or defecating.• Presence of foreign bodies in vagina and/or rectum.• Inflammation and infection of genital area.• Sexually transmitted diseases.• Pregnancy, especially in very young adolescents.• Bruising and other injury to breast, buttocks and thighs.• Anxiety related illnesses such as anorexia or bulimia.• Frequent urinary tract infections.	<ul style="list-style-type: none">• The child or young person discloses sexual abuse.• Persistent and age inappropriate sexual activity, including excessive masturbation, masturbation with objects, rubbing genitals against adults, playing games that act out a sexually abusive event.• Drawings or descriptions in stories that are not age appropriate.• A fear of home, a specific place, a particular adult; excessive fear of men or of women.• Poor or deteriorating relationships with adults or peers.• Poor self care/ personal hygiene.• Arriving early at school and leaving late.• Complaining of headaches, stomach pains or nausea without physiological basis.• Frequent rocking, sucking or biting.• Sleeping difficulties.• Reluctance to participate in physical or recreational activities.• Regressive behaviour, such as bedwetting or speech loss.• Sudden accumulation of money or gifts.• Truancy or running away from home.• Delinquent or aggressive behaviour.• Depression.• Self-injurious behaviour, including drug/alcohol abuse, prostitution, self-mutilation, attempted suicide.• Sudden decline in academic performance, poor memory and concentration.• Wearing provocative clothing, or layers of clothes to hide injuries.• Promiscuity.

Emotional Abuse

Emotional Abuse occurs when a young person is repeatedly rejected, isolated or frightened by threats or witnessing of family violence. It also includes hostility, derogatory name-calling and put-downs, or persistent coldness from a person, to the extent where the behaviour of the child or young person is disturbed or their emotional development is at serious risk of being impaired.

Physiological or emotional abuse can occur with or without other forms of abuse. The child or young person may develop personality or behavioural disorders, or become filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are few physical indicators, although emotional abuse may cause delays in emotional, or mental or even physical development.

EMOTIONAL ABUSE- POSSIBLE INDICATORS

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
<ul style="list-style-type: none">• Speech disorders.• Delays in Physical Development.• Failure to Thrive (without an organic cause).	<ul style="list-style-type: none">• Overly compliant, passive and undemanding behaviour.• Extremely demanding, aggressive, attention seeking behaviour.• Anti-Social- destructive behaviour.• Low tolerance or frustration.• Poor self-image.• Unexplained mood swings.• Behaviours that are not age-appropriate for example, overly adult (parenting of other children), or overly infantile (thumb-sucking, rocking, wetting, soiling).• Mental or emotional delays.• Fear of failure, overly high standards, and excessive neatness.• Depression, suicidal.• Running Away.• Violent drawings or writing.• Contact with other children forbidden.

Neglect:

Neglect includes failure to provide the child or young person with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent where the health or development of the child is significantly impaired or placed at serious risk. A child is neglected if they are left uncared for over long periods of time or abandoned. Two types of neglect are explained below.

1: **SERIOUS NEGLECT:** Serious neglect involves situations where a parent or guardian has constantly failed to meet the child's basic needs for food, shelter, hygiene or adequate supervision to the extent that the consequences for the child are severe. For example where:

- The child's home environment is filthy or hazardous in the extreme and poses a threat to the child's immediate safety or development and is characterised by the presence of human faeces or urine, decomposing food, syringes or other dangerous paraphernalia.
- The child is provided with consistently insufficient or inadequate food or nourishment for the child's healthy development.
- The child has a serious medical condition for which the parent has consistently failed to obtain treatment or dispense prescribed medication.

- The parent consistently leaves the child unattended, exposed to or in the care of strangers who may harm the child.
- 2: **MEDICAL NEGLECT:** Neglect of medical care refers to a situation where a parent's refusal of, or failure to seek treatment or agree to certain medical procedures leads to a deprivation of the child's basic rights to life or health.

NEGLECT - POSSIBLE INDICATORS

PHYSICAL INDICATORS	BEHAVOURAL INDICATORS
<ul style="list-style-type: none"> • Consistently dirty and unwashed. • Consistently inappropriately dressed for weather conditions. • Consistently without adequate supervision and at risk of injury or harm. • Consistently hungry, tired and listless, falling asleep in class. • Unattended health problems and lack of routine medical care. • Inadequate shelter and unsafe or unsanitary conditions. • Abandonment by parents • Failure to thrive. 	<ul style="list-style-type: none"> • Begging or stealing food. • Gorging when food is available. • Inability to eat when extremely hungry. • Alienated from peers; withdrawn, listless, pale and thin. • Aggressive behaviour. • Delinquent acts, for example, vandalism, drug and alcohol abuse. • Little positive interaction with parent/caregiver. • Appearing miserable or irritable. • Poor socialising habits. • Poor evidence of bonding, little stranger anxiety. • Indiscriminate with affection. • Poor, irregular or non-attendance at school. • Staying at school long hours. • Self-destructive. • Dropping out of school. • Taking on an adult role of caring for parent.

Family Violence

Family Violence is defined as violence (either actual or threatened) which occurs within a family including physical, verbal, emotional, psychological, sexual, financial or social abuse. Where there are strong indicators that incidents of family violence are placing children at significant risk or danger, Child Protection must be informed. Family Violence is a criminal offence and can be liable to prosecution.

FAMILY VIOLENCE - POSSIBLE INDICATORS

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Speech disorders. • Delays in physical development. • Failure to thrive (without an organic cause). • Bruises or welts on facial areas or other areas of the body, including back, bottom, legs, arms and inner 	<ul style="list-style-type: none"> • Overly compliant, shy, withdrawn, passive and uncommunicative. • Extremely demanding, aggressive, attention seeking behaviour. • Low tolerance or frustration. • Showing wariness or distrust of adults.

thighs. Any bruises or welts in unusual configurations, or those that look like to object used to make the injury, for example, fingerprints or handprints, buckles iron teeth.

- Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child's ages and development.
- Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia.
- Multiple injuries, old and new.
- Internal Injuries.

- Demonstrated fear of parents and of going home.
- Becoming very passive and compliant.
- Depression.
- Anxiety.
- Criminal activity.

OTHER REPORTS TO CHILD PROTECTION:

Risk Taking Behaviour:

Whilst risk taking behaviour in adolescence is a normal aspect of healthy development, some behaviour may require attention from Child Protection when they carry potentially severe or life-threatening consequences. Examples include severe alcohol or drug use, unsafe sexual activity including prostitution, chroming and violent or dangerous peer group activity (for example, train surfing).

There are community services that work with young people and their families where children are engaged in risk taking behaviour.

Child or Young Person Exhibiting Sexually Abusive Behaviours.

Child Protection can receive reports or referrals from the criminal division of the Children's Court about a child over the age of 10 years and under 15 years exhibiting sexually abusive behaviours. Child Protection's role is to assess the child or young person's circumstances and behaviour, determining the need for therapeutic treatment and identification of any other protective concerns.

In some cases, the parents, guardians or caregivers of the child may not permit or enable the child to access or engage in these support services. In such cases, Child Protection may apply to the Children's Court for a Therapeutic Treatment Order and, if needed, an associated placement order. The Children's Court may make these orders if it is satisfied that the child has exhibited sexually abusive behaviours and that the order is necessary to ensure the child's access and attendance at an appropriate therapeutic program.