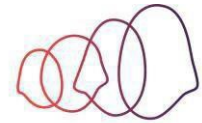



# MANDATORY REPORTING & CHILD WELFARE POLICY



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**Topic:** Mandatory Reporting and Child Welfare Policy  
**Responsible:** Principal \ CEO  
**Location:** Intranet  
**Approved by:** Chief Executive Officer      **Signature:**   
**Review Date:** 2 years from policy approval date or as and when required

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Effective Date:	May 2024	Review Date:	May 2026	Policy Version:	V9
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## 1. OBJECTIVE

The objective of this document is to set out the Child Abuse and Mandatory Reporting and Child Welfare Policy for all staff, contractors and volunteers who are employed or engaged by TSH.

## 2. PURPOSE

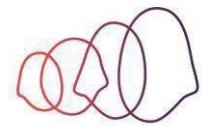
The purpose of this document is to provide staff, regular contractors and volunteers with guidelines for the identification and notification of child abuse and neglect. For emergency incidents of child abuse that occur on TSH premises or for incidents involving adult clients, please refer to TSH's Serious & Notifiable Incidents policy.

Child abuse occurs when a child has been subjected to physical, sexual, emotional, or psychological abuse or neglect which has resulted or is likely to result in harm to the child's wellbeing. It may involve ongoing, repeated, or persistent abuse, or arise from a single incident.

## 3. SCOPE

This policy applies to all TSH staff, contractors and volunteers, including those employed in offsite locations.

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## 4. POLICY

The physical and emotional safety and the wellbeing of the children we support at TSH is of critical importance. At TSH, we engage in effective child safe strategies and processes to ensure the safety of all children.

### **The Legislation – Mandatory Reporting**

Since 1 January 2009, the Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008 has been in effect and covers mandatory reporting of child sexual abuse in Western Australia. This amendment forms part of the Children and Community Services Act 2004.

It is a legal requirement in Western Australia for doctors, nurses, midwives, teachers, police officers, boarding supervisors, ministers of religion, school counsellors and psychologists to report all reasonable beliefs of child sexual abuse to the Mandatory Reporting Service (MRS) This service is operational 24 hours a day, 7 days a week.

Teachers must report a belief formed on reasonable grounds of child sexual abuse that occurred on or after 1 January 2009 to the Mandatory Reporting Service (MRS) of DCP in accordance with the Children and Community Services Act 2004.

Sexual abuse that occurred before 1 January 2009 is not a mandatory report but must be reported to the Principal for schools staff and the CEO or Head of Program Support for staff working in other programs.

### **Reportable Conduct**

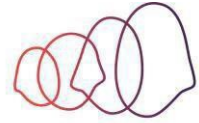
The Reportable Conduct Scheme compels heads of organisations that exercise care, supervision or authority over children to notify allegations of, or convictions for, child abuse by the employees to the Ombudsman and then investigate these allegations. The Ombudsman will monitor, oversee and review these investigations.

The Reportable Conduct Scheme is focused on worker and volunteer conduct and how organisations investigate and respond to suspected child abuse. The scheme aims to improve organisational responses to suspected child abuse and to facilitate the identification of individuals who pose a risk of harm to children.

The reportable conduct covered by the Scheme includes:

- A sexual offence committed against, with or in the presence of a child.
- Sexual misconduct against, with or in the presence of a child that is not a sexual offence. This can include grooming behaviour, sharing pornographic material and inappropriate discussion of sexual behaviour.
- Physical assault (the intentional or reckless application of physical force without justification or any act that causes another person to apprehend immediate violence) against, with or in the presence of a child. This includes the use of actual physical force as well as threatening to physically harm a child through words and/or gestures.
- Other prescribed offences.

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- Significant neglect of a child
- Any behaviour that causes significant emotional or psychological harm to a child.

Reportable conduct does not include:

- Conduct that is reasonable for the discipline, management or care of a child, or a person in the presence of a child, having regard to the child's age, health and developmental stage and relevant professional standards.
- Conduct that is trivial or negligible that is investigated and recorded as part of another workplace procedure.
- Conduct that the Ombudsman WA may exempt, which has to be published on the website

All TSH employees, regardless of their role, must report reportable conduct to the CEO if they become aware of information that leads them to form the belief, on reasonable grounds, that an employee has engaged in reportable conduct, or conduct that may involve reportable conduct, whether or not the conduct is alleged to have occurred in the employee's employment.

The CEO will be required to:

- notify the Ombudsman of allegations of, or convictions for, child abuse by their employees;
- investigate the allegation; and
- provide a report to the Ombudsman on the outcome of the investigation.

## 4.1 LEGISLATION REQUIREMENT OF MANDATORY REPORTERS

If, in the course of their paid or unpaid work, a mandatory reporter forms a belief based on reasonable grounds that a child has been the subject of sexual abuse that occurred on or after 1 January 2009 (or sexual abuse that is ongoing from before that date), they must make a report, as soon as practicable, to the Mandatory Reporting Service (MRS) on 1800 273 889 or online at [www.mandatoryreporting.dcp.wa.gov.au](http://www.mandatoryreporting.dcp.wa.gov.au)

A verbal report can be made, but this must be followed up by a written report as soon as is practicable, preferably within 24 hours.

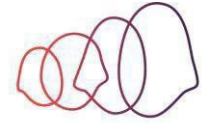
Legislation requires that the mandatory reporter make the report.

The person making the report may advise the Principal of the report, but there is no obligation to do so.

The Principal and other relevant staff may provide support as appropriate. If, in the course of such discussions, the Principal or other staff member themselves form a belief, the person forming the belief would be obliged to make a Mandatory Report.

Where a mandatory reporter has formed a belief that the child is at imminent risk of being abused, they should consider calling the Western Australian Police first, whether through the 000 or the 131444 numbers. This does not fulfil the legal obligation to report a child sexual abuse belief and the individual who has formed the belief should then make a Mandatory Report (MR), which can be complete through the following link: <https://mandatoryreporting.dcp.wa.gov.au/Pages/MakeaReport.aspx>

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The Mandatory Reporting Service can also be contacted through the following ways:

Telephone: 1800 708 704

Email: [mrs@dcp.wa.gov.au](mailto:mrs@dcp.wa.gov.au)

Fax: 1800 610 614

Post: PO Box 8146

Perth BC WA 6849

As a registered NDIS provider, TSH must notify the NDIS Commission of all reportable incidents (including alleged reportable incidents) that occur (or are alleged to have occurred) in connection with the provision of NDIS supports or services TSH delivers.

## 4.2 NON-MANDATORY REPORTERS

Non-mandatory reporters must inform the Principal and are encouraged to notify CPFS if they have formed a belief based on reasonable grounds, that a child is or has been sexually abused.

## 4.3 CHILD ABUSE AND NEGLECT

In Western Australia, under the *Children and Community Services Act 2004*, a child is a person under the age of 18 years.

There are generally five types of child abuse and neglect, which may co-exist:

- physical abuse
- sexual abuse
- emotional abuse including psychological
- child neglect
- family and domestic violence

### 4.3.1 PHYSICAL ABUSE

Physical abuse occurs when a child is severely and/or persistently hurt or injured by an adult or a child's caregiver. It may also be the result of putting a child at risk of being injured.

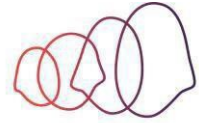
Some examples are:

- hitting, shaking, punching
- burning and scolding
- excessive physical punishment or discipline
- attempted suffocation
- shaking a baby
- illicit administration of alcohol and other drugs

Possible signs of physical abuse are:

- broken bones or unexplained bruises, burns, welts

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- the child is unable to explain an injury or the explanation is vague, inconsistent or bizarre
- dehydration or poisoning
- the child is unusually frightened of a parent or caregiver
- arms and legs are covered by clothing in warm weather
- when parents/caregivers delay getting medical assistance for their child's injury
- brain damage through shaking or hitting.
- the avoidance of physical contact by the child (with a parent/caregivers)

## 4.3.2 SEXUAL ABUSE

Sexual abuse occurs when a child is exposed to, or involved in, sexual activity that is exploitative and/or inappropriate to the child's age and developmental level. It includes circumstances where the child has less power than another person involved, is exploited or where the child has been bribed, threatened, or coerced. It also includes situations where there is a significant difference between the developmental or maturity level of the child and another person involved.

The DCP takes the position that sexual abuse involves the exposure of children and young people to inappropriate sexual activity by either forcing them to be involved in sexual acts (masturbation, fondling, oral or penetrative sex); or witnessing the sexual activity of others, either by reading or viewing pornographic material or through direct observation.

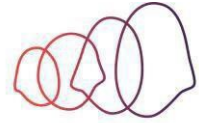
Some examples are:

- letting a child watch or read pornography
- allowing a child to watch sexual acts
- fondling the child's genitals
- having oral sex with a child
- making a child touch an adult's genitalia
- vaginal or anal penetration
- using the internet to find a child for sexual exploitation

Possible signs of sexual abuse include when a child:

- acts in a sexualised way that is inappropriate to their age
- has knowledge of sexual behaviour inappropriate to their years
- has a fear of being alone with a particular person
- creates stories, poems or artwork about abuse
- has pain, bleeding or swelling in their genital area
- starts doing things they have grown out of such as crying a lot, bed wetting or soiling, clinging to caregiver
- has nightmares or sudden unexplained fears
- begins bed wetting and / or bed soiling
- implies that they are required to keep secrets

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- has a sexually transmitted infection or is pregnant

### 4.3.3 EMOTIONAL ABUSE

Emotional abuse is a sustained, repetitive, inappropriate, ill treatment of a child or young person through behaviours including threatening, belittling, 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.

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.

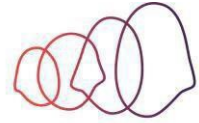
Some examples are:

- constantly putting a child down
- humiliating or shaming a child
- not showing love, support or guidance
- continually ignoring or rejecting the child
- exposing the child to family and domestic violence
  
- threatening abuse or bullying a child
- threats to harm loved ones, property or pets
- calling the child names to minimise their self-worth
- keeping a child isolated from other people or friends
- encouraging a child to act inappropriately

Possible signs of emotional abuse include when a child:

- is very shy, fearful or afraid of doing something wrong
- displays extremes of behaviour for example from being very aggressive to very passive
- is not able to feel joy or happiness
- is often anxious or distressed
- feels worthless about life and themselves
- has delayed emotional development
  
- feels dumb
- has difficulties remembering or recognising information
- has difficulties paying attention
- has difficulty knowing what actions are right or wrong
- is highly anxious.

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## 4.3.4 CHILD NEGLECT

Neglect is the 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, effective medical, therapeutic or remedial 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.

Some examples are:

- leaving a child alone without appropriate supervision
- not ensuring the child attends school, or not enrolling the child at school
- infection because of poor hygiene or lack of medication
- not giving a child affection or emotional support
- not getting medical help when required

Signs of neglect in children include:

- untreated sores, severe nappy rash
- bad body odour, matted hair, dirty skin
- being involved in serious accidents
- being hungry and stealing or hoarding food
- often being tired, late for school or not attending school
- inappropriate clothing, especially inadequate clothing in winter
- feeling bad about themselves
- unattended physical or medical problems
- when a baby does not meet physical and development milestones without there being underlying medical reasons

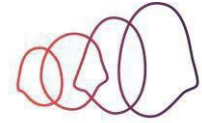
## 4.3.5 CHILD SEXUAL ABUSE IN THE ONLINE CONTEXT

The internet and social media have many benefits for enabling our connection to the outside world, though in doing so they also enable new opportunities for child sexual exploitation online.

Online child sexual exploitation may include:

- engaging a child in chat about sexual acts • sending nude or pornographic images or videos to a child or exposing themselves via live stream
- asking a child to perform sexual acts, expose themselves or share sexual images or videos
- producing and sharing indecent images of children online (Australian Centre to Counter Child Exploitation, n.d.)
- online grooming, where an adult makes online contact with someone under the age of 16 with the intention of establishing a relationship to enable their sexual abuse.

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## 4.4 LAWS SUPPORTING INFORMATION SHARING FOR DELEGATED OFFICERS

From the 1st of January 2016 Independent and Catholic schools registered under Part 4 of the School Education Act 1999 have been added to the list of 'prescribed authorities' under s.28B of the Children and Community Services Act 2004.

The CEO or delegated officers of 'prescribed authorities' are able to exchange "relevant information" with each other that is, or is likely to be, relevant to:

- (a) the wellbeing of a child or class or group or children; or
- (b) the safety of a person who has been subjected to, or exposed to, one or more acts of family and domestic violence.

At TSH this authority has been delegated to the CEO and Principal.

The list of prescribed authorities may change from time to time. Before sharing information, please check the list of current prescribed authorities on the Department for Child Protection and Family Support Website [www.dcp.wa.gov.au](http://www.dcp.wa.gov.au).

Relevant information must only be shared by the delegated officers. When deciding whether or not to share information under s.28B, it is important to remember that the best interests of the child must be your

paramount consideration, and the safety of other individuals is of critical importance.

If you are authorised to disclose information under s.28B and you do so in good faith, you are protected from civil and criminal liability and the disclosure cannot be considered unprofessional conduct or a breach of professional ethics.

If report is made that involves a student enrolled in the Outpost program, the Principal or CEO will communicate with the appropriate authority at the enrolled Outpost school.

## 4.5 STAFF RESPONSIBILITY

All staff employed by TSH are responsible for the care, safety and protection of any child within a program provided by TSH.

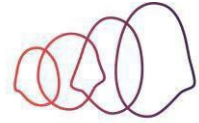
This responsibility extends to the identification and timely response to concerns regarding the possible sexual, physical, psychological and emotional abuse or neglect of a child.

Teacher assistants, speech pathologists, occupational therapists and audiologists are examples of people who work with children that are not mandated reporters. However, all people working with children, whether mandatory reporters or not, should continue to report reasonable beliefs and suspicions or concerns about all forms of abuse. These people who work with children may also have a greater knowledge of the children in their care and can be included in the consultative process with the teacher in the case of sexual abuse.

Within school programs, all non-teaching staff are required to report any incidence or disclosure of abuse



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that does not constitute a mandatory report to the Principal.

In the case where it is believed the Principal or CEO may somehow be complicit or obstructionist, the report should be made to the CEO or the Chair of the Governing body.

Staff working in programs other than schools who are not mandatory reporters, are required to report any incidence or disclosure to the Principal or the CEO.

*The Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008* mandates that all mandatory reporters make a report to the Department of Child Protection in the following instances:

- If they believe on reasonable grounds that a child has been the subject of sexual abuse or is the subject of ongoing sexual abuse; and
- They form the belief in the course of their work (whether paid or unpaid).

## 4.6 REPORTING CONCERN

Staff will report a child protection concern to the Principal or CEO, if they form a belief that results in concern for the physical safety, health, psychological or emotional wellbeing of a child.

When reporting a concern, staff are aware that:

- proof is not required
- the injury from physical abuse is considered to be non-accidental
- the indicators are not typical for the age and / or gender of the child

If a staff member is unsure they will confidentially discuss their concerns with:

- Principal for Schools staff
- Principal or CEO for staff in all other programs
- Mandatory Reporting Service (for cases involving possible sexual abuse)

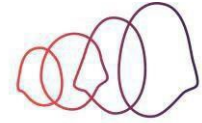
If a decision not to report the situation has been made, all staff members involved must continue to document, observe, inform and consult with each other and on a School Recording form for Disclosures, Observations of Child Abuse and Actions, this is available from the Principal or CEO.

A mandatory report for sexual abuse is to be made to the Department of Child Protection either via phone 1800 708 704, online or on Mandatory Report – Sexual Abuse form available on the Department of Child Protection website [www.dcp.wa.gov.au](http://www.dcp.wa.gov.au).

Child welfare concerns **not** of a sexual abuse nature are to be reported to the Department of Child Protection on the Child Protection Concern Referral form, available on the Department of Communities, Child Protection and Family Support website [www.dcp.wa.gov.au](http://www.dcp.wa.gov.au).

All relevant documents relating to the mandatory report and the reference receipt number will be forwarded electronically to the Principal and Executive Assistant within 24 hours of the MR report being submitted to

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the Department of Child Protection for record keeping.

Strong concerns for the welfare of children believed maltreated by parents/caregivers must be discussed with the Department for Child Protection and family Support or the Police Child Abuse Squad before advising parents/caregivers. These agencies will then decide on the provision of advice to parents/caregivers and any further action. Police and CPFS are available to provide advice on child abuse concerns.

Staff cannot agree to a student's request for confidentiality or requests that parents/caregivers, police or other agencies not be informed when the welfare or safety of the student or other students may be threatened.

Parents/caregivers, staff and appropriate others in the school community should be informed of the content of the Mandatory Reporting and Child Welfare Policy and the procedures recommended by that policy in the event that abuse is suspected or has occurred.

The issuing of a formal warning to a staff member or ceasing the employment of a staff member for a breach of the Staff Code of Conduct suspected to be grooming behaviour is considered a critical and emergency incident and as such is a notifiable incident. Please refer to the Critical, Serious and Notifiable Incidents Policy.

Where the breach involves a contractor, TSH may terminate their contract immediately, or not renew in the future. When the breach involves a volunteer, TSH may cease their volunteer role immediately.

Receipt of an allegation of child abuse, including but not limited to sexual abuse, committed against a student by a staff member or student, or another person on the school premises or during school related activities, whether the abuse is alleged to have occurred recently or in the past, is considered a critical and emergency incident and as such is a notifiable incident. Please refer to the Critical, Serious and Notifiable Incidents Policy.

## 4.7 REASONABLE GROUNDS

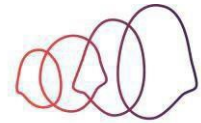
This belief is based on reasonable grounds such as:

- the child discloses
- someone else such as a relative or friend of the child provides information
- a child discloses that they know someone who has been abused (often a child refers to him or herself in the third person)
- observation of indicators
- the child's writing or drawing depicts abuse

## 4.8 NDIS QUALITY AND SAFEGUARD COMMISSION

For an incident to be reportable to the NDIS quality and safeguard commission, a certain act or event needs to have happened (or be alleged to have happened) in connection with the provision of supports or services. This includes:

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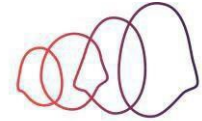
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- the death of a person with disability
- serious injury of a person with disability
- abuse or neglect of a person with disability
- unlawful sexual or physical contact with, or assault of, a person with disability
- sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- use of a restrictive practice in relation to a person with disability where the use is not in accordance with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not in accordance with a behaviour support plan for the person with disability

For all NDIS reporting matters please refer to the Critical Incidents Policy.

Reporting is required even when you have acted and responded to incidents in accordance with the Critical Incidents Policy. Failure to report within the statutory timeframes is a contravention of the NDIS Act and could lead to infringement notices or other compliance actions. Registered NDIS providers should use the NDIS Commission Portal 'My Reportable Incidents' page to notify and manage all reportable incidents.

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## 4.9 TRAINING AND SCREENING

TSH provides all employees, regular designated contractors and volunteers with annual training on child protection, mandatory reporting and the identification and prevention of grooming practices.

All new employees must complete the relevant AISWA online training within one month of commencement

All staff must have a current Working with Children Check and Police Clearance.

All therapy staff must have a current NDIS working with Children screen and Working with Children Check.

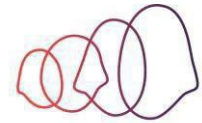
All volunteers are required to provide a current WWCC and Police Clearance. Volunteers are required to review and acknowledge our Code of Conduct and confidentiality requirements. Their induction must also include an overview of this policy.

## 4.10 PROTECTIVE BEHAVIOURS CURRICULUM

Teachers are trained in the delivery of the AISWA recommended and approved Keeping Safe program. This 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.

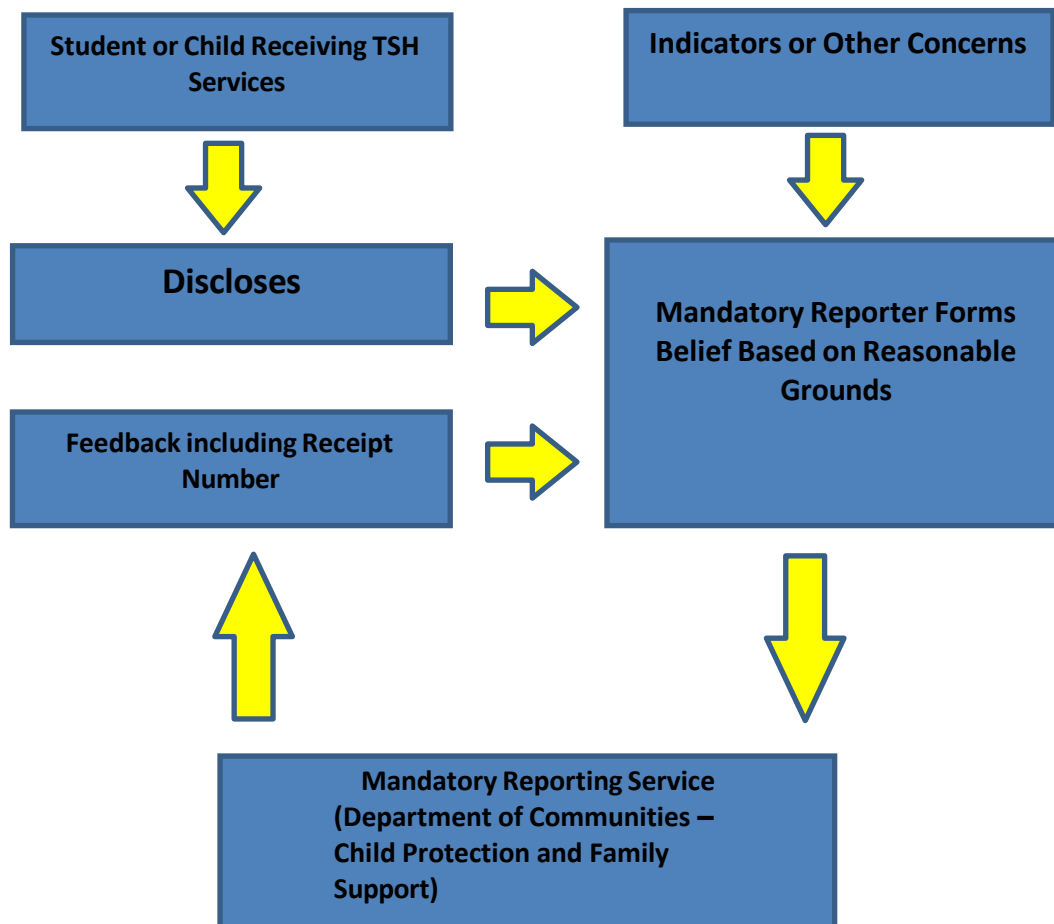
This curriculum is explicitly delivered in the Talkabout program. Children in the Outpost program receive the protective behaviours curriculum that is delivered by their general education school. Staff monitor the students' understanding of the curriculum and deliver additional support as appropriate.

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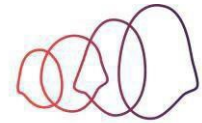


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## MANDATORY REPORTING PROCEDURE (MANDATORY REPORTERS)



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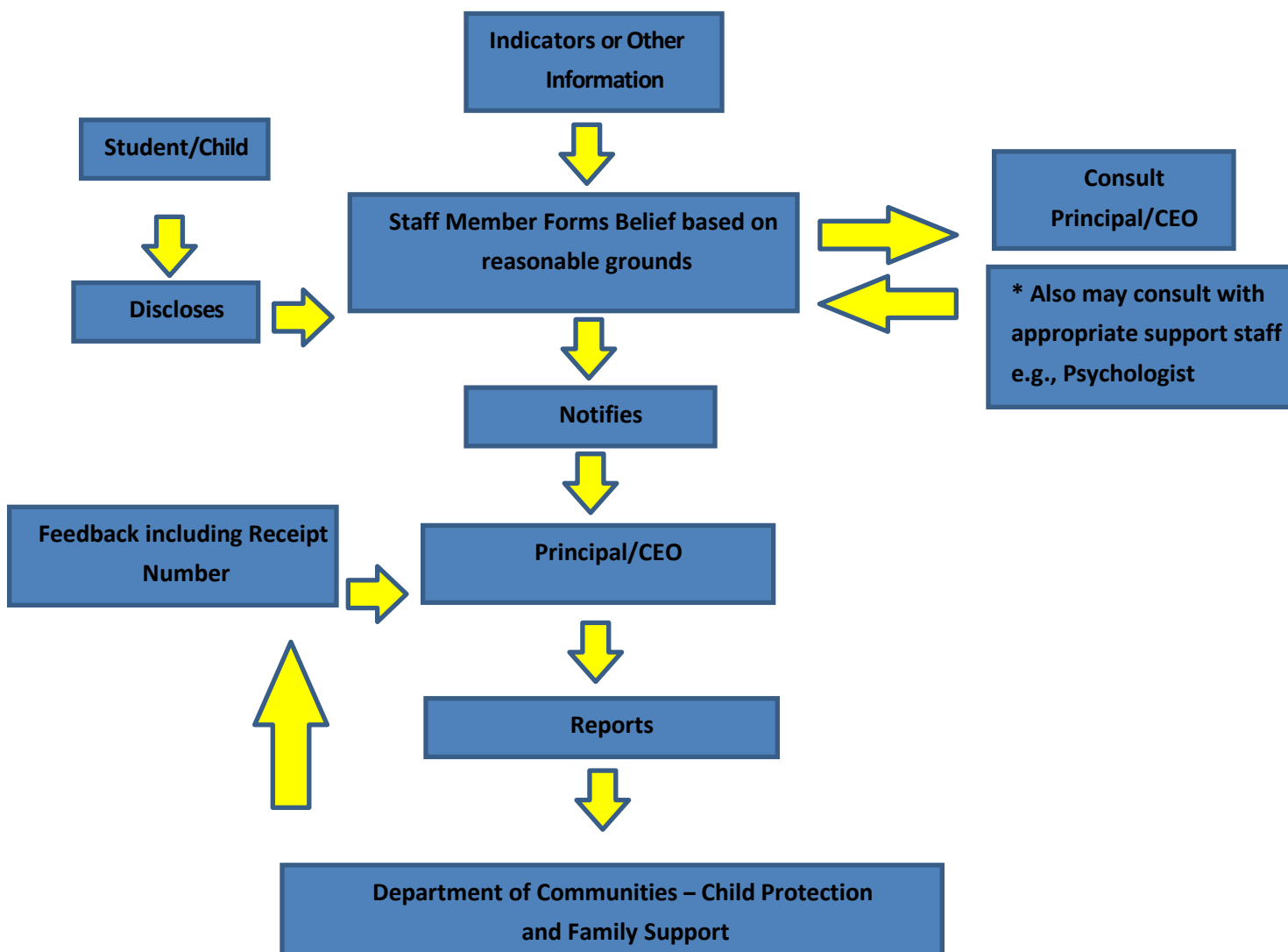
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Once a mandatory reporter has formed a belief based on reasonable grounds, they are required to make the report to the Mandatory Reporting Service of CPFS.

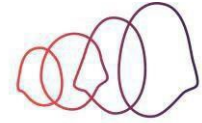
The flowchart above only shows what the mandatory reporter must do once they have formed a belief. It does not include any consultation process with other school staff. A clear consultation process may occur **prior** to the mandatory reporter forming a belief.

Any such discussions or documentation must remain highly confidential and protect the identity of the reporter. However, throughout the process, the wellbeing of the child must be of paramount concern.

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



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## 5. EMPLOYEE SUPPORT

Being aware of potential child abuse can be confronting. All parties involved in a report are encouraged to access TSH's Employee Assistance Program (EAP), which provides confidential counselling and support.

The Principal or CEO will debrief and regularly check in with any employee involved in a report. External support services are also available to non-mandatory and mandatory reporters include:

### Lifeline

24-hour crisis support and suicide prevention.

Ph: 13 11 14

Website: <https://www.lifeline.org.au/>

### Beyondblue

Mental health support.

Ph: 1300 224 636

Website: <https://www.beyondblue.org.au/>

## 6. FORMS / DOCUMENTATION

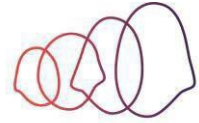
This document is to be read in conjunction with the following:

- Department of Child Protection website [www.mandatoryreporting.dcp.wa.gov.au](http://www.mandatoryreporting.dcp.wa.gov.au),
- [Working with Children \(Criminal Record Checking\) Regulations 2.5](#)
- [Department of Child Protection Resources for Mandatory Reporters \(including contact numbers\)](#)
- [Department for Child Protection document "Identifying and responding to child abuse and neglect – A Guide for Professionals"](#)
- NDIS Quality and Safeguards commission website <https://www.ndiscommission.gov.au/providers/registered-ndis-providers/reportable-incidents-0>
- [Mandatory-reporting-guide-western-australia.pdf \(www.wa.gov.au\)](#)
- [Parliamentary Commissioner Amendment \(Reportable Conduct\) Act 2022](#)

## 7. RELATED POLICIES and DOCUMENTS

- Duty of Care
- Recruitment Policy
- Employee Onboarding Policy
- Induction Checklists
- Code of Conduct
- Bullying Policy
- External Complaints Policy

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- Student Complaints Policy
- Working with Children Check and Police Clearance Guidelines
- Critical Incident Policy
- Volunteer Management Policy

## 8. POLICY UPDATES

This policy will be updated or revised from every two years or more frequently. TSH will notify all staff each time the Policy has been updated. If you are unsure whether you are reading the most current version, you should contact the CEO, Principal or your Department Head.

Originated	Version 1	June 2011
Updated	Version 2	October 2012
Updated	Version 3	February 2015
Updated	Version 4	April 2015
Updated	Version 5	August 2016
Updated	Version 6	January 2019
Updated	Version 7	April 2021
Updated	Version 8	October 2023
Updated	Version 9	May 2024