Division of Children’s Services

CHILD PROTECTION

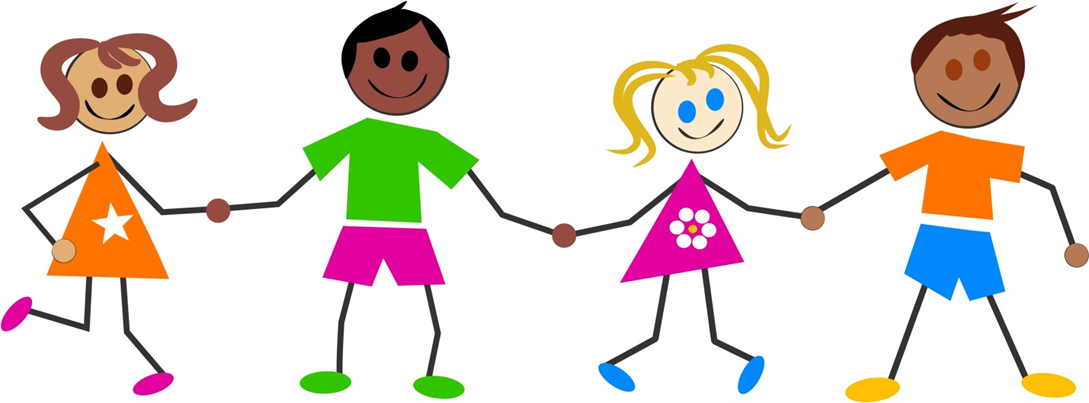
Policy, Practice and

Reporting Procedures

Developed for the

Ministry of Home Affairs

Government of Nauru



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# Introduction

As with most countries around the world, gender based violence and violence against children and young people is a significant and serious issue in Nauru.

Although no specific data exists in relation to child abuse and neglect, in 2014 a study was undertaken by the Ministry of Home Affairs with financial support by the Australian Department of Foreign Affairs and trade (DFAT) to obtain information about the causes and consequences of violence against women and girls. The Nauru Family Health and Support Study 2014 estimated that 48.1% of women who ever had an intimate relationship experienced physical and/or sexual violence by a partner at least once in their lifetime. The study also explored sexual violence in childhood, asking of women’s experience of sexual abuse before the age of 15. The study found that over 30% of women surveyed reported having been sexually abused – with the majority (11.5%) reporting that the abuse occurred between the ages of 10 and 14, and 5.4% reporting that abuse had occurred between the ages of 0 and 9. Of these, the majority of the perpetrators were male family members (12.2%) with 5.4% as male non-related.

Research by UNICEF has indicted that the abuse, neglect, violence and exploitation of children is widespread in the region, and the impact of these experiences on children are immediate, long lasting, and often devastating. UNICEF’s report released in late 2012, *Child Maltreatment: Prevalence, Incidence and Consequences in the East Asia and Pacific Region*, presented the findings of a systematic review of 364 studies published between 2000-2010 on the prevalence, incidence and consequences of child maltreatment in the region finding that:

* The prevalence of severe physical abuse ranges from 9% to nearly 1 in 4 children in the region.
* Between 14% to 30% of both boys and girls have reported experiencing forced sex in their lifetimes.
* Adolescents and adults who have experienced sexual and/or physical abuse as children are 4 times more likely to have thought of or attempted suicide than those without a history of abuse.

Worldwide, it is reported that more than one in four children have experienced severe and frequent physical abuse; and one in five girls and one in eleven boys sexual abuse.

These children reportedly have poorer physical and mental health outcomes, including social difficulties, insecure attachment, problematic relationships with peers, cognitive dysfunction, higher risk behaviours including with drugs and alcohol, early sexual activity resulting in increased teenage parenting and behavioural problems including aggression and criminality.

In October 2013 the Minister of Home Affairs established a Family and Community Services Division within the Ministry of Home Affairs which included a family welfare function, community development and a child protection response.

In order to ensure a strong focus on children and young people, in 2015 the Minister established a dedicated *Division of Child Protection Services* staffed by a Director, Child Protection Officers and a Children’s Counsellor. The role of the Division is to have lead responsibility in Nauru for the care and protection of children, and to establish systems and processes to respond to cases of child abuse and neglect.

The Division is supported in its role to protect children by the Domestic Violence Unit of the Nauru Police Force, whose role it is to investigate and respond to violence against victims of domestic violence and to child abuse.

The purpose of this manual is to provide a policy framework, including outlining the responsibilities of government employees and stakeholders in identifying and reporting cases of child abuse and neglect, including those cases where children are victims of; or witnesses to; incidences of family violence.

It also sets out the steps required to report child abuse and neglect; and the roles and responsibilities of the Division of Children’s services.

# Legal and Policy framework

## Policy response

Currently there is no specific Child Protection legislation in place, and therefore there is no standard definition for abuse, violence, neglect and exploitation of children. Crimes against children, including sexual offences, are based in the *Criminal Code Act 1899* and are in the process of being updated to reflect contemporary community standards.

The powers and duties of child protection staff and other support professionals is therefore not enshrined in legislation, and there is no legal obligation on any key professionals to report children at risk, or for Child Protection staff to intervene to protect children at risk. This impacts upon the protocols available for dealing with cases of abuse, especially in regards to separating children from their parents in the case of serious abuse.

The creation of the new Division of Child Protection however, indicates the Nauru Government’s commitment to the care and protection of children, and a shared responsibility across key government departments, and with civil society groups to protect children. As such the Government in February 2015 endorsed the Integrated Model for Family Violence and Child Protection, with the Minister of Home Affairs the responsible Minister for the function. Two Integrated Case Coordination Committees, one dealing with case management and systemic family violence issues and the other child protection issues have been established, responsible to an overarching governance committee which reports to the Minister, Home Affairs. The principles underpinning the approach are:

* The safety of the victim/s is paramount;
* There is a shared responsibility across departments to work together to identify needs and effective solutions and responses;
* Acknowledge that no single service can address all of the needs of an individual or family;
* Confidentiality is respected and information is shared only within agreed protocols;
* Assist families by providing early intervention aimed at preventing further violence and abuse;
* Provide education to service providers and the broader community about child abuse and neglect and family violence and its impact on victims.

The ICCC has a role in serious and/or cases of reported child abuse and neglect, which require a whole of government response to manage risk and safety concerns. It is not convened to deal with each and every child protection matter, as that is the function of the newly created Division of Children’s Services, but to ensure that information is shared across government and external stakeholders in cases where ongoing risk issues need to be managed through the development of shared goals, interventions and coordinated strategies.

In addition, in 2015 Cabinet endorsed a mandatory reporting policy which requires several occupational groups employed by the Government of Nauru, including external service providers, to the Government of Nauru, to report cases of family violence and child protection matters to Child Protection Services.

The Cabinet also endorsed a No Drop policy, which audits current legislative provisions which cause criminal matters to be dropped, and to draft and implement the necessary amendments that reported cases of family violence and sexual assault proceed through the criminal justice system without being withdrawn by either the complainant, or the legal process.

## Assisting legislation

### Guardianship of Children Act 1975:

Provides that ***any person*** may with leave of the Supreme Court apply for a Guardianship Order to deprive a parent of their guardianship of a child if the Court is satisfied that the parent is for some grave reason unfit to be a guardian or unwilling to exercise the responsibilities of a guardian. Any person may apply for custody orders subject to the fact that if the child is over the age of sixteen no order shall be made except in special circumstance.

### Maintenance Act 2011:

Section 16 provides for the protection of a child’s welfare if a father of the child has left his child without means of support. This section may be applied for by any person by the reason of the wording of ***“upon the hearing of a complaint”***. Section 15 did not specify who can lodge the complaint but provided that ***“One complaint only necessary”.***

### Criminal Procedure Act 1972:

Provides that ***any person*** may on oath apply to a Magistrate against another person likely to commit a breach of the peace or to do any wrongful act that may probably occasion a breach of the peace and the Magistrate may order for an Apprehended Violence Order to that person not to communicate with a person or to stay away from a person or place or not approach closer than a particular distance from a person or place.

### Interpretation Act 2011:

Provisions of sections 51 and 52 of the Interpretation Act 2011 allow the Court to consider any relevant treaty or other international agreement to which Nauru is a party to. I am just putting this down to illustrate recent convictions relating to child abuse.

## Convention on the Rights of the Child

UNICEF identifies eight essential components in building a protective environment for children that will help prevent and respond to violence, abuse and exploitation:

1. *Strengthening government commitment and capacity to fulfil children’s right to protection* – includes social welfare policies, adequate budget and ratification of international instruments;
2. *Promoting the establishment and enforcement of adequate legislation* – including policies;
3. *Addressing harmful attitudes, customs and practices* – including condemning injurious practices and supporting those that are protective;
4. *Encouraging open discussion of child protection issues that includes media and civil society partners* – acknowledging that silence is a major impediment to positive practices;
5. *Developing children’s life skills, knowledge and participation* – including providing knowledge about protection rights and avoiding and responding to risks;
6. *Building capacity of those in contact with the child* – including families, community members, teachers, health and welfare workers and police;
7. *Providing essential services for prevention, recovery and reintegration* - including basic health, education as well as specific services that help prevent violence and provide care, support and protection in situations of violence, abuse and separation; and
8. *Establishing and implementing ongoing and effective monitoring, reporting and oversight* – including data collection and oversight of trends and responses.

The UNCRC came into force on September 2, 1990. It has 54 articles and 2 optional protocols (on the involvement of children in armed conflict; and the sale of children, child prostitution and child pornography). Currently 193 countries are party to the convention, with Nauru having been a signatory since 1994.

The following articles are the most pertinent in regards to child protection:

**Article 1** – defines a ‘child’ as a person below the age of 18, unless the laws of a country set the legal age for adulthood younger.

**Article 2** – CRC applies to all children, whatever their race, religion or abilities, no matter what language they speak, their culture, or whether they have a disability.

**Article 3** - The best interests of the child must be the primary concern in making decisions that affect children and adults should do what is best for children.

**Article 4** – there is a responsibility to take all available measures to make sure that children’s rights are respected, protected and fulfilled.

**Article 19** - children have the right to be protected from all forms of violence – including being hurt and mistreated, physically or mentally. Children should be properly cared for and protected from violence, abuse and neglect by their parents or anyone else who takes care of them. (In terms of discipline, the Convention does not specify what forms of punishment parents should use, however discipline that is excessive or abusive is not acceptable).

**Article 34** - children should be protected from all forms of sexual exploitation and abuse.

# What is Child Abuse?

## Definitions

Both boys and girls can be the victim of child abuse, and abuse can be inflicted on a child by men, women and older children. It includes physical abuse, emotional abuse, sexual abuse, neglect or negligent treatment or commercial or other exploitation.

**Child:** as there is no legal definition for ‘child’ in Nauru, the UNCRC definition as “a person below the age of 18” will be applied.

**Physical abuse:** the intentional causing of physical harm to a child. This may take the form of slapping, punching, shaking, kicking, burning, shoving, biting, strangling, poisoning or otherwise physically hurting a child.

**Emotional abuse:** involves continuing behaviour by adults towards children, which includes threats, rejection, isolation, belittling, name calling or other non-physical forms of hostile or rejecting treatment which erodes social competence or self-esteem over time.

**Neglect or negligent treatment:** is the failure to provide a child - within the context of resources reasonably available to the family or caregivers - with the conditions essential for their physical and emotional development and well-being.

**Sexual abuse:** occurs when someone uses their power or authority to involve a child in sexual activity. Sexually abusive behaviours can involve fondling genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling breasts, voyeurism, exhibitionism or exposing the child to, or involving the child in, pornography. Both boys and girls can be victims of child sexual abuse.

**Domestic and family violence:** note that children can either be the victims of family violence directly (through any or a combination of the above behaviours) or be a witness to violence occurring within the home. When violence occurs in the home, it affects the entire family. There has been an increased recognition internationally that children who are exposed to violence in the home and abuse have a higher risk of developing mental and physical health problems, and violence impacts how the child develops emotionally, socially, behaviourally as well as cognitively.

## Examples of abuse

*Scenario 1: Gina has a 9 month old son name Tim who always cries when it is time for a bath and will wrestle with his mother. Gina will force him into the bath tub and smack him, pinch him and force him down while he is kicking and grabbing her. What type of abuse is it?*

**Physical Abuse**

* + Hitting
  + Smacking
  + Shaking
  + Pinching
  + Forcing him down

*Scenario 2: Brad (12yrs old) was left alone with his sister Kim (10yrs) in the house during the day while their mother went off to work, expecting Brad to do everything in the house. What type of abuse is it?*

**Neglect**

* + Isolated from peers
  + Bullied
  + Ignored
  + Doing hard labour
  + Not allowed to attend school
  + Not allowed to have fun in life

*Scenario 3: Jack is a heavy drinker. One night he was very drunk and entered his stepdaughter’s room, Jane (16 yrs old) and started to fondle with her body while calling his wife’s name. When Jane resisted and told him he was in the wrong room he said “Oh am very sorry I am very drunk please don’t tell anyone”. The next night it happened again. What type of abuse is it?*

**Sexual Abuse**

* Indecent touching
* Fondling
* No excuse when under the influence of alcohol

*Scenario 4: Lucy has two children, a boy Sam (10 yrs) and a girl Mary (7 yrs). She is very fond of her son, but she calls her daughter names like “lazy” and “ugly” and “stupid” and says that she wants to give her away to live with someone else. What type of abuse is it?*

**Emotional abuse**

* Rejection
* Threatening
* Belittling
* Name calling

## Why does child abuse happen?

Harm, or risk of harm to children and young people, can occur when stress, tiredness, lack of skills, information and support combine to make the pressures of caring for children overwhelming.

Some of the factors that can contribute to the likelihood of harm include:

* isolation and lack of support - when there is no one, such as extended family, friends, a partner or community support to help with the demands of parenting
* stress - financial pressures, job worries, medical problems or taking care of a family member with a disability can increase stress and overwhelm parents
* unrealistic expectations - a lack of understanding of a child or young person's developmental stages and behaviour
* lack of parenting skills - not knowing how to help children and young people learn, grow and behave in a positive way
* drug and alcohol problems - addiction or substance abuse may limit a parent's ability to meet their children's needs
* low self-esteem and self-confidence - sometimes insecure parents doubt their ability to meet their child's needs and do not seek help and support
* poor childhood experiences - intergenerational patterns of abuse.

The presence of one or more of these factors does not by itself prove that a child is being harmed or is at risk of harm, but it can alert to the possibility that a child may be at risk.

Given the right skills and resources, most people who have harmed a child can learn to parent in a positive way.

Community attitudes are also a contributing factor to child abuse. There is still some acceptance in the community for the use of physical force for the purposes of discipline and punishment of children and young people.

People may not consider it any of their business, may not want to get involved or do not trust child protection authorities, and therefore do not report their concerns.

Attitudes vary across different communities and those that can inadvertently support abuse include:

* acceptance of the use of violence and force
* acceptance of physical punishment of children and young people
* acceptance of parents 'ownership' of children and young people and their right to treat children and young people as they see fit
* racism
* inequality between men and women
* lack of community understanding about the consequences of harm experienced in childhood.

## What are the possible indicators of abuse?

It is important that people working with children are aware of the indicators of abuse and have the confidence to respond to any indication that a child may have been abused.

A child who has been, or may be experiencing abuse may show behavioural, emotional or physical signs of stress and abuse.

**Some general indicators of child abuse include:**

* showing wariness and distrust of adults
* rocking, sucking or biting excessively
* bedwetting or soiling
* demanding or aggressive behaviour
* sleeping difficulties, often being tired and falling asleep
* low self-esteem
* difficulty relating to adults and peers
* abusing alcohol or drugs
* being seemingly accident prone
* having broken bones or unexplained bruising, burns or welts in different stages of healing
* being unable to explain an injury, or providing explanations that are inconsistent, vague or unbelievable
* feeling suicidal or attempting suicide
* having difficulty concentrating
* being withdrawn or overly obedient
* being reluctant to go home
* creating stories, poems or artwork about abuse.

**Some indicators of neglect include:**

* malnutrition, begging, stealing or hoarding food
* poor hygiene, matted hair, dirty skin or body odour
* unattended physical or medical problems
* comments from a child that no one is home to provide care
* being constantly tired
* frequent lateness or absence from school
* inappropriate clothing, especially inadequate clothing in winter
* frequent illness, infections or sores
* being left unsupervised for long periods.

**Some indicators of child sexual abuse may include:**

* displaying greater sexual knowledge than normally expected for their age or developmental level
* inappropriate sexual play and behaviour with themselves, other children or dolls and toys
* hints about sexual activity through actions or comments that are inappropriate to the child’s age or developmental level
* excessive masturbation or masturbation in public after kindergarten age
* persistent bedwetting, urinating or soiling in clothes
* persistent sexual themes in their drawings or play time
* running away
* destroying property
* hurting or mutilating animals
* creating stories, poems or artwork about abuse
* difficulty concentrating or being withdrawn or overly obedient
* having unexpected redness, soreness or injury around the penis, vagina, mouth or anus
* having torn, stained or bloody clothing, especially underwear
* Recurring themes of power or control in play.

The presence of one indicator does not necessarily suggest that a child is the subject of abuse. People working with children need to consider the context in which the indicators are observed and use common sense.

## What are the effects of harm?

Harm experienced in childhood can have significant and lasting effects for children and young people, and no two children or young people react in the same way. Some children and young people show no observable effects of harm they may have experienced, while others show a wide range of effects. There may be long-term effects even when short-term effects are not apparent.

Children and young people may experience a range of emotional, psychological and physical problems as a result of being harmed, including:

* low self esteem
* increased fear, guilt and self-blame
* distrust of adults
* depression
* suicidal thoughts and self-harming
* anxiety disorders
* attachment disorders
* post-traumatic stress disorder
* learning disorders, including poor language and cognitive development
* aggressive behaviour and other behavioural problems
* developmental delay, eating disorders and physical ailments
* delinquency and criminal behaviour including violent or aggressive behaviour
* drug and alcohol abuse and high-risk sexual behaviour
* permanent physical injuries or death
* difficulty forming relationships with other adults
* Symptoms and behaviour that lead to them being singled out and victimised.

The most serious effects are likely to occur when no one takes action to stop the harm and protect the child or young person.

With early identification and an appropriate response and support, children and young people can recover from being harmed.

A child or young person's support network and bonds with those who believe in them and protect them will help them to cope.

Without effective support, harm experienced in childhood can have long-term effects on individuals and communities.

# Child Protection

## Purpose of Child Protection

Child protection is reducing risks to children’s wellbeing; making children’s rights a reality; restoring hope and dignified living where abuse has occurred and creating a safe environment that supports children’s positive development.

The goal of child protection is to promote, protect and fulfil children’s rights to protection from abuse, neglect, exploitation and violence.

The purpose of Child Protection Services is for the protection of children from abuse and/or neglect.

The main principle is that the safety, wellbeing and best interests of the child are paramount.

Other general principles include:

* A child has a right to be protected from harm or risk of harm;
* A child’s family has the primary responsibility for the child’s upbringing, protection and development;
* If a child does not have a parent who is able or willing to protect the child, then the government is responsible for protecting the child;
* In protecting the child, the government should only take action that is warranted in the circumstances;
* If a child is removed from the child’s family, support should be given to the child and the child’s family for the purpose of allowing the child to return to the child’s family if the return is in the child’s best interests;
* If a child does not have a parent able and willing to give the child ongoing protection in the foreseeable future, the child should have long term alternative care;
* If a child is removed from their family, the first option should be placing the child with kinship care;
* If a child is removed, the child should be placed with the child’s siblings if possible;
* A child should only be placed in the care of a parent or other person who has the capacity and is willing to care for the child;
* A child should have stable living arrangements that provide for a stable connection with family and community and for their developmental, educational, emotional, health, intellectual and physical needs to be met;
* A child should be able to maintain relationships with their parents and kin if appropriate;
* A child should be able to know and maintain their identity and values, including cultural, traditions, language, ethnic and religious identity and values.

## Elements of a child protection system

The elements of a child protection system encompass a number of areas, from awareness raising through to complex case management of cases of child abuse and neglect. This should be underpinned by appropriate standards, legislation and policies, as well as supported by appropriate data collection, research and ongoing monitoring.

The focus of this manual is on the following tiers:

* Early intervention – mandatory reporting
* Responding to abuse, neglect and exploitation.

Standards, legislation, policies and enforcement

Research, evaluation and service data

## Division of Child Protection Services

In late 2013 the Minister for Home Affairs, the Hon. Charmaine Scotty, established a Division of Family and Community Services. That Division had one Child Protection Officer who commenced mid-2014. In discussions with and recognition by the Minister for Home Affairs and the Secretary for Home Affairs, it was decided that the Child Protection function would be moved from FACS and a new Division of Children’s Services be established. That occurred in June 2015.

DCS is staffed by a Director, a children’s counselor and two Child Protection Officers. The additional positions of Child Protection/Welfare Officer and Administration Officer are being filled. Support for additional counseling is also provided by the GBV Specialist and the Safe House counselor.

The main functions of the Division of Child Protection Services are to:

* Investigate matters where it is alleged that children are at risk of harm
* Refer children and families to services that assist in providing the ongoing safety and wellbeing of children
* Take matters to the police if the child’s safety cannot be ensured within the family
* Provide support and services to children in regards to victim support

# Reporting Procedures

## Mandatory Reporting

The Government of Nauru has implemented a mandatory reporting policy for some professional groups including:

* medical practitioner;
* nurses – hospital and public health;
* police;
* emergency services personnel;
* teachers/education department staff;
* School Liaison Officers;
* counsellors;
* Safe House personnel; and
* Connect Settlement Services.

In addition any person who believes on reasonable grounds that a child needs protection can make a report to the Division of Child Protection Services.

It is their job to assess, and where necessary to further investigate if a child or young person is at risk of harm.

**Where matters would constitute a criminal offence, Child Protection must report the matter to the Nauru Police Force.**

Members of the occupational groups as listed above have a duty to report the following:

* Family violence matters to be reported to the Nauru Police Force.
* Child abuse which would constitute a criminal offence to be reported to the Nauru Police Force in order to undergo an investigation AND to Child Protection Services in order to ensure the welfare needs of the child is taken care of.
* Child abuse which would NOT constitute a criminal offence to be reported to Child Protection Services.

If you suspect that a child has been significantly harmed, or is at risk of being significantly harmed, here are some important things to remember:

* be alert to any warning signs that a child is experiencing
* observe the child and make written notes as soon as you begin to have concerns - pay attention to changes in their behaviour, ideas, feelings and the words they use
* have gentle, non-judgemental discussions with the child - expressing your concern that a child looks sad or unwell can result in disclosures (see section on *Disclosures*)
* do not pressure the child to respond and do not ask questions that put words into a child's mouth
* assure the child that they can come and talk to you when they need to, and listen to them when they do
* when a child is being abused it does not go away and usually becomes more serious over time
* seek advice by contacting the Division of Children’s Services

## What should be reported

(Taken from the Queensland Department of Communities – Child Safety - https://www.communities.qld.gov.au/childsafety/protecting-children).

### Physical Harm

* You know of a non-accidental injury to a child that you suspect was caused by a parent or other adult household member.
* You know of actions toward a child by a parent or other adult household member that may have caused or is likely to cause an injury.
* Child was injured, or nearly injured, during a domestic violence incident involving adults.

NOTE: If any of the above are true, but the person causing harm is a child and/or young person living in the home, the decision to report should be guided by whether the incident was due to neglect: supervision. If a child was injured by a non-household member, the issue may be a police matter.

### Neglect

* You suspect that a parent is not adequately meeting child needs.
* A child appears neglected.
* A child is a danger to self or others and parents are not supervising or providing care.

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| **NEGLECT** | |
| Supervision | * A child has been or is going to be alone and is not able to self-care. * A child has been abandoned by his/her parent. * A child is in a dangerous care arrangement. * A child is at risk of harm due to inadequate supervision by the parent. * A child is a danger to self or others and parent is not providing supervision. |
| Shelter | * A child or family is homeless or is at imminent risk of homelessness. * A child is living in or exposed to a dangerous environment. * A child or family is refusing to stay in an available safe place. * A parent is refusing to provide shelter for a child due to child’s disruptive behaviour. |
| Nutrition | * A child is not receiving appropriate nutrition. |
| Medical care | * A child has an untreated/inappropriately treated medical condition |
| Mental Health | * A child has an untreated/inappropriately treated mental health condition. * A child is a danger to self or others and parent is not providing intervention. |
| Hygiene/Clothing | * A child appears extremely dirty. * A child is wearing clothing that is not adequate for conditions. * A parent is not attending to the child’s need for personal hygiene and/or clothing. |

### Sexual Abuse

* You learn about sexual abuse or have concerns about sexual contact involving a child.
* A child has medical findings that indicate a suspicion of sexual abuse.
* A child’s behaviour, including sexualised behaviour, makes you worry that he/she may be experiencing sexual abuse.
* You are concerned that a child is at risk of sexual abuse.
* You are concerned about a child’s problematic sexual behaviour.

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| **SEXUAL ABUSE** | |
| (Age 0<16 years) | The child is age 0<16. (Has not reached 16th birthday.)  This is under the age of consent. |
| (Age 16–17 years) | The young person is age 16 or 17. (Has not reached 18th birthday.)  May or may not be abuse depending on the age of the other person. |
| Child Problematic  Sexual Behaviour –  Self-Directed/ Toward  Others | You are concerned that a child is exhibiting or has exhibited sexual behaviours that are interfering with his/her and/or other children’s sense of safety (physical and psychological), social, emotional and/or academic development. |

See Appendix 8 for examples of sexual behaviours relative to age.

### Emotional/Psychological Harm

* A child appears to be experiencing emotional/psychological distress that is a result of parental behaviour.
* A child is a danger to self or others.
* You are aware of parent behaviours that are likely to result in significant emotional/psychological harm.

### Pregnant Woman—Unborn Child

Whilst reports relating to an unborn child are not ma;kml’m

mandatory, those with mandatory reporting responsibility should consider the benefits for the mother and unborn child of making a report to:

* Enable Child Protection and other agencies to mobilise services for the potential benefit of the mother and unborn child; or
* Enable Child Protection to prepare appropriate protective intervention following the birth of the child.

### Parent Concern - mental illness, domestic violence etc

You have information that the child is, or is at risk of, being significantly affected by one of the following parent concerns; substance abuse, mental health, intellectual or cognitive disability, domestic violence.

|  |  |
| --- | --- |
| **PARENT CONCERN** | |
| Substance Abuse | * A child discloses significant substance use by a parent. * You observe a parent to be significantly impaired by substance use. * Inappropriate parent substance use is reported to you by a third party. * A child is born and there is evidence that the child was exposed to alcohol or drugs. * The parent discloses substance abuse. |
| Mental health | * A child discloses significant parent mental health concerns. * You observe a parent displaying behaviours that may indicate mental health concerns. * Parent mental health concerns are reported to you by the parent or a third party. |
| Intellectual and  Cognitive Disability | * A child discloses significant parent intellectual or cognitive disability concerns. * You observe a parent displaying behaviours that may indicate intellectual or cognitive disability concerns. * Parent intellectual or cognitive disability concerns are reported to you by the parent or a third party. |
| Domestic violence | * You are aware of an incident of domestic violence (observed by you or reported to you) that did not result in injury to a child or psychological harm to a child or relates to an unborn child. * You suspect domestic violence, e.g. observations of power/control dynamics or threats of harm to adults in household. |

## How to report

Reports can be made in a variety of ways:

|  |
| --- |
| Email: [nauruchildprotection@gmail.com](mailto:nauruchildprotection@gmail.com)  Phone: Director Child Protection – 557 3856  In person: Attendance at the Office of the Director, Meneng District, Home Affairs |

For some government Departments and external stakeholders, an internal reporting framework has been implemented prior to a report being made to Child Protection. Please see below:

|  |  |
| --- | --- |
| Department of Education   * teachers | 1. Child raises concern or a concern is raised by a teacher 2. Teacher documents the concern on template 3. Concern is reported to:    1. Principal and Secretary of Education AND    2. Chief Liaison Officer 4. CLO and/or Secretary Education reports concern to Child Protection 5. If the matter is a criminal offence, Child Protection must notify the police |
| Department of Education   * School Liaison Officers | 1. Child raises concern or a concern is raised by a SLO 2. SLO documents the concern on template 3. Concern is reported to:    1. Principal and Secretary of Education AND    2. Chief Liaison Officer 4. CLO and/or Secretary Education reports concern to Child Protection 5. If the matter is a criminal offence, Child Protection must notify the police |
| Department of Health   * Public Health nurses | 1. PH nurse has a concern 2. Concern is reported to Director Public Health AND 3. Child Protection 4. If the matter is a criminal offence, Child Protection must notify the police |
| Department of Health   * Ron Hospital nurses | 1. RoN hospital nurse has a concern 2. Concern is reported to Director RoN Hospital AND 3. Child Protection 4. If the matter is a criminal offence, Child Protection must notify the police |
| Department of Health   * Medical practitioners | 1. MD nurse has a concern 2. Concern is reported to Director Medical Services AND 3. Child Protection 4. If the matter is a criminal offence, Child Protection must notify the police |
| Counsellors and Safe House | 1. Counsellor has a concern 2. Concern is reported directly to Child Protection 3. If the matter is a criminal offence, Child Protection must notify the police |
| Nauru Police Force | 1. Police officer has a concern 2. Concern is raised with the Domestic Violence Unit 3. DV Unit contacts Child Protection Services |
| Emergency Services | 1. Emergency services worker has a concern 2. Concern is raised with the Director, ES AND 3. Child Protection 4. If the matter is a criminal offence, Child Protection must notify the police |
| Connect Settlement Services (for refugees) | 1. Worker has a concern 2. Concern is raised with the Team Leader 3. Team Leader reports to the Director Connect AND 4. Child Protection 5. If the matter is a criminal offence, Child Protection must notify the police |
| IHMS, ABF and other contracted services (for refugees) | 1. Worker has a concern 2. Concern is raised with the Team Leader/Manager 3. Team Leader/Manager reports to Child Protection 4. If the matter is a criminal offence, Child Protection must notify the police |

**Note that concerns can be raised directly with Child Protection at any time.**

A template reporting form is available for reports to be made in writing (see Appendix 3), however reports can be made using any format, with the information required as below.

Include the following information, to the extent known, in your report and/or information:

* A description of the specific circumstances that cause you to be concerned
* Child/ren’s details (name, DOB, gender, ethnicity, language, school).
* Parent/carer’s details (name, DOB, gender, ethnicity, language).
* Other household members’ details (name, DOB, gender, ethnicity, language).
* Address.
* Date the concerns were received.
* Concerns.
* Parent/carer’s protective actions or abilities, if known.
* Reporting officer’s details (name, position, contact details).

The child protection officer will assess the information that you provide, along with information that may be known to them already, to determine one of the following:

* The report does not meet the threshold for a notification; or
* The report is a notification and an assessment is required.

# Child Protection Response

In deciding if a child is in need of protection, child protection officers will determine whether:

* the child or young person has suffered significant harm, is suffering significant harm, or is at risk of suffering significant harm
* does not have a parent or carer able and willing to protect them from harm.

If a child or young person's parents are unable or unwilling to protect them, they will provide help and support for the child, young person and their family.

## Assessments

The purpose of an assessment is to:

* investigate concerns received about harm and risk of harm
* assess the child or young person's immediate safety
* assess whether the child or young person has been harmed or is likely to be harmed in the future
* assess if the child or young person is in need of protection
* determine whether ongoing intervention is required to meet the protection and care needs of the child or young person.

This assessment will include:

* seeing and talking to each child and young person in the family about the concerns
* discussing the concerns received with the parents
* if necessary, discussing the concerns with the police

When child safety officers have gathered all the necessary information they need to complete an assessment a decision will be made to determine whether the child or young person is in need of protection and if further case management is required.

The guiding principles must be followed when considering the outcomes of an assessment. In particular:

**That the safety, wellbeing and best interests of the child are paramount.**

Other important principles include:

* A child has a right to be protected from harm or risk of harm;
* If a child does not have a parent who is able or willing to protect the child, then the government is responsible for protecting the child;
* In protecting the child, the government should only take action that is warranted in the circumstances.

### Signs of Safety approach

Signs of Safety were developed in Western Australia in 1990s by Andrew Turnell and Steve Edwards in collaboration with child protection practitioners. Signs of Safety has been adopted in a number of countries internationally.

The framework determines:

* what supports are needed for families to care for their children
* whether there is sufficient safety for the child to stay within the family
* whether the situation is so dangerous that the child must be removed
* whether there is enough safety for the child to return home.

In applying the framework there are four major areas:

1. What are we worried about? (Have there been times in the past when children have been hurt, is there danger in the future, are there things in the family that make it more difficult for the family to care for the children)
2. What’s working well? (What do the parents do well that protect the children in the past and now)
3. What needs to happen? (what are the dangers and what are the safety goals)
4. Where are we on a scale of 0 to 10 where 10 means there is enough safety for child protection to close the case and 0 means it is certain that the child will be (re) abused.

|  |  |
| --- | --- |
| **WHAT ARE WE WORRIED ABOUT?** | **WHAT’S WORKING WELL?** |
| **Past Harm** (Times in the past when the children (or other children) have been hurt or have been in danger in the care of these parents?) | **Actions of Protection** (Times when the parents have been able to protect the children in the past and have done something to stop the harm happening.) |
| **Complicating Factors** (Things in the family’s life that have made it more difficult for the family to protect and care for the children, or could make it more difficult in the future.) | **Strengths** (Things in the family’s life that have helped them to care for the children in the past and could help them to protect and care for the children in the future.) |
| On a scale of 0 – 10, where 10 means the children are safe enough for child protection services to close the case and 0 means there is not enough safety for the children  0 10 | |

|  |  |
| --- | --- |
| **WHAT NEEDS TO HAPPEN: PLANNING FOR FUTURE SAFETY** | |
| **Future Dangers** (What are everyone’s worries about what the parents might do (or not do) in their care of the children in the future that could lead to the children being hurt?) | **Safety Goals** (What are everyone’s ideas about what the parents need to do in their care of the children in the future, to protect the children from these dangers? How long would CPS need to see the parents doing this to be confident that CPS could close the case?) |
| **Next Steps toward Future Safety** (What are everyone’s ideas about the next steps that everyone needs to take in working towards achieving these safety goals?) | |

Adapted from “Signs of Safety” (Turnell&Edwards,1999 & Turnell&Parker, 2009) © 2012 Sonja Parker and Phil Decter

See Appendix 4 for additional Signs of Safety template.

## Moving a child to a safe place

In circumstances where a child remaining with the parents places the child at risk, consideration should be given to moving the child to a safe place. This is particularly so for young children (under the age of 12). As child protection has no mandate to remove a child, **this should only ever be considered after consultation with the Nauru Police Force** and in circumstances where there is no other alternative.

A safe place can be:

* the home of a relative or friend
* the home of a neighbour who knows the child and parents
* the Safe House
* a foster placement

Nauru has a strong history of kinship care for children who are at risk. This means that extended family take on the responsibility of guardianship, either temporarily or permanently. Kinship care is always the preferred option in circumstances where children cannot remain with their biological parent/s.

The following principles are critical in any consideration of removing a child from their parent/s:

* A child’s family has the primary responsibility for the child’s upbringing, protection and development;
* If a child is removed from the child’s family, support should be given to the child and the child’s family for the purpose of allowing the child to return to the child’s family if the return is in the child’s best interests;
* If a child does not have a parent able and willing to give the child ongoing protection in the foreseeable future, the child should have long term alternative care;
* If a child is removed from their family, the first option should be placing the child with kinship care;
* If a child is removed, the child should be placed with the child’s siblings if possible;
* A child should only be placed in the care of a parent or other person who has the capacity and is willing to care for the child;
* A child should have stable living arrangements that provide for a stable connection with family and community and for their developmental, educational, emotional, health, intellectual and physical needs to be met;
* A child should be able to maintain relationships with their parents and kin if appropriate;
* A child should be able to know and maintain their identity and values, including cultural, traditions, language, ethnic and religious identity and values.

# Complex case management function and process

## Incident Management Committee

A committee is to be established comprising of representatives from Justice, Child Protection, Health and Police (and Connect Settlement Services where appropriate) to identify new incidents of child abuse and/or neglect and develop an appropriate response which takes into account social, legal and health needs.

This group is to meet weekly, and be chaired by the Department of Justice.

## The Integrated Case Coordination Committee structure and process:

As child protection issues are not the responsibility of one government department alone, but instead intersect with many departments including Education, Police, Justice, Health and Home Affairs, as well as non-government stakeholders such as Connect Settlement Services, Integrated Health and Medical Services and Australian Border Force it is imperative to have good communication and an integrated response by these departments and agencies to coordinate the management of risk and safety across any professional or agency boundaries. The approach is underpinned by collaboration and teamwork, and aims to maximise the use of information and resources to better support families and victims. The Ministry of Home Affairs, given that it has lead responsibility for Women’s Affairs and Child Protection Services, was considered best placed to lead an integrated child protection response with the Minister for Home Affairs the Minister responsible. Other government and non-government agencies assist in developing the response and providing services to adult and child victims and families. The ICCC structure and function was submitted to the Cabinet in 2015 and received Cabinet endorsement.

### Function of the ICCC

The function of the ICCC is to contribute to the safety of children and provide for enhanced family support systems by coordinating an integrated response which involves developing a set of agreed goals, interventions and responsibilities to address the risk and safety needs of children.

The committee is not designed to meet for each and every case of child abuse and neglect; however it should be convened when there is:

* A serious risk of harm; and/or
* An immediate risk of harm; and/or
* A high level of vulnerability of the victim/s.

### Convening the ICCC

Ultimately it is the decision of the Minister of Home Affairs to endorse the convening of the ICCC. The Director Child Protection is responsible for briefing the Minister and Secretary Home Affairs.

In cases of emergency and where the Minister is unavailable, the Director of Child Protection may convene a meeting of the ICCC with the endorsement of the Secretary for Home Affairs.

Should an external stakeholder (e.g. Connect Settlement Services; ABF, IHMS) have a concern which they believe warrants the convening of the ICCC – they must request, in writing, to the Director Child Protection the convening of the ICCC specifying and providing the following:

* Details of the concern
* Details of the family members
* Why the ICCC process is required
* All necessary information, including case notes, file notes, medical and other pertinent information held by the service

### Role and membership of the ICCC

The role of the ICCC is to:

* Discuss the case using an integrated and collaborative approach
* Develop and monitor the implementation of a series of agreed goals, interventions and responsibilities for the case.
* Designs a safety plan for the protection of victims.
* Identify any systemic and procedural issues and provide recommendations to the Minister for Home Affairs.

Membership is drawn from the following Departments and NGO’s

* Director, Child Protection (Chair)
* Child Protection Officer, CPS
* Department of Police Prosecutions
* Department of Education
* Department of Justice
* Department of Health
* Connect Settlement Services (if required)
* IHMS (if required)
* ABF (if required)
* Resettlement Services Department of Justice
* Other as determined appropriate by Minister Home Affairs

The Director of Child Protection ensures that:

* Appropriate cases are brought to the meeting.
* The interventions proposed for cases identify risk and safety concerns.
* The ongoing review of case status, actions arising and risk and safety issues for cases allocated to the ICCC.
* That case documents and records generated by the ICMC are accurate and up to date.
* That information is shared from the outcomes of the ICCC to appropriate service providers and within the bounds of confidentiality.

### Documentation

The purpose of the ICCC is to share information and decide on an appropriate action plan. The ICCC case plan template is found at Appendix 7. Each case plan must be updated whenever the ICCC meets and an updated copy provided to participants. The case plan must also be provided to the Minister, Home Affairs.

In addition, confidentiality of the meetings is paramount. A template participation list and confidentiality agreement is at Appendix 6.

# Child Protection Victim Support Function – crisis response

***Note the below is to be read in conjunction with the Sexual Assault, Sexual Abuse and Family Violence Victim Support Service – Crisis Response Protocol***

The primary principle in regards to child victims is to ensure that the safety, wellbeing and best interests of the child are paramount. It is the responsibility of police and Child Protection Services to assess and meet the protection and care needs of children and to provide collaborative and coordinated support to them and their families.

Following disclosure of an assault the following needs of the victim should be addressed:

* Immediate safety needs
* Immediate health needs
* Options for pursuing justice
* Ongoing emotional needs for longer term wellbeing

A victim-centred response recognises that the one person to whom all responders are responsible in the event of a reported assault is the victim. The victim is therefore central to the response of each responder and the response as a whole.

In cases of a child victim and where a crisis response is required, it is mandatory to contact the Director – Child Protection, who will organise the victim support function for the child and/or the presence of a support person of the child’s choice.

## Procedure for contacting child victim services

The Director Child Protection MUST be contacted in all cases of sexual assault, sexual abuse and/or family violence for child victims. The phone contact is 557 3856. In cases where the Director cannot be reached, the Adult Victim Support Hotline must be contacted (hotline number 247).

Victim services will be organised so that there is minimal delay in initial contact with the victim.

* If a victim presents to the police, *without requiring a medical examination*, the NPF are responsible for contacting the child victim support service.
* If a victim is taken to, or presents at the hospital, the hospital is responsible for contacting the child victim support service.

The clinical examination and/or police statement will be conducted only after the service has had the opportunity to speak with the victim unless *urgent medical attention is required*.

It is the right of a victim to have the support present. As such the victim, not service providers, can decide whether they want to have support present.

The role of victim support services is to:

* Provide immediate assistance, stabilisation and emotional support to the victim
* Provide information about the options available
* Provide an opportunity for a victim to express their concerns and feelings
* Offer practical support including contacting family members or other support persons if necessary
* Talk to family members or others about how best to support the victim
* Coordinate the interagency response
* Provide information in relation to ongoing support

## Medical examinations on child victims

All examinations conducted on children should be consistent with the RoN Hospital processes and protocol for conducting examinations on children.

Regardless of age a person is entitled to have a support person present during the medical and forensic examination. For a child this may include a parent or guardian, however this person may not always be the most appropriate support person if they are suspected to be involved in the abuse, and/or they lack the capacity to appropriately support the child.

## Support through the police interview

The role of the police is to protect and to serve the public. In cases of assault, this role translates into ensuring the safety of the victim and the community by investigating reports of the crime. The primary responsibility of police is to determine whether the report of assault meets the elements of a crime as defined in legislation. This involves piecing together a factual history of the assault by collecting statements by the victim, witnesses, and suspect(s) as well as physical and corroborative evidence.

While the child victim support person may be present during any police interview, the victim must be advised that:

* The support person may not participate in the interview (e.g. answer questions)
* The support person may not directly or indirectly influence the interview
* A potential witness may not act as a support person
* An external stakeholder case management provider may not be the appropriate victim support person

The role of the victim support person is to ensure that the child is properly supported, that their physical and emotional needs are being considered throughout the interview (e.g. appropriate rest breaks and meal breaks) and that if the child becomes too distressed that the interview can take a pause.

## Court support

The legal and court process can be a confusing and stressful process for child victims and/or witnesses. The victim support person can assist the child by providing emotional support, practical support as well as information about the process. A victim support person may be requested by the victim themselves, their family members or by the DPP.

# Ethical issues

## Disclosures

In over 80% of the cases of physical abuse, emotional abuse or neglect, the birth parents are the abusers. The majority of perpetrators in sexual abuse cases are also known to the child, including parents, babysitters, stepparents, boyfriends, girlfriends or adoptive parents.

Children often love the person who is abusing them and simply want the abusive behaviour to stop. Because they love and care about the person, they may be reluctant to get the person in trouble. Many perpetrators tell children to keep the abuse a secret and frighten them with unpleasant consequences. Victims of child abuse are often cautious about disclosing the abuse. In fact, some victims wait years to disclose or never disclose at all. When a child discloses abuse it is critical to take the child seriously, and believe them. It is not

Children may start to tell someone about the abuse. If the person reacts with disgust or doesn't believe them, they will stop disclosing the events. Then they may not tell anyone about it until they feel brave enough or have established a sense of trust with someone. This may delay them from seeking help.

If a child begins to tell you about possible abuse, please listen carefully.

Hearing a disclosure - a child telling you that someone has abused or hurt them can be scary. How you respond can be critical. A lot of thoughts may run through your mind.

* You may be worried about the child and yourself.
* You may be unsure of how to respond or what to say.
* You may be unsure of the child's comments and information.
* You may not be sure if the child has been abused.
* You may be angry with the parent or alleged abuser.
* You may even want to take the child home with you.

How you respond is very important. Responding to a disclosure of abuse or neglect is a big responsibility. Below are some suggestions about how to respond in ways that help the child, parents, and the worker.

**Ideas that can help**

* Find a place to talk where there are no physical barriers between you and the child.
* Be on the same eye level as the child.
* Don't interrogate or interview the child.
* Be tactful. Choose your words carefully; don't be judgmental about the child or the alleged abuser.
* Listen to the child. Do not project or assume anything. Let the child tell their own story.
* Find out what the child wants from you. A child may ask you to promise not to tell anyone. Remember that you are a mandatory reporter and so cannot make those promises.
* Be honest about what you are able to do for the child.
* Be calm; reactions of disgust, fear, anger, etc., may confuse or scare a child.
* Assess the urgency of the situation. Is the child in immediate danger? Safety needs may make a difference in your response.
* Confirm the child's feelings. Let them know that it is okay to be scared, confused, sad, or however they are feeling.
* Believe the child and be supportive.
* Assure the child that you care. Some children will think you may not like them anymore if they tell you what happened. Let them know that you are still there for them and that they are not to blame.
* Tell the child it is not their fault. Many children will think that the abuse happened because of something they did or did not do. Don't over dramatise.
* Tell the child you are glad they told you.
* Tell the child you will try to help.
* Let the child know what you will do. This will help build a sense of trust, and they will not be surprised when they find out that you told someone.
* Report in accordance with your Departmental policy and reporting framework.

Common mistakes in talking with children

* Talking too much and not giving the child time to express him/herself.
* Being critical, judgemental or argumentative.
* Laughing at or humiliating the child (mocking the child).
* Being aggressive or bullying.
* Showing signs of being upset.
* Trying to get too much information on first contact or when child is ill.
* Assuming caregiver who brought the child is the best contact for the child.
* Not paying attention to non-verbal communication.
* Being uncomfortable or embarrassed when a child is upset.
* Not respecting the child’s beliefs, ways of life, or concerns.
* Not creating a situation of trust.
* Constantly trying to reassure the child despite their legitimate fear, or despite your inability to protect the child.

## Confidentiality

Confidentiality cannot be guaranteed where a child or young person is believed to be in need of protection from harm. In those cases information may need to be exchanged between service providers. It is also best practice for the child or young person to be advised that a report to Child Protection and the police may take place.

Access to and disclosure of personal information regarding the abuse will be limited to people directly involved in the case. Except where legal obligations exist, information will not be released without the prior consent of the person involved. This includes names and identifying information.

**It is not OK to spread gossip or tell colleagues just because you think it is interesting. Staff who breach the confidentiality of children will be subject to disciplinary action, which may include termination of employment.**

See Appendix 2 for Pledge of Confidentiality for Child Protection workers.

# Record Keeping

## Case notes

Keeping accurate case notes is important for the following reasons:

* To present an assessment summary
* To track case management progress
* For accountability and internal oversight
* For monitoring and auditing
* Professional and ethical responsibility
* For information sharing between workers
* To develop appropriate action plans and interventions
* For possible legal cases

Case notes should preferably be typed and not handwritten. They should be:

* Clear and brief
* Concise, precise
* Accurate and complete
* Timely
* Readable – acceptable grammar
* A record of your observations and concerns
* Contain actual statements made by the child or parents/others
* Substantiate your actions

The following should be avoided:

* Avoid “diagnoses” – e.g. child is depressed
* Avoid “street talk”, slang words
* Avoid jargon
* Avoid stereotypes and prejudices

See Appendix 1 for Individual Case Note recording.

## Data Collection

Keeping accurate and up to date is important, as it ensures that there is a record of cases and what has been done with those cases over a period of time. Data collection is important and must be done consistently for reporting purposes. At the minimum the following should be collated on a monthly basis and provided to the Secretary, Home Affairs.

|  |  |
| --- | --- |
| **MONTH** |  |
| Cases brought forward |  |
| New cases opened |  |
| Cases closed |  |
| Total cases |  |
| Total number of children |  |

See Appendix 5 for data collection sheet.

## Security of Information

Client notes and information should be stored in a confidential manner, such as a locked filing cabinet. Notes and information about clients and families should not be left lying in a public place or a place accessible by others. A clean desk policy should be maintained so that files are not visible.

Written information and case plans about children should be provided to external stakeholders only when necessary (e.g. the ICCC) and confidentiality and storage of information must be reiterated.

If information is required to be transported from the Child Protection premises, then it must be done so in a bag or briefcase, and not visible and kept unsecured.

# Use of the Safe House for children

Nauru has a Safe House for victims of domestic and family violence, which may include children with their mothers.

There may be times when the Safe House is required for children as either an emergency or a temporary placement option.

Children should never be left in the Safe House unaccompanied – no matter their age. Where a child is accommodated in the Safe House the Safe House counsellor will remain with the child. If the child is a refugee child, then it may be advisable to also have a culturally and linguistically appropriate support person for the child also present.

In cases where the Safe House is being considered for use for a child protection matter, there MUST be consultation with both the Director Child Protection, and the Safe House Counsellor. Both will seek appropriate approvals following Safe House protocols for the admission of the child.

No child should be kept in the Safe House as a semi-permanent measure. It is designed only in lieu of a longer term placement option.

# Protective Behaviours

Teaching children about protective behaviours is one mechanism to assist them in keeping safe; and to avoid keeping secret any abuse that may be occurring.

There are two major themes to teach children:

1. We all have the right to feel safe all of the time
2. There is nothing so awful or small that we can’t talk about it with someone

### Safety

In regards to safety, this is experienced differently by each person. It refers to both a physical and an emotional state of safety. In teaching about safety, children identify how they feel safe, when they feel safe, and how they experience personal safety. This is important as knowing what safety feels like, helps us identify when we may be feeling unsafe.

Early warning signs and physical reactions can be important to teach. Just as someone understands the feelings of hunger (belly rumbling, nausea etc, there are Internal, physical sensations that are experienced by us inside and non verbally in regards to not feeling safe. Body sensations are indicators that we are at risk of being potentially unsafe or that risk is increasing.

The following was written by an 8 year old boy:

**Pounding Heart**

**Goose Bumps**

**Dry Mouth**

**Tight Lump**

**Blurred Vision**

**Can’t See**

**Wide Eyes**

**Need a Wee**

**Frozen Limbs**

**Fluttering Tum**

**Sweaty Palms**

**Squelchy Bum**

**Jelly Legs**

**Can’t Move**

**Feel Sick**

**Where’s the Loo**

**Muddled Thoughts**

**Hair on End**

**Fight or Flight?**

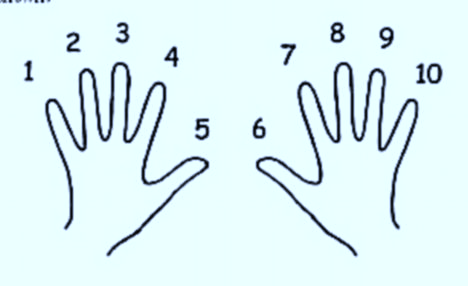
**Need a Friend**

When discussing protective behaviours it is important to recognise that some children may be victims of abuse and the discussion itself can raise anxiety, or encourage inappropriate disclosures in a public setting. One strategy is to frame sensitive issues in the third person or so that children are not asked to place themselves in potentially unsafe situations – even by ‘pretending’. For example – stories … ‘Someone has fights at school’ rather than ‘Suppose you had a fight at school’. You can also use “What If?” type questions, rather than asking direct personal questions.

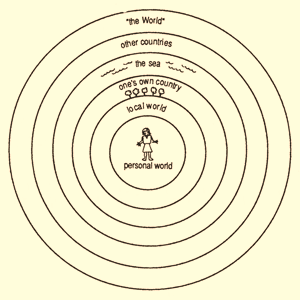
It is important to interrupt protectively if you believe a child may disclose too much personal information in a group setting without making the child feel uncomfortable or not heard. Protective interrupting is about interrupting and redirecting what they are saying – for example – “That sounds important – let’s talk about it at lunch”.

### Building support networks

It is helpful to identify trusted adults in addition to the ones in their family, that children can contact if they are not feeling safe. Encouragement must be provided to children to work through the network people until enough intervention has happened, early warning signs have gone and they feel safe again. One strategy is to identify using the fingers of the hand, five adults you can trust in your network. If the first is not available or does not believe you, go to the second …. Then the third … and so on.



Another strategy is to use the circles of safety approach, where children identify in each of the circles adults they can trust in their own world, the local community, in the country as a whole and so on.



# Appendices

## Appendix 1: Individual Client Case Note Record

**CONFIDENTIAL**

**Individual Client Case Note Record**

**Case Worker:**

**Client details:**

|  |  |
| --- | --- |
| **First name/surname:** |  |
| **Date of birth/Age:** |  |
| **Gender:** |  |
| **Address/district:** |  |
| **Phone contact:** |  |
| **School and Year level:** |  |

**Family details (Parent/Guardian; Siblings; Other extended family members**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Client** | **Contact details** |
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**Issues:**

|  |  |
| --- | --- |
| **Household details: *(Who lives in the house and what is their relationship to the child?)*** |  |
| **Description of child protection concern: *(Include what happened, who was involved, when did it happen, where did it happen; any injuries to the child; has it happened before?).*** |  |
| **Observation of the child’s behaviour:** |  |
| **Awareness of concern: *(Who reported the concern? Child themselves? Another student? Family member? Staff member?)*** |  |
| **Risk Issues: *(What increases the child’s vulnerability? Disability? Any substance abuse in the family? Domestic violence? Mental illness?)*** |  |
| **Safety Issues: *(Is the child currently safe; is there contact between the child and the abuser? What safety measures are in place? Family support network? Protective actions of a parent/guardian etc)*** |  |
| **Are there any other children who might be at risk? If so, who and what have you done? (*Note if there is another child, a separate report will need to be written up for that child*).** |  |
| **Any additional information:** |  |

**Session details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time started** | **Time ended** | **BY** | **Notes (what did you discuss? what did the child say/do?)**  **(Also specify type of contact – Phone call/Home visit/School visit)** | **Actions and Follow up required** |
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## Appendix 2: Pledge of confidentiality

**Ministry of Home Affairs**

**Division of Child Protection Services**

**PLEDGE OF CONFIDENTIALITY**

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an employee of the Ministry of Home Affairs, understand that any information (written, verbal or other form) obtained during the performance of my duties must remain strictly confidential and not be released or discussed with any other person not involved in the case, other than those who may need to know.

I understand that if I am required to release information to people who may need to know, that the amount of information released is appropriate to their position and function, keeping all other details that are not required to be divulged private and confidential.

This includes all information about clients, families, and other associate organisations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorised release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible disciplinary and/or legal action arising from such breach.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee Signature of Employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness Signature of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

## Appendix 3: Child Protection Notification Form

**CHILD PROTECTION NOTIFICATION (NAURU)**

**(Note – please use only ONE form per child)**

**TYPE OF CONCERN**

Sexual abuse / risk of sexual abuse

Physical abuse/ risk of physical abuse

Emotional abuse/ risk of emotional abuse

Neglect

Parent Concern – e.g. mental health, Domestic and family violence

**AWARENESS OF CONCERN – How did you become aware of a concern? (Who told you, how did you find out?**

**DETAILS OF THE CHILD**

|  |  |
| --- | --- |
| **First name/ surname** |  |
| **Date of birth/ Age** |  |
| **Gender** |  |
| **School and Year level** |  |
| **Address/district** |  |
| **Phone contact** |  |
| **District/ Settlement site** |  |
| **Main language** |  |
| **Any disability and if so, what?** |  |

**FAMILY DETAILS (Parent/Guardian; Siblings; Other extended family members)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to Child** | **Gender** | **Contact details** | **Living with the child - Y/N**  **If not, where do they live?** |
|  |  |  |  |  |
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**DESCRIPTION OF CONCERN** (*Include what happened, who was involved, when did it happen, where did it happen, any injuries to the child and what are they, has it happened before or is this the first time?)*

**OBSERVATION OF CHILD’S BEHAVIOUR**

**IMMEDIATE SAFETY CONCERNS** *(Is the child currently safe; is there contact between the child and the abuser? What safety measures are in place? Family support network? Protective actions of a parent/guardian etc)*

**OTHER RISK ISSUES** *(What increases the child’s vulnerability? Disability? Any substance abuse in the family? Domestic violence? Mental illness?)*

**ANY ADDITIONAL INFORMATION?**

**SOURCE(S) OF CONCERN** *(Details of person believed to have caused the harm)*

First Name:       Surname:

Gender:       Relationship to child:

Contact Telephone Number(s):

Lives with the Child (y/n):       If no where do they live?

Does this person have current access to the child: Yes No Unknown

**REPORT COMPLETED BY:** (please include name, position and contact details)

## Appendix 4: Safety plan template

SAFETY PLAN

Date\_\_\_/\_\_\_/20\_\_\_\_ Welfare Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be copied and the original immediately provided to the parent[s].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WHAT ARE WE WORRIED ABOUT** | **WHAT’S GOING WELL – KEEP DOING** | **WHAT NEEDS TO BE DONE** | **WHO WILL DO IT** | **WH0 WILL CHECK** |
|  |  |  |  |  |
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I acknowledge I have received this safety plan

Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/20\_\_\_\_

Welfare Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/20\_\_\_\_

## Appendix 5: Data collection template

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **CASE ID** | **CHILD NAME** | **PARENTS/**  **GUARDIAN** | **CASE WORKER** | **DISTRICT** | **AGE/DOB** | **GENDER** | **ISSUES** | **DATE CASE OPEN** | **ACTIONS** | **CASE CLOSED DATE** |
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## Appendix 6: ICCC Participation list template

**Integrated Case Coordination Committee (ICCC)**

**Participation List**

**Date:**

*CONFIDENTIALITY:*

I understand that as a condition of participation in this meeting that I will keep as strictly confidential all written and verbal information provided to me and not release or discuss information with any other person not involved in the ICCC meeting, other than those who may need to know.

I understand that if I am required to release information to people who may need to know, that the amount of information released is appropriate to their position and function, keeping all details about the ICCC case being discussed that are not required to be divulged private and confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **POSITION** | **PHONE AND EMAIL** | **SIGNATURE** |
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## Appendix 7: ICCC case plan template

**Government of Nauru**

**Integrated Case Coordination Committee (ICCC) Case Plan**

**Name: Location:**

|  |  |  |
| --- | --- | --- |
| Plan Developed: | Date Updated: | Case Plan Number: |

**Timeframes:**

Immediate: Within two days

Immediate and ongoing: Within two days and continuing action

ASAP: Within two weeks

If required: Only to be actioned when decision made to action

**If any issues arise which need to be reported the contact people are, in order:**

1. **Xx**
2. **Xx**
3. **Xx**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action points** | **Service Provider or Contact** | **Actioned by** | **Action** | **Timeframe** | **Status** |
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## Appendix 8: Sexual Behaviours in Children

(taken from the Queensland Child Protection Decision Making Framework)

**Examples of Child Problematic SEVERE Sexualised Behaviours**

|  |  |
| --- | --- |
| Birth to 5 Years | * Simulation of explicit foreplay or sexual behaviour in play. * Persistent masturbation. * Persistent touching of the genitals of other children. * Persistent attempts to touch the genitals of adults. * Sexual behaviour between young children involving penetration with objects. * Forcing other children to engage in sexual play. |
| 5–9 Years | * Persistent masturbation, particularly in front of others. * Sexual behaviour engaging significantly younger or less able children. * Sneaking into the rooms of sleeping younger children to touch or engage in sexual play. * Simulation of sexual acts that are sophisticated for their age, e.g. oral sex. * Persistent sexual themes in talk, play, art, etc. |
| 9–13 Years | * Persistent masturbation, particularly in front of others. * Sexual activity, e.g. oral sex or intercourse. * Arranging a face-to-face meeting with an online acquaintance. * Sending nude or sexually provocative images of self or others electronically. * Coercion of others, including same age, younger or less able children, into sexual activity. * Presence of Sexually Transmitted Infection (STI). |
| 13-18 Years | * Compulsive masturbation (especially chronic or public). * Degradation/humiliation of self or others with sexual themes, e.g. threats, phone, email, touch. * Attempt/force others to expose genitals. * Preoccupation with sexually aggressive pornography. * Sexually explicit talk with younger children. * Sexual harassment, forced sexual contact. * Sexual contact with others of significant age and/or developmental difference. * Sending nude or sexually provocative images of self or others electronically. * Joining adults-only online dating service. * Sexual contact with animals. * Genital injury to others/self. |
| OR | Child has made statements that represent a possible disclosure of sexual abuse but statement lacks specificity. For example, ‘I don’t like how Daddy touches me’ or ‘Daddy and I have a secret I am not supposed to tell’. |

**Examples of Child Problematic MODERATE Sexualised Behaviours**

|  |  |
| --- | --- |
| Birth to 5 Years | * Preoccupation with adult sexual type behaviour. * Pulling other children’s pants down/skirts up against their will. * Explicit sexual conversation using sophisticated or adult language. * Preoccupation with touching another’s genitals (often in preference to other child-focused activities). * Chronic peeping. * Following others into toilets to look at them or touch them. |
| 5–9 Years | * Questions about sexual activity that persist or are repeated frequently despite an answer being given. * Writing sexually threatening notes. * Engaging in mutual masturbation. * Use of adult language to discuss sex, e.g. ‘Do you think I look sexy?’ or ‘Look at my dolls—they’re screwing’. |
| 9–13 Years | * Uncharacteristic behaviour, e.g. sudden provocative changes in dress, mixing with new or older friends. * Consistent bullying involving sexual aggression. * Pseudo maturity, including inappropriate knowledge and discussion of sexuality. * Giving out identifying details to online acquaintances. * Preoccupation with chatting online. * Persistent expression of fear of pregnancy/STIs. |
| 13-18 Years | * Sexual preoccupation/anxiety that interferes with daily function. * Preoccupation with pornography. * Giving out identifying details to online acquaintances. * Preoccupation with chatting online. * Giving false gender, age, sexuality details online in adult chat room. * Arranging a face-to-face meeting with an online acquaintance. * Sexually aggressive themes/obscenities. * Sexual graffiti (chronic/impacting on others). * Violation of others’ personal spaces. * Single occurrence of peeping, exposing, non-consenting sexual touch with known peers; pulling skirts up/pants down; mooning and obscene gestures. * Unsafe sexual behaviour, including unprotected sex, sexual activity while * intoxicated, multiple partners and frequent changes of partner. * Oral sex and/or intercourse (age and developmental ability to give consent must be considered). |

**Examples of NORMAL Child Sexual Behaviour for Age and Development**

|  |  |
| --- | --- |
| Birth to 5 Years | * Thumb sucking, body stroking and holding of genitals. * Wanting to touch other children’s genitals. * Asking about or wanting to touch the breasts, bottoms or genitals of familiar adults, e.g. when in the bath. * Games like ‘doctor/nurse’, ‘show me yours and I’ll show you mine’. * Enjoyment of being nude. * Interest in body parts and functions . |
| 5–9 Years | * Masturbation to self-soothe. * Increased curiosity in adult sexuality, e.g. questions about babies, gender differences. * Increased curiosity about other children’s genitals, e.g. playing mutual games to see or touch genitals. * Telling stories or asking questions, using swear words, ‘toilet’ words or names for private body parts. * Increased sense of privacy about bodies. |
| 9–13 Years | * Use of sexual language. * Having girl/boyfriends. * Exhibitionism, e.g. flashing or mooning amongst same age peers. * Increased need for privacy. * Consensual kissing with known peers. * Use of Internet to chat online. |
| 13-18 Years | * Sexually explicit conversations with peers. * Obscenities and jokes within the cultural norm. * Flirting. * Interest in erotica. * Use of Internet to chat online. * Solitary masturbation. * Interest and/or participation in a one-on-one relationship (with or without sexual activity). * Sexual activity including hugging, kissing, holding hands, foreplay, mutual masturbation. * Consenting oral sex and/or intercourse with a partner of similar age and developmental ability (age and developmental ability to give consent must be considered). |

## Appendix 9: Victim Support Service Response

Hospital contacts:

* Director Child Protection or VSS 247
* ABF for Interpreter

If medical examination required– take to hospital

If no medical examination required

External stakeholder arranges for attendance of police and/or medical services (ambulance)

Victim support meets with victim (and interpreter if required)

Contact Director Child Protection or VSS 247 for child victims

Supports victim through police interview/ statement taking or any visits to the crime scene

Provides practical support, information and assistance

Victim support provides:

Support of through medical examination

Contact with family member/s for support

Practical support, information and assistance

Assists with follow up services and support