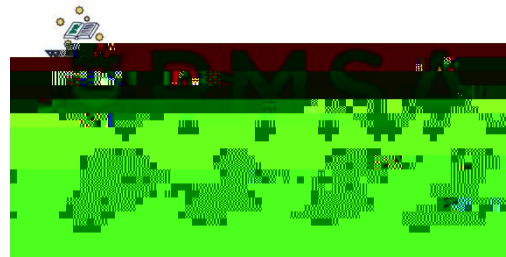


Child Protection Policy



1. Preface

The Presbyterian and Methodist Schools Association (PMSA) is aware of our duty of care and responsibility for the welfare and well-being of the students of all our schools and the children in our early learning centres. We recognise the need to protect children from abuse by people who may have access to our students and kindergarten children.

2.

at the school. However, on a day-to-day basis, and on tours, excursions, or camps, others at a school may have the requisite power and responsibility.

Appropriate action that can be taken to protect students from a significant risk of a child sexual offence or a reasonably foreseeable risk of harm may include, for example:

- (h) a current staff member, volunteer or contractor, who has direct contact with and is known to pose a

- (c). a person with a disability who:
 - (i). under s420(2) of the Education (General Provisions) Act 2006 is being provided with special education at the school; and
 - (ii). is not enrolled in the preparatory year at the school,

then the staff member must immediately give a written report about the abuse or suspected abuse to the Principal of that school or the PMSE CEO, who must then immediately give a copy of the report to the police.

The report must contain the information set out in 9.4 below. [s 366 (3) of the *Education (General Provisions) Act 2006*].

If the staff member gives a written report to the PMSA CEO, and if the Principal is not the subject of the report, the staff member will give to the Principal a copy of the written report.

- 9.2 The Principal of a PMSA school who becomes aware, or reasonably suspects Sexual Abuse as the first person, must immediately give a written report to a police officer and the PMSA CEO.

Reporting sexual abuse Criminal Code

- 9.3 Under section 229BC of the Criminal Code, any adult who gains information that:
 - (a) causes the adult to believe on reasonable grounds, or that ought reasonably to cause the adult to believe, that a child sexual offence is being or has been committed against a child by another adult; and
 - (b) at the relevant time, the child is or was:
 - (i) under 16 years; or
 - (ii) a person with an impairment of the mind

must disclose the information to a police officer as soon as reasonably practicable after the belief is, or ought to reasonably to have been, formed. Failure to report this information to the Police without reasonable excuse is

- (a) the name of the person giving the report (the first person);
- (b) the student's name and sex descriptor;

suspicion' about a child in the course of their engagement in their profession, they must make a written report.

- 9.10 The doctor, registered nurse or teacher, must give a written report to the Chief Executive of the Department of Child Safety, Seniors and Disability Services (or other department administering *the Child Protection Act 1999*): *Child Protection Act 1999 s.13G*.
- 9.11 The doctor, registered nurse or teacher, where appropriate, should confer with the Principal in preparing the written report [*Child Protection Act 1999 s.13H*].
- 9.12 A report under this section must include the following particulars (*Child Protection Act 1999 s.13G*):
 - (a) state the basis on which the person has formed the reportable suspicion; and
 - (b) include the information prescribed by regulation, to the extent of the person's knowledge.
- 9.13 The information prescribed by Section 4 of the *Child Protection Regulation*

choose not to do so (not willing). This might include situations where a parent has an ongoing relationship with a person who is abusing their child and the parent is thus unwilling to protect the child.

If there is considered to be at least one parent able and willing to protect the child, the child is

(a)

In most cases, harm of this nature is not required to be reported to external authorities, unless it involves criminal behaviour or is harm under the definitions supplied in this policy. The Child Protection Policy should be read in conjunction with the anti-bullying and sexual harassment policies of the PMSA schools.

Self-harm

Self-harm may occur with or without suicidal intent, or may be symptomatic of, or associated with, a known medical condition or intellectual disability.

Self-harm with suicidal intent

Common risk factors include:

- Previous attempts at suicide (most powerful risk predictor)
- Depression
- Drugs and alcohol abuse
- Conduct disorder
- Disruptive and unsupportive family background
- Relationship conflicts
- Poor coping skills
- Psychiatric illnesses
- Ready availability of lethal means to commit suicide
- Copycat behaviour after an incident of self-harm by another person.

Other risk factors include:

- Recent bereavement
- Chronic physical illness
- Anniversary phenomenon (of past losses or major life events)
- Early loss experiences
- School failure
- Perfectionism and overachievement as a result of students having

APPENDIX 1 Child Protection summary of reporting harm				
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