



CHILD PROTECTION POLICY

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INTRODUCTION

Bermuda Amateur Swimming Association (“BASA”) is committed to safeguarding and promoting the welfare of children and young people and expects all Board members, staff, coaches and volunteer workers who work directly with children (“BASA Stakeholders”) to share this commitment.

BASA adheres to the principles outlined in the Children Act 1998 which places a duty on the company to promote the safety and welfare of children in its care or under its jurisdiction.

It is the intention of the procedure within this policy to ensure that the appropriate action is taken immediately where it is alleged that a child is suspected of being abused. BASA is also committed to remedying any deficiencies or weaknesses in its child protection arrangements without delay.

PURPOSE

BASA’s main objective in implementing this Child Protection Policy is to guard against abuse by providing:

- An environment that fosters healthy relationships;
- A safer and more secure environment for all children who are entrusted to its care or under its jurisdiction; and
- Clear and shared guides to appropriate behavior by staff, coaches and volunteers as they relate to children.

AIMS

The aims of the policy are to:

- Ensure that training in safeguarding and protecting the welfare of children is provided to all appropriate BASA Stakeholders.
- Ensure that all BASA Stakeholders are made aware of the Child Protection Policy and safeguarding arrangements at BASA and have access to the BASA policy.
- Ensure all BASA Stakeholders understand the different types of abuse and signs of abuse and neglect (See Appendix 1).
- Ensure that the safeguarding of children extends to instances of abuse by one or more child against another child (See also Anti-Bullying Policy).
- Train BASA Stakeholders in handling disclosure (including allegations against BASA Stakeholders) and to recognize the dilemmas of confidentiality.
- Ensure that BASA Stakeholders are aware of the Child Protection Liaison Officer (“CPLO”).
- Ensure that BASA Stakeholders are aware of the BASA Overseas Travel with Children/Youth Policy (See Appendix 4).

CPLO

The designated CPLO for BASA will be selected from the Child Safety Policy Team (“CSPT”).

The CSPT is comprised of the members of the BASA Board, the National Coaches, and the head coaches of both the Sharks Swim Team and the Harbour Amateur Swimming Association.

The CPLO is: Lana Desmond.

If an allegation is made about the CPLO, the matter will be escalated to the CSPT and the BASA President.

All BASA Stakeholders can be at risk of allegations by children and therefore it is wise to take necessary precautions when dealing with children on a day to day basis at swim practices and meets (both locally and internationally)

Any BASA Stakeholder who feels that he/she has overstepped the mark in any way should discuss the circumstances with the CPLO.

Any BASA Stakeholder hearing or being aware of an allegation of abuse or neglect against a BASA Stakeholder MUST inform the CPLO and/or Board Officer, immediately (See Appendix 2).

DUTIES & RESPONSIBILITIES OF THE CPLO AND REPORTING PROCEDURE.

The duties and responsibilities of the CPLO include:

- Ensure that Child Protection Procedures are in place and updated.
- Ensure that all new BASA Stakeholders (including temporary staff and volunteers) are aware of BASA’s Child Protection Policy and procedures.
- Be able to provide advice/support to children and BASA Stakeholders.
- As far as possible keep disclosures/discussions as confidential.
- Share information only on a “need to know” basis.
- Liaise with the Department of Child and Family Services (“DCFS”) and discuss any issues that are not straightforward or seek advice when needed.

BASA PROCEDURE & GUIDANCE FOR DEALING WITH DISCLOSURES

Any BASA Stakeholder having concerns of a disclosure made should ALWAYS discuss this with the CPLO.

Any concern should be recorded (See Appendix 4).

HANDLING DISCLOSURES

Information may not be sought from a child, but a child may choose to initiate confidence about having suffered some kind of abuse, neglect or unhappiness(See guidelines below and Appendix 2).

Guidelines:

1. Find a QUIET place to talk.
2. Stay CALM and REASSURING.
3. Explain you cannot promise to keep what you are told a secret and NEVER promise confidentiality, it may depend on the disclosure.
4. LISTEN to the child and believe what you are told. Do NOT question/prompt the child.
5. Never stop a child who is freely recalling significant events and do NOT press them for details.
6. Ask if they have told anyone else.
7. Don't make any promises to the child; you may not be able to keep them.
8. Tell the child you are pleased they have told you and it was the right thing to do.
9. Empathize that it must have been hard to talk about these matters.
10. Make a written record of the discussion afterwards and discuss the matter with the CPLO.

If the child decides to stop the conversation do not pursue it and inform the CPLO. BASA Stakeholders have a duty to share information regarding the safeguarding of children.

BASA Stakeholders should not discuss confidential information outside the appropriate context.

RECORDING OF DATA

All concerns and disclosures must be recorded and kept safe by the CPLO. The data must include:

- Name of the child
- Date and Time
- Who was present
- Comments by child as near to his/her own words as possible
- Any notes regarding injury, body language etc.

The report must be signed by the reporting person and the notes must be clear and legible as **they could be used as a reference point for legal matters.**

TRAINING

Prevention training for staff & volunteers creates a culture of awareness. It gives people the skills to create safer environments. Prevention training for staff and volunteers creates an environment with much less opportunity for those who may offend. BASA requires all coaches and the management team for all overseas meets / trips to have up to date SCARS training in accordance with SCARS and the Department of Youth and Sport recommendations. Certificates of completion must be provided to Board prior to travel with the compliance declaration – Appendix 6.

SUPPORT STRUCTURE

Community Resources for Responding to Child Sexual Abuse in Bermuda

To Report Abuse

Call **911** if in immediate danger

Child & Family Services at **278-9111** or **294-5882**

Bermuda Police Service at **295-0011** or **247-1744** or www.bermudapolice.bm

To Report a Cybercrime – 800-8477 or www.cybertips.bm

Helplines

Child & Family Services Kids Hotline (9:00 am – 5:00 pm) 278-9111

Child & Family Services Hotline (After hours) 295-0011

(This is the Police Service - they will contact a social worker from Child & Family Services)

Child & Adolescence Services (MAWI) 239-6344 or 236-3770

Centre Against Abuse Domestic Violence 297-8278

& Sexual Assault Victim 24 hour Hotline (male & female)

The Family Centre (9:00 am – 6:00 pm) 232-1116

The Coalition for the Protection of Children 295-1150

Sexual Assault Response Team (SART) 911

Additional Resources for Healing Treatment Providers

Cardinal House 296-2903

The Association of Diagnostic and Psychological Services 295-7766

Benedict Associates 295-2070

Solstice 292-3456

Patterns 296-7288

Appendix 1: Types of abuse

Physical abuse, as well as being a result of a deliberate act, can also be caused through omission or the failure to act to protect.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. The situation is commonly described as factitious illness, fabricated or induced illness in children and young people or 'Munchausen's Syndrome by Proxy' after the person who first identified the situation. A person might do this because they enjoy or need the attention they get through having a sick child.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child or young person's emotional development. It may involve making a child or young person feel or believe that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to frequently feel frightened or in danger, or the exploitation or corruption of a child.

Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse is forcing or enticing a child to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex or non- penetrative acts such as fondling.

Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from different walks of life.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Multiple Forms of Abuse

It is accepted that in all forms of abuse there are some elements of emotional abuse and that some children are subjected to more than one form of abuse at any one time.

Child Abuse - How to recognise it

Signs And Indicators

Every child and young person is unique and it is difficult to predict how their behaviour will change as a result of their experience of abuse. Listed below are some physical signs and behavioural indicators that may be commonly seen in children who are abused, but remember they may only be an indication and not confirmation that abuse is taking place.

Physical Abuse

<u>Physical Signs</u>	<u>Behavioural Indicators</u>
Unexplained bruising, marks or injuries on any part of the body. Bruises which reflect hand marks or fingertips (from slapping or pinching). Cigarette burns. Bite marks. Broken bones. Scalds.	Fear of parents being approached for an explanation. Aggressive behaviour or severe temper outbursts. Flinching when approached or touched. Reluctance to get changed, for example wearing long sleeves in hot weather. Depression. Withdrawn behaviour. Running away from home.

Emotional Abuse

<u>Physical Signs</u>	<u>Behavioural Signs</u>
<ul style="list-style-type: none">• A failure to thrive or grow.• Sudden speech disorders.• Developmental delay, either in terms of physical or emotional progress.	<ul style="list-style-type: none">• Neurotic behaviour, e.g. hair twisting, rocking.• Being unable to play.• Fear of making mistakes.• Self harm.• Fear of parent being approached regarding their behaviour.

Sexual Abuse

<u>Physical Signs</u>	<u>Behavioural Signs</u>
<ul style="list-style-type: none">• Pain or itching in the genital/anal areas.• Bruising or bleeding near genital/anal areas.• Sexually transmitted diseases.• Vaginal discharge or infection.• Stomach pains.• Discomfort when walking or sitting down.• Pregnancy	<ul style="list-style-type: none">• Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn.• Fear of being left with a specific person or group of people.• Having nightmares.• Running away from home.• Sexual knowledge which is beyond their age or development age.• Sexual drawings or language.• Bedwetting.• Saying they have secrets they cannot tell anyone about.• Self harm or mutilation, sometimes leading to suicide attempts.• Eating problems such as overeating or anorexia.

Neglect

<u>Physical Signs</u>	<u>Behavioural Signs</u>
<ul style="list-style-type: none">• Constant hunger, sometimes stealing food from others.• Constantly dirty or 'smelly'.• Loss of weight, or being constantly underweight.• Inappropriate dress for the conditions	<ul style="list-style-type: none">• Complaining of being tired all the time.• Not requesting medical assistance and/or failing to attend appointments• Having few friends.• Mentioning them being left alone or unsupervised.

Note: The above chart is intended to serve as a guide, it is neither exhaustive nor definitive. Any one sign doesn't necessarily mean your child has been abused, but the presence of several suggests you begin asking questions and stay alert.

Important –factors other than abuse underlying behaviour

There may be other reasons that a child or young person is exhibiting some of the signs and indicators set out above. It is important to remember that many children and young people will exhibit some of these signs and indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as death, birth of a new baby in the family, relationship problems between parents/carers, etc.

General

Photography

There is evidence that some people have used activities and events involving children as an opportunity to take inappropriate photographs or video footage. Staff and volunteers from organizations at any event should be vigilant at all times and any person using cameras or videos should be monitored to ensure that they are acting appropriately.

It is recommended that the names of children should not be used in photographs or video footage, except with the express permission of the child's parent or carer(s), or their carer(s) or legal guardian if they are adjudged to be incapable of self-determination.

Who Might Abuse?

Abuse may be perpetrated by a wide range of people, including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, and people who deliberately exploit children.

Be mindful that abuse may be perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general wellbeing of a child.

Where Might Abuse Occur?

Abuse can occur in any setting.

Appendix 2: Abuse – Course of Action

Important – Duty to inform

It is important that all staff and volunteers understand that they are not responsible for deciding whether or not abuse has occurred. However, staff and volunteers do have a duty of care to report any suspicions they may have. Please refer to the Children's Act 1998.

It is not the Representative's job to judge or investigate, but it is the Representative's job to inform.

Responding to concerns and allegations

These procedures inform all staff and volunteers of what actions they should take if they have concerns or encounter a case of actual, alleged or suspected child abuse.

Response situations

In general there are several situations that staff or volunteers may encounter:

- Responding to a child disclosing abuse.
- Responding to discovery of abuse.
- Responding to reasonable suspicion that abuse has taken place.
- Responding to third party allegations or concerns about a staff member or volunteer.
- Responding to third party allegations or concerns about any other person, e.g. parent, carer, other service user.

Specific Response Procedures

The following specific procedures should be followed.

Abused children will often only discuss abuse with people they trust and with whom they feel safe. By listening and taking seriously what the child is saying, you are already helping the situation.

Responding to disclosure of abuse by child

When dealing with a disclosure, do this:

- Stay calm and allow silence in the conversation so that the child can take his or her time.
- Listen carefully to what is said.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others - do not promise to keep secrets or that the information will be kept confidential.
- Allow the child to continue at their own pace.
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer – be very careful not to ask leading questions. Ask only open-ended questions like, “What happened next?” or “It’s okay to tell me more. You can tell me whatever you want.” (Questions can come across as judgement and can confuse the child’s memory of events.)
- Say, “I believe you, what happened is not your fault.”
- Say, “I’m the adult and it’s my job to protect you.”
- Reassure and praise the child that they have done the right thing in telling you. Tell the child “This takes a lot of courage. I’m very proud of you for telling me.”
- Tell them what you will do next and with whom the information will be shared.
- Don’t make broad promises about the future.
- Be careful showing great anger towards the offender as the child may have mixed feelings about the offender because the offender is often someone trusted or even loved by the child. Showing anger towards the offender can sometimes feel out-of-control or threatening to the child. Also the child may already feel guilty. Expressions of disgust or anger about the offender may feel like judgment to the child, as if, “I must be terrible, too.”
- Contact DCFS and/or the Police and inform the CPLO.
- Record in writing on a DCFS Referral Form (included) all the details that you are aware of and what was said using the child’s own words, as soon as possible. In order to record you should include:
 - The date and time.
 - The child’s name and address where the child lives and date of birth if known.
 - The nature of the allegation.
 - A description of any visible injuries.
 - Your observations – e.g. a description of the child’s behaviour and physical and emotional state.
 - Exactly what the child said and what you said. Record the child’s account of what has happened as closely as possible.
 - Tell what behaviors you’ve observed in the alleged offender.
 - Tell what access the alleged offender has to the child.
 - Tell where you are, where the child is, and where the offender is, if known.
 - Any action you took as a result of your concerns e.g. who you spoke to and resulting actions. Include names, addresses and telephone numbers.
 - Sign and date what you have recorded.
- You must inform the relevant authorities, i.e. DCFS and/or the Police, as appropriate.

Remember, when dealing with any form of allegation, expression of concern or disclosure of abuse do not:

- Appear shocked, horrified, disgusted or angry.
- Ask too many questions or press for individual details (it is not your duty to undertake the investigation).
- “Put words in their mouth”.
- Make comments or judgement other than to show concern.
- Do not give the promise of confidentiality.
- Confront the abuser.

Preserving evidence

- In most cases you will not have to do anything except record the events and inform people. However, there may be rare occasions when you have to.
- Make a written record of answer phone messages and date and sign them.
- In cases of physical or sexual assault encourage the person not to wash where they might have a medical examination.
- In the case of oral sex encourage the person not to drink until they have been seen by the police or forensic doctor.
- If you are waiting for the police to arrive it is important that things are left where they are, do not touch what you do not have to.

Witnessing abuse

In situations of immediate danger, take urgent action by calling the emergency services by dialling 911. It may also be appropriate to contact the victim's medical doctor, bearing in mind that emergency services may benefit from the doctor's knowledge of the victim's medical history.

You may wish to challenge the person who is abusing the individuals and try to persuade them to stop whilst ensuring your personal safety is not compromised. Remember to have regard for your own safety, leave the situation if you feel you are in danger.

Call 911, DCFS &/or the Police to report the incident. Contact your CPLO.

Responsibilities towards victims of abuse

- Ensure the child is safe and supported.
- Consider whether the individual requires urgent medical attention and if so make arrangements with an explanation to health staff that abuse is suspected.

Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only, i.e.: CPLO, DCFS, and the Police. Where a crime may have been committed the Police must always be contacted, and if in any doubt, they should still be notified so that they can make that judgement.

Appendix 3:

PROTECTION INCIDENT REPORTING FORM

All information will be treated in strict confidence

Date: ____/____/20____ Time: _____

Venue: _____

Name of Child: _____

Age: _____

Address(if known):

Postcode: _____

Telephone Number (if known): _____

Next of Kin:

Address (if different from above):

Postcode: _____

Telephone Number (if different from above):

Are you reporting you concerns or passing on those of someone else? Please give details:

Please give a brief description of what has prompted the concerns including any specific incidents, places, dates, times etc:

Any physical signs? Behavioural signs? Indirect signs?

Have you spoken to the child? If so what was said?

Has anybody been alleged to be the abuser? If so, give details:

Have you consulted anybody? If so give details:

Your name: _____

Position: _____

To whom reported: _____

Date of reporting: __/__/20

Date: ____/____/20__

Signature: _____

This form should now be given to your Protection Officer or Supervisor (*This is to be Determined by the organization*) by hand in a sealed envelope marked Private and Confidential

Date: __/____/20__

Appendix 4: BASA Overseas Travel with Children/Youth Policy

- All adults traveling with children/youths (coaches, team managers, chaperones, therapists etc.) must be suitably trained in advance of the trip, must sign off that they are aware of this policy and must have completed SCARS training within the three year period prior to the departure of the team, or completed re-certification if SCARS training over three year old. The BASA President is responsible for obtaining this information and for storing it. He/she must share copies with the BASA Board if requested.
- All overseas travel with children requires careful advance planning, including adequate provision for safety in regard to transport, facilities, activities and emergencies.
- A copy of the itinerary and contact telephone numbers must be made available to parents and guardians prior to departure.
- There must be adequate, gender-appropriate supervision for boys and girls.
- Arrangements and procedures must be put in place to ensure that rules and appropriate boundaries are maintained in the relaxed environment of trips away.
- Particular attention should be given to ensuring that the privacy of young people is respected when they are away on trips.
- Unless otherwise noted, the team manager will be designated to act as the Child Protection Liaison Officer (“CPL”) (and thereby assume the roles and responsibilities as mandated in the Child Protection Policy) for the duration of the trip unless another adult is otherwise identified to assume the role. If another adult is selected their identity of the CPL should be communicated in advance to all persons travelling and to the respective parents/guardians of the children that are traveling.
- Any mixed gender activity undertaken by BASA overseas travel with children/youth will require the presence of at least 2 adults (one male and one female) in all circumstances.
- When only one athlete and one coach travel to a competition, the athlete must have his/her parent's (or legal guardian's) written permission in advance to travel alone with the coach.

With regard to overseas hotel accommodations:

- The provision of appropriate and adequate sleeping arrangements should be ensured in advance of the trip and communicated to the parent/guardian at least 2 weeks prior to commencement of travel.
- Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete unless the coach is the parent, guardian, sibling, or spouse of that particular athlete.
- To the extent that it is feasible, non-family member adults should not share a hotel room with any child/youth. In those circumstances where this is not feasible there shall be a minimum of 2 children (under the age of 18) and 1 adult - all of the same gender in a hotel room (the adult should not share a bed with a child– unless they are the parent of that child).

With regard to overseas dormitory accommodations:

- Sleeping areas for boys and girls should be separate and supervised by at least one adult of the same sex as the group being supervised.
- At least two adults should be present in dormitories in which children or young people are sleeping. Under no circumstances should an adult share a bedroom with a young person who is not their own child.
- If, in an emergency situation, an adult considers it necessary to be in a children's dormitory or bedroom without another adult being present they should (a) immediately inform another adult in a position of responsibility and (b) make a diary note of the circumstances

Appendix 5:

Bermuda Amateur Swimming Association (“BASA”) - CHILD PROTECTION POLICY STATEMENT

- BASA is committed to supporting parents and families
- BASA is committed to the nurturing, protection and safeguarding of children and young people
- BASA recognises that child protection is everybody's responsibility
- BASA is committed to following the agreed procedures and following statutory, denominational and specialist guidelines
- BASA seeks to support all in anyone affected by abuse
- BASA will review this policy periodically, generally on an annual basis

If you have any concerns for a child or in relation to any child protection matter then speak to one of the following who have been approved as Child Protection Liaison Officers for BASA.

BASA Child Safety Policy Team

- Lana Desmond (CPLO)
- Michael Harvey
- Veronica Dunkerley
- Matthew Smith
- Ben Smith
- Shona Palmer

Appendix 6: VOLUNTEER CODE OF CONDUCT – INCLUDING EMPLOYEES

As a volunteer I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of providing services to children and/or youth.

As a volunteer I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Avoid situations where I am alone with children or youth, and if so make sure it is interruptible and observable.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children or youth.
- Refuse to accept expensive gifts from children or youth, without prior approval from parents, guardians or administrators.
- Report suspected abuse to the administrator or appropriate supervisor **and** the Police or Family Services.
- Understand that failure to report to the local authorities, according to the law, it is mandated (*See Children's Act 1988*).
- Cooperate fully in any investigation of suspected abuse of children or youth.

As a volunteer I will not:

- Smoke or use tobacco products in the presence of children or youth.
- Use, possess or be under the influence of alcohol at any time while volunteering.
- Use, possess or be under the influence of any illegal drugs at any time.
- Pose any health risk to children or youth.
- Strike, spank, shake or slap any child or youth.
- Humiliate, ridicule, threaten or degrade any youth or child.
- Touch, view or photograph any child or youth in a sexual or other inappropriate manner; or ask them to view or touch me.
- Use any discipline that frightens or humiliates any child or youth.
- Use profanity in the presence of children or youth.
- Use text, email or private social media conversations with a child without including the parent or member of the organization.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this code of conduct, or failure to take action mandated with this code of conduct, may result in my removal as a volunteer with children and/or youth.

Volunteer printed name

Volunteer signed name

Date

Received: _____

Date: _____

Director

Children's Act 1998

2. Interpretation

"Child" means a person who is under the age of 18 years.

"Director" means the Director of Child and Family Services.

PART III - ABUSE OF CHILDREN

19. Mistreatment, abandonment etc of child

Any person who, having the care and control of, or parental responsibility for, any child, wilfully abuses, mistreats, neglects, deserts or abandons the child or causes or procures the child to be abused, ill - treated, neglected, deserted or abandoned is guilty of an offence and is liable on summary conviction to a fine not exceeding \$3,000 or imprisonment for a term not exceeding 6 months.

20. Mandatory reporting of child abuse

(1) Every person who has information indicating that a child is suffering or has suffered significant harm, shall forthwith report that information to the Director.

(2) Notwithstanding subsection (1) or any statutory provision, a person who performs professional or official duties with respect to a child, including —

(a) a physician, nurse, dentist, pharmacist, psychologist or other health care professional;

(b) a school principal, teacher, counsellor, social worker, youth or recreational leader, member of the clergy or child care worker; or

(c) a police officer, probation officer or youth care worker, who, in the course of that person's professional or official duties, has reasonable grounds to suspect that a child is suffering or has suffered significant harm, shall forthwith report the suspicion to the Director together with the information upon which it is based.

(3) Subsections (1) and (2) apply whether or not the information is confidential or privileged except that nothing in this section shall be taken to affect or abrogate the privilege that attaches to a communication between a solicitor and his client.

(4) No civil action lies against a person by reason of that person reporting information pursuant to subsection (1) or (2) unless the reporting of that information is done falsely and maliciously.

(5) Every person who —

(a) contravenes subsection (2) or (6); or

(b) falsely and maliciously reports information to the Director indicating that a child is suffering significant harm or is suspected thereof, is guilty of an offence

and is liable on summary conviction to a fine not exceeding \$3,000 or imprisonment for a term not exceeding 6 months.

(6) No person shall reveal or be compelled to reveal the identity of a person who has reported information to the Director pursuant to subsection (1) or (2).

(7) On receiving a report pursuant to subsection (1) or (2) the Director shall —

(a) cause an investigation to be made into the circumstances of the case;

(b) arrange for the provision of such child care services as he considers necessary; and

(c) make application for such order under this Act as he considers appropriate.