



# Child Safe Environmental Policy PP02V01

*Effective date of Policy: December 2020*

*Date of next review: December 2021*

## Be Heard Philosophy

Be Heard is a strong advocate for children and has pledged to Connect and Care for them. This includes ensuring that they are safe and protected in any environment.

**AIM:** To implement effective strategies to assist in ensuring the safety and wellbeing of all children. Be Heard will perform proficiently and act in the best interest of the child, assisting them to develop to their full potential in a secure and caring environment by:

- Promoting the safety of children
- Preventing child abuse
- Ensuring effective processes are in place to respond to and report allegations of child abuse
- Creating and maintain a child safe environment

We understand our responsibilities and duty of care and to build our capacity as a Company to prevent and respond to allegations of child abuse.

## CHILD SAFE PRINCIPLES

Three overarching principles ensure that we are aware of and consider that some groups of children and young people may be particularly vulnerable and may face extra challenges in reporting abuse. These principles are:

- Promoting the cultural safety of Aboriginal children.
- Backgrounds.
- Promoting the safety of children with a disability.

For more information, refer to:

Cultural safety of Aboriginal children: <https://ccyp.vic.gov.au/assets/resources/tipsheet-cultural-safety-aboriginal-children.pdf>

Cultural safety of children from culturally and/or linguistically diverse backgrounds: <https://ccyp.vic.gov.au/assets/resources/tipsheet-safety-children-cult-ling-diverse.pdf>

Safety of children with a disability: <https://ccyp.vic.gov.au/assets/resources/tipsheet-safety-children-disability.pdf>

## Other Relevant Laws

Children, Youth and Families Act 2005 (as amended 2014) (Vic)
The Commission for Children and Young People Act 2012
Failure to Disclose 2014
Failure to Protect 2015
The Charter of Human Rights and Responsibilities Act 2006 (Vic)
Working with Children Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Family Law Act 1975

## 1. Responsibility:

- Staffs
- Students and Volunteers
- Families
- Management

## 2. Implementation

### REPORTABLE CONDUCT SCHEME

The Reportable Conduct Scheme seeks to improve our Company's responses to allegations of child abuse and neglect by our employees and volunteers. We will notify the Commission for Children and Young People about any allegations of misconduct involving a child. Reportable conduct applies to all employees, volunteers, students (over the age of 18) and contractors of our service and programs.

We will;

- Ensure our service has systems in place to prevent reportable conduct from being committed by a staff member or volunteer within the course of their employment
- Enable any person to notify Management of a reportable allegation
- Respond to a reportable allegation made against a worker or volunteer from our service, by ensuring that allegations are appropriately investigated
- Report allegations which may involve criminal conduct to the Police
- Notify the Commission for Children and Young People when we become aware of a reportable allegation
- Advise the Commission who is undertaking the investigation
- Manage risks to children
- Provide the Commission with detailed information about the reportable allegation and any action that has taken place within 30 calendar days

### Reportable Conduct

There are five types of 'reportable conduct' listed in the Child Wellbeing and Safety Act 2005

- Sexual offences (against, with or in the presence of a child)
- Sexual misconduct (against, with or in the presence of a child)
- Physical violence (against, with or in the presence of a child)
- Behavior that causes significant emotional or psychological harm
- Significant neglect

A reportable allegation is made when a person makes an allegation, based on a reasonable belief that an employee, volunteer or contractor has committed reportable conduct or misconduct that may involve reportable conduct.

A person is likely to have a reasonable belief if they:

- Observed the conduct themselves
- Heard directly from a child that the conduct occurred or
- Received information from another credible source (including another witness).

## WHAT IS ABUSE?

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

In Victoria abuse is classified into seven types:

1. Physical abuse
2. Sexual abuse
3. Grooming
4. Emotional or psychological harm
5. Neglect
6. Family violence
7. Children exhibiting inappropriate sexual behaviour.

**Maltreatment** refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically, abuse refers to acts of commission and neglect acts of omission. Note that in practice the terms child abuse and child neglect are used more frequently than the term child maltreatment.

**Significant Harm** refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

**Reasonable grounds** refers to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

- Firsthand observation of the child or family.
- What the child, families or other person has disclosed.
- What can reasonably be indirect based on observation, professional training and/or experience that causes the mandated report to believe the child has been abused or is likely to be abused.
- Signs of physical or sexual abuse leading to the belief that the child has been abused.

**Failure to disclose** refers to the failure of a mandated reporter who has reasonable belief that a child under 16 has had a sexual offence committed to them by an adult to make a report to the police.

**Failure to protect** refers to a person of authority in the organisation who has the power or responsibility, but who negligently fails to reduce or remove the threat of substantial risk of child sexual abuse.

**Mandatory Reporting** is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In Victoria, mandatory reporting is regulated by the Children, Youth and Families Act 2005 (Vic) ss. 162, 182, 184 (CYFA). Effective from March 1, 2019 all early childhood staffs and other persons employed or engaged in an education and care service or a children's service are mandatory reporters. This also includes all proprietors, nominees of a children's service, approved providers and nominated supervisors of an education and care service.

According to the CYFA, mandated reporters must respond to an emergency immediately if the child is at immediate risk of harm or has just been abused. Mandated reporters must respond to an incident, disclosure or suspicion of child abuse as soon as they witness or form a belief based on reasonable grounds that a child is in need of protection because:

- the child's basic physical or psychological needs are not being met or are at risk of not being met
- the families or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care
- the families or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education
- the child has been or is at risk of being physically or sexually abused or ill-treated
- the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm
- the families' or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm
- the child has stated they have been abused
- the child shows evidence of abuse

## **INDICATORS OF ABUSE**

There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing and may be intentional or unintentional.

## **PHYSICAL CHILD ABUSE**

Physical child abuse is the non-accidental infliction of physical injury or harm of a child. Examples of physical abuse may include beating, shaking or burning, assault with implements and female genital mutilation.

Physical indicators of physical child abuse include (but are not limited to):

- Evidence of physical injury that would not likely be the result of an accident.
- Bruises or welts on facial areas and other areas of the body, e.g. back, bottom, legs, arms and inner thighs.
- Burns from boiling water, oil or flames or burns that show the shape of the object used to make them, e.g. iron, grill, cigarette.
- Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered, or the type of injury possible at the child's age of development.
- Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia.
- Bald patches where hair has been pulled out.
- Multiple injuries, old and new.
- Effects of poisoning.
- Internal injuries.

Behavioural indicators of physical child abuse include (but are not limited to): In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging.
- Crying excessively or not at all.
- Listless and immobile and/or emaciated and pale.
- Exhibits significant delays in gross motor development and coordination.
- Their families/carer is unresponsive or impatient to the child's cues and unreceptive to support.

In all children, infants and toddlers:

- Disclosure of physical abuse, e.g. by child, friend, family member.
- Inconsistent or unlikely explanation for cause of injury.
- Wearing clothes unsuitable for weather conditions to hide injuries.
- Wariness or fear of a families, carer or guardian and reluctance to go home.
- Unusual fear of physical contact with adults.
- Fear of home, specific places or particular adults.
- Unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others.
- Overly compliant, shy, withdrawn, passive and uncommunicative.

## CHILD SEXUAL ABUSE

Child sexual abuse is when a person uses power or authority over a child to involve them in sexual activity. This can include a wide range of physical and non-contact sexual activity.

- Physical sexual contact:
  - Kissing or fondling a child in a sexual way.

- Masturbation.
- Fondling the child's genitals.
- Oral sex.
- Vaginal or anal penetration by a penis. Finger or other object.
- Exposure of the child to pornography.
- Non-contact offences:
  - Talking to a child in a sexually explicit way.
  - Sending sexual messages or emails to a child.
  - Exposing a sexual body part to a child.
  - Forcing a child to watch a sexual act including showing pornography to a child.
  - Having a child pose or perform in a sexual manner (including child sexual exploitation).
  - Grooming or manipulation.

Child sexual abuse does not always involve force. In some circumstances a child may be manipulated into believing that they have brought the abuse on themselves, or that the abuse is an expression of love through a process of grooming. Any child can be victim of sexual abuse, however children who are vulnerable, isolated and/or have a disability are disproportionately abused and are much more likely to become victim.

Physical indicators of child sexual abuse include (but are not limited to):

- Injury to the genital or rectal area, e.g. bruising, bleeding, discharge, inflammation or infection.
- Injury to areas of the body such as breasts, buttocks or upper thighs.
- Discomfort in urinating or defecating.
- Presence of foreign bodies in the vagina and/or rectum.
- Sexually-transmitted infections.
- Frequent urinary tract infections.

Behavioural indicators of child sexual abuse include (but are not limited to): In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging.
- Crying excessively or not at all.
- Listless and immobile and/or emancipated and pale.
- Exhibits significant delays in gross motor development and coordination.

In all children, infants and toddlers:

- Disclosure of sexual abuse, e.g. by child, friend, family member.
- Drawings or descriptions of stories that are sexually explicit and not age-appropriate.
- Persistent and age-inappropriate sexual activity, e.g. excessive masturbation or rubbing genitals against adults.

- Wariness or fear of a families, carer or guardian and reluctance to go home.
- Unusual fear of physical contact with adults.
- Change in sleeping patterns, fear of the dark or nightmares and regressive behaviour, e.g. bed- wetting.
- Wearing clothes unsuitable for weather conditions to hide injuries.
- Unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others.
- Exhibits significant delays in gross and fine motor development and coordination.
- Overly compliant, shy, withdrawn, passive and uncommunicative.
- Fear of home, specific places or particular adults.
- Poor self-care or personal hygiene.
- Complaining of headaches, stomach pains or nausea without physiological basis.

### ***Child sexual exploitation***

Child sexual exploitation is also a form of sexual abuse where offenders use their power, (physical, financial or emotional) over a child to sexually or emotionally abuse them.

It often involves situations and relationships where young people receive something (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money etc.) in return for participating in sexual activities.

Child sexual exploitation can occur in person or online, and sometimes the child may not even realise they are a victim. For more information on child sexual exploitation and advice on specific strategies for identifying and preventing exploitation please see Prevention of Child Sexual Exploitation and Grooming here:

<http://www.education.vic.gov.au/about/programs/health/protect/Pages/exploitationgrooming.aspx>

### **GROOMING**

Grooming is when a person engages in predatory conduct to prepare a child for sexual activity at a later time. Grooming can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child or their families/carer. Sometimes it is hard to see when someone is being groomed until after they have been sexually abused, because some grooming behaviour can look like "normal" caring behaviour.

Examples of grooming behaviours may include:

- Giving gifts or special attention to a child or their families or carer (this can make a child or their families feel special or indebted)
- Controlling a child (or that child's families) through threats, force or use of authority (this can make a child or their families fearful to report unwanted behaviour)
- Making close physical contact or sexual contact, such as inappropriate tickling and wrestling
- Openly or pretending to accidentally expose the victim to nudity, sexual material and sexual acts (this in itself is classified as child sexual abuse but can also be a precursor to physical sexual assault).
- Behavioural indicators that a child may be subject to grooming include (but are not limited to):
- Developing an unusually close connection with an older person.
- Displaying mood changes (hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn,

depressed).

- Using street/different language.
- Copying the way the new 'friend' may speak, talking about the new 'friend' who does not belong to his/her normal social circle.
- Possessing gifts, money and expensive items given by the 'friend'.
- Being excessively secretive about their use of communications technologies, including social media.
- Being dishonest about where they've been and whom they've been with.

## EMOTIONAL ABUSE

Emotional child abuse occurs when a child is repeatedly rejected, isolated or frightened by threats, or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, and persistent coldness from a person, to the extent that the child suffers, or is likely to suffer, emotional or psychological harm to their physical or developmental health. Emotional abuse may occur with or without other forms of abuse.

Physical indicators of emotional abuse include (but are not limited to):

- Language delay, stuttering or selectively being mute (only speaking with certain people or in certain situations).
- Delays in emotional, mental or physical development
- Behavioural indicators of emotional abuse include (but are not limited to): In an infant or toddler:
  - Self-stimulatory behaviours, for example, rocking, head banging.
  - Crying excessively or not at all.
  - Listless and immobile and/or emancipated and pale.
  - Exhibits significant delays in gross motor development and coordination.
  - Their families/carer is unresponsive or impatient to the child's cues and unreceptive to support.

In all children, infants and toddlers:

- Overly compliant, passive and undemanding behaviour.
- Extremely demanding, aggressive and attention-seeking behaviour or anti-social and destructive behaviour.
- Low tolerance levels or frustration.
- Poor self-image and low self-esteem.
- Unexplained mood swings, depression, self-harm.
- Behaviours that are not age-appropriate, e.g. overly adult, or overly infantile.
- Exhibits significant delays in gross and fine motor development and coordination.
- Poor social and interpersonal skills.
- Violent drawings or writing.
- Lack of positive social contact with other children.



## NEGLECT

Neglect includes a failure to provide the child with the following to the extent that the health or physical development of the child is significantly impaired or placed at serious risk:

- An adequate standard of nutrition.
- Medical care.
- Clothing.
- Shelter.
- Supervision.

In some circumstances the neglect of a child:

- Can place the child's immediate safety and development at serious risk.
- May not immediately compromise the safety of the child but is likely to result in longer term cumulative harm.

This includes low-to-moderate concerns for the wellbeing of a child, such as:

- Concerns due to conflict within a family.
- Parenting difficulties.
- Isolation of a family or a lack of a family's support.

Both forms of neglect must be responded to via the Four Critical Actions for Early Childhood Services. Physical indicators of neglect include (but are not limited to):

- Appearing consistently dirty and unwashed.
- Being consistently inappropriately dressed for weather conditions.
- Being at risk of injury or harm due to consistent lack of adequate supervision from families.
- Being constantly hungry, tired and listless.
- Having unattended health problems and lack of routine medical care.
- Having inadequate shelter and unsafe or unsanitary conditions.

Behaviour indicators of neglect include (but are not limited to):

In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging.
- Crying excessively or not at all.
- Listless and immobile and/or emancipated and pale.
- Exhibits significant delays in gross motor development and coordination.
- Inadequate attention to the safety of the home (e.g. dangerous medicines left where children may have access to them).
- Being left unsupervised, either at home, on the street or in a car.

- Their families/carer is unresponsive or impatient to child's cues and unreceptive to support.
- Developmental delay due to lack of stimulation.

In all children, infants and toddlers:

- Being left with older children or persons who could not reasonably be expected to provide adequate care and protection.
- Gorging when food is available or inability to eat when extremely hungry.
- Begging for or stealing food.
- Appearing withdrawn, listless, pale and weak.
- Aggressive behaviour, irritability.
- Little positive interaction with families, carers or guardians.
- Indiscriminate acts of affection and excessive friendliness towards strangers.
- Exhibits significant delays in gross and fine motor development and coordination.
- Poor, irregular or non-attendance at Be Heard (where regular attendance is expected).
- Refusal or reluctance to go home.

## **FAMILY VIOLENCE**

Family violence is behaviour towards a family member that may include:

- Physical violence or threats of violence
- Verbal abuse, including threats
- Emotional or psychological abuse
- Sexual abuse
- Financial and social abuse.

A child's exposure to family violence constitutes child abuse. This exposure can be very harmful and may result in physical harm and long-term physical, psychological and emotional trauma. Action must be taken to protect the child, and to mitigate or limit their trauma.

Research shows that during pregnancy and when families have very young babies:

- There is an increased risk of family violence.
- Pre-existing family violence may increase in severity.
- There is an opportunity for intervention as families are more likely to have contact with services.

The longer that a child experiences or is exposed to family violence, the more harmful it is.

### ***Family violence in Aboriginal and Torres Strait Islander communities***

In identifying family violence in Aboriginal and Torres Strait Islander communities it is important to recognise that:

- Aboriginal and Torres Strait Islander family violence may relate to relationships that aren't captured by the Western nuclear family model (e.g. grandparents, uncles and aunts, cousins and other community and culturally defined relationships).
- Aboriginal and Torres Strait Islander family violence can also include cultural and spiritual abuse.
- Perpetrators of Aboriginal and Torres Strait Islander family violence may not be Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander family violence occurs in a historical context of colonisation, dispossession, and the loss of culture. This has resulted in the breakdown of kinship systems and of traditional law, racism, and previous government policies of forced removal of children from families.

However, this should never detract from the legitimacy of the survivor's experience of violence, or your obligation to report and respond to any suspected family violence.

Physical indicators of family violence may include (but are not limited to):

- Speech disorders.
- Delays in physical development.
- Failure to thrive (without an organic cause).
- Bruises, cuts or welts on facial areas, and other parts of the body including back, bottom, legs, arms and inner thighs.
- Any bruises or welts (old or new) in unusual configurations, or those that look like the object used to make the injury (such as fingerprints, handprints, buckles, iron or teeth).
- Internal injuries.

Behavioural indicators of family violence may include (but are not limited to): In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging.
- Crying excessively or not at all.
- Listless and immobile and/or emancipated and pale.
- Exhibits significant delays in gross motor development and coordination.

In all children, infants and toddlers:

- Violent/aggressive behaviour and language.
- Depression and anxiety.
- Appearing nervous and withdrawn, including wariness of adults.
- Difficulty adjusting to change.
- Developmentally inappropriate bedwetting and sleeping disorders.
- Extremely demanding, attention-seeking behaviour.
- Participating in dangerous risk-taking behaviours to impress peers.
- Overly compliant, shy, withdrawn, passive and uncommunicative behaviour.

- 'Acting out', such as cruelty to animals.
- Demonstrated fear of families, carers or guardians, and of going home.
- Complaining of headaches, stomach pains or nausea without physiological basis.

## INAPPROPRIATE SEXUAL BEHAVIOUR

Inappropriate sexual behaviour includes:

### ***Problem sexual behaviour***

Problem sexual behaviour is the term used by the Victorian government and funded service providers to describe concerning sexual behaviour exhibited by children under the age of 10 years. Children under 10 years are deemed unable to consent to any form of sexual activity and cannot be held criminally responsible for their behaviour.

### **Sexually abusive behaviour**

Sexually abusive behaviour is the term used by the Victorian Government and funded service providers to describe concerning sexual behaviour by children aged 10 years or older and under 15 years of age. A child is considered to exhibit sexually abusive behaviour when they have used power, authority, or status to engage another party in sexual activity that is unwanted or the other party is unable to give consent. A child who engages in sexually abusive behaviour may be in need of therapeutic treatment. It may also be an indicator that the child has been or is being sexually abused by others.

Sexually abusive behaviour may amount to a sexual offence. A sexual offence includes rape, sexual assault, indecent acts and other unwanted sexualised touching, all of which are offences under the Crimes Act 1958.

It may be difficult to determine the nature of children's sexual behaviour, including whether the behaviour:

- Constitutes a sexual offence.
- Is indicative of any underlying abuse.

Under Victorian Law:

- Children aged between 12-15 can only consent to sexual activity with a peer no more than two years their senior (therefore sexual contact led by a child with another child outside of these age parameters may amount to a sexual offence).
- In order for a person to consent to sexual activity they have to have the capacity to understand the context and possible consequences of the act (therefore sexual contact led by a child involving a person with a cognitive impairment or affected by alcohol and other drugs may also amount to a sexual offence).

Most critically the 'Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse' will be followed if:

- You witness an incident, receive a disclosure or form a reasonable suspicion that a child has engaged in inappropriate sexual behaviour, even if you're not sure (these actions will support you to report to Victoria Police).
- A child's inappropriate sexual behaviour leads you to form a reasonable belief that the child may be subject to abuse.

NOTE: All definitions and indicators of child abuse sourced from: State of Victoria (Department of Education and Training). (2017). Early childhood guidance: Identifying signs of child abuse. Retrieved from [www.education.vic.gov.au](http://www.education.vic.gov.au)

## **MANAGEMENT AND NOMINATED SUPERVISORS WILL ENSURE:**

- All employees and volunteers are:
  - Clear about their roles and responsibilities regarding child protection.
  - Aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the appropriate authority.
  - Aware of the indicators showing a child may be at risk of harm or significant risk of harm.
- To provide training and development for all Staffs, staff and volunteers in child protection.
- To provide Staffs with a reporting procedure and professional standards to safeguard children and protect the integrity of Staffs, staff and volunteers.
- To validate a Working with Children Check for all Staffs, staff and volunteers unless the person meets the criteria for exemption from a WWCC.
- To provide access to relevant acts, regulations, standards and other resources to help Staffs, staff and volunteers meet their obligations.
- Records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy.
- To notify the Child Protection Services within 30 days of becoming aware of any allegations and convictions for abuse or neglect of a child made against an employee or volunteer and ensure they are investigated, and appropriate action taken.
- To notify Child Protection Services of details of employees against whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.
- To notify the regulatory authority as soon as practicable of any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by Be Heard.
- To notify the regulatory authority as soon as practicable of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by Be Heard.
- All staff members and volunteers are familiar with the Reportable Conduct Scheme and the types of reportable conduct.

## **EDUCATORS WILL:**

- Be able to recognise indicators of abuse
- Respect what a child discloses, taking it seriously and follow up their concerns
- Allow children to be part of decision-making processes where appropriate
- Follow the four Critical Actions for Early Childhood
- Be able to contact Child FIRST, which also helps mandatory reporters identify the level of risk to a child and whether to report the risk
- Contact the Victorian Police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so
- Promote the welfare and safety of children at Be Heard

## **DOCUMENTING A SUSPICION OF HARM**

If Staffs have concerns about the safety of a child they will:

- Record their concerns in a non-judgmental and accurate manner as soon as possible.
- Record his or her own observations as well as precise details of any discussion with a family's (who may for example explain a noticeable mark on a child).
- Not endeavour to conduct their investigation.
- Document as soon as possible so the details are accurately apprehended including:
  - time, date and place of the suspicion,
  - full details of the suspected abuse, and
  - date of report and signature.

## **ACCUSATIONS AGAINST EDUCATORS**

Accusations of abuse or suspected abuse against Staffs, staff members, and volunteers, the Nominated Supervisor or Approved Provider are treated in the same way as allegations against other people. Reports will be made to the Child Protection Helpline where a child is at risk of significant abuse by a person at Be Heard. If the Supervisor is involved in the abuse then the Approved Provider or most senior Staff will assist in notifying the Child Protection Helpline. Where the offence requires immediate police action, the police will be called on 000.

## **DOCUMENTING A DISCLOSURE**

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a disclosure of harm Be Heard will:

- Remain calm and find a private place to talk.
- Reassure the child or young person it is right to tell.
- Let the child or young person take his or her time.
- Let the child or young person use his or her own words.
- Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.
- Not promise to keep a secret.

- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe.
- Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries.
- Not attempt to conduct their own investigation or mediate an outcome between the parties.
- Document as soon as possible so the details are accurately captured including:
  - time, date and place of the disclosure,
  - 'word for word' what happened and what was said, including anything they said and any actions that have been taken,
  - date of report, and
  - signature.

## **CONFIDENTIALITY**

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

## **PROTECTION FOR REPORTERS**

Reports made to Child Protection Services are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. Under the Children Youth and Families Act 2005 (s. 189), if the report is made in good faith:

- It does not constitute unprofessional conduct or a breach of professional ethics.
- The reporter cannot be held legally liable.
- It does not constitute a breach of s. 141 of the Health Services Act 1988, or s. 346 of the Mental Health Act 2014.
- The reporter is not liable for the eventual outcome of any investigation. A report is also an exempt document under the Freedom of Information Act 1989.

## **CONFIDENTIALITY OF REPORTERS**

Under ss. 190 and 191 of the CYFA confidentiality is provided for reporters, and prevents the name or any information likely to lead to the identification of the reporter to be disclosed unless in very specific circumstances.

The identity of the reporter must remain confidential unless:

- The reporter chooses to inform the child or family of the report.
- The reporter consents in writing to their identity as the reporter being disclosed.
- A court or tribunal decides it needs this information in order to ensure the safety and wellbeing of the child.
- A court or tribunal decides that in the interests of justice the evidence needs to be given.

## **BREACH OF CHILD SAFE ENVIRONMENT POLICY**

All Staffs and staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

- Does something that a reasonable person in that person's position would not do in a particular situation.
- Fails to do something that a reasonable person in that person's position would do in the circumstances.
- Acts or fails to act in a way that causes harm to someone the person owes a duty of care.

## **MANAGING A BREACH IN CHILD SAFE ENVIRONMENT POLICY**

Management will investigate the breaches in a fair, unbiased and supportive manner by:

- Discussing the breach with all people concerned who will be advised of the process
- Giving the Staff the opportunity to provide their version of events.
- Documenting the details of the breach, including the versions of all parties and the outcome will be recorded.
- Ensuring the matters in relation to the breach are kept confidential.
- Approaching an appropriate outcome which will be decided based on evidence and discussion.

## **OUTCOME OF A BREACH IN CHILD SAFE ENVIRONMENT POLICY**

Depending on the nature of the breach outcomes may include:

- Emphasising the relevant element of the Child Safe Environment Policy and procedure.
- Providing closer supervision.
- Further education and training.
- Facilitating between those involved in the incident (where appropriate).
- Disciplinary procedures if required.
- Reviewing current policies and procedures and developing new policies and procedures if necessary.

## **EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR**

Our program will educate children:

- About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding.
- About their right to feel safe at all times.
- To say 'no' to anything that makes them feel unsafe or uncomfortable.
- About how to use their own knowledge and understanding to feel safe.
- To identify signs that they do not feel safe and need to be attentive and think clearly.
- That there is no secret or story that is too horrific, that they can't share with someone they trust.
- That Staffs are available for them if they have any concerns.
- To tell Staffs of any suspicious activities or people.
- To recognise and express their feelings verbally and non-verbally.
- That they can choose to change the way they are feeling.



### 3. Reporting Authorities

Reporting Authority	Contact Details
Department of Human Services	Child Protection Crisis Line (urgent concerns) Ph. 13 12 78 Ph. 1800 212 936  National Child Abuse Helpline: Ph. 1800 99 10 99 (9am-5pm AEST)

### REPORTABLE CONDUCT SCHEME INFORMATION SHEETS

Available from <https://ccyp.vic.gov.au/child-safety/resources/reportable-conduct-scheme-information-sheets/>

### 4. Sources and References

- Education and Care Services National Regulations 2015
- ECA Code of Ethics.
- Child Protection (Working with Children) Act 2012
- Children and Young Persons (Care and Protection) Act 1998 Children, Youth and Families Act 2005 (as amended 2014) (Vic)
- The Commission for Children and Young People Act 2012
- Failure to Disclose 2014
- Failure to Protect 2015
- Working with Children Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Family Law Act 1975 (Cth)
- Community and Disability Services Ministers' Conference (2005). *Creating safe environments for children: Organisations, employees and volunteers: National framework.*
- Community and Disability Services Ministers' Conference (2005). Schedule: Guidelines for building the capacity of child-safe organisations. *Creating safe environments for children: Organisations, employees and volunteers: National framework.*
- [Creating child safe organisations page](#) of the Department of Health and Human Services' Service Providers website: < <http://providers.dhhs.vic.gov.au/creating-child-safe-organisations>
- Mandatory Reporting <https://aifs.gov.au/publications/families-policy-and-law/14-mandatory-reporting-laws>

### 5. Review

Date Reviewed	Modifications	Next Policy Review Date
December 2020	Creation of Policy	December 2021

## IMPORTANT NOTICE AND DISCLAIMER

This is an important notice to all Families, staff, contractors, and other users of this Policy.

1. This Policy has been prepared by Be Heard based on the information available as at the issue date. Be Heard reserves the right to vary this Policy at any time, including to take into account any changes to the legislation and legislative instruments that may apply from time to time.
2. While all reasonable care is taken in preparing this Policy, Be Heard does not make any warranty about or accept any responsibility for whether the Policy complies with, accurately interprets or adequately implements all legislation and legislative instruments that may apply from time to time.
3. To the greatest extent permitted by law, Be Heard disclaims all liability to any person in respect of anything, and of the consequences of anything, done or omitted to be done by any such person in reliance, whether wholly or partially, upon any information presented in this Policy.