

## **Child Safe Standards – Standard One**

### **Strategies to embed a culture of child safety at the school**

The School Council and staff share overall responsibility for ensuring a culture of child safety is embedded at the school.

The following strategies are considered to be essential in developing and embedding a child safe culture in our school:

- The diverse needs of children in the school are to be recognised. It is important that our school is inclusive and culturally safe places for children and parents. Younger children, children with a disability, children with a significant health condition, indigenous children and those other children from culturally diverse backgrounds may require greater levels of support and consideration.
- Include child safety as a standing item on Leadership Team and Staff Meeting agendas.
- Key people in the school are allocated to undertake child safety roles and responsibilities. See School Child Safety Leader Role and Responsibilities below.
- Communicate the school's stand on Child Safety that informs all people in the school community of the school's Child Safe Policy based on Ministerial Order 870. Communicate broadly and with a mix of tools: website, Facebook, handbooks, induction kits, staff meetings, parent meetings etc.

#### **Leadership in a child safe environment**

Working with children can be very rewarding and it brings additional responsibilities.

Monash Children's Hospital School (MCHS) will protect children from abuse and build an environment where children feel respected, valued and encouraged to reach their full potential.

A Child Safe leader will have the responsibility of working with School Council and staff to build and maintain a culture of transparency, inclusiveness and awareness. Children and adults will know what to do if they observe or are subjected to abuse or inappropriate behaviour. Key responsibilities of the Child Safe leader include:

- Acting as a source of support, advice and expertise to School Council, staff, students and parents
- Liaising with the principal and other school leaders to ensure a collaborative, transparent and unified approach to child safety
- Leading the development of the school's child safe culture including being a child safe champion and providing coordination in communicating, implementing, monitoring, enhancing and reporting on strategies to embed a culture of child safety.

#### **Governance in a child safe environment**

Overall, School Council has the responsibility of ensuring the safety and wellbeing of children in our school. The school's policies, events, activities and management practices will take into account the Child Safe standards.

#### **Raising awareness across the school including staff, students and teachers and others who come into contact with children in the school**

- Ensure the school's policies are known and used appropriately.
- Ensure the school actions are reviewed as to the effectiveness of the strategies put into place and to revise accordingly.
- Ensure the school's child safety policy is reviewed in the context of school self-evaluation undertaken as part of the school accountability framework. This being incorporated into the Annual Implementation Plan, Strategic Plan and the 4 yearly Review process.
- Conduct regular briefing sessions for school staff members to ensure a high degree of awareness of The Standards and the school's Child Safe policy.

- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this. The policy will be published online (school's website), be paper-based and available at the Business/HR Manager's office, provided verbally at information nights for parents. The policy will also be read in conjunction with the Monash Health Child Safe Policy.
- Encourage amongst staff a culture of listening to children and taking account of their wishes and feelings in any measures to protect them.
- Work with teachers to include, where appropriate, the inclusion of teaching points into curriculum programs i.e. cyber safety programs, School Wide Positive Behaviour program, health and well-being related programs to build a culture of pro-activity and healthy relationships.

### **Identifying and analysing risk of abuse**

Monash Children's Hospital School will adopt an approach to prevent, detect and respond to child abuse risks. This includes a risk management strategy and policy that sets out how our school identifies, assesses and takes steps to reduce or remove child abuse risks.

### **In its commitment to Child Safety Standards, Monash Children's Hospital School has:**

- Developed a Child Safe policy.

This child safe policy outlines our commitment to promoting children's wellbeing and protecting children from abuse.

- Developed a Code of Conduct

Monash Children's Hospital School has developed a code of conduct which specifies the standards of conduct and care required when working and interacting with children. Teachers are regulated by the Victorian Institute of Teaching (VIT) under the Victorian Teaching Profession Code of Conduct.

The Victorian Institute of Teaching (VIT) developed the Code of Conduct as required by Part 2.6 of the *Education and Training Reform Act 2006*. The Code of Conduct is a set of principles or standards for the behaviour and conduct of all Victorian teachers in the Victorian Government Teaching Service and the non-Government sector.

The following principles are of particular relevance when using social media tools:

Principle 1.5: Teachers are always in a professional relationship with the students in their school whether at school or not. Teachers hold a unique position of influence and trust that should not be violated or compromised. They exercise their responsibilities in ways that recognise that there are limits or boundaries to their relationships with students.

Principle 1.7: Teachers work in collaborative relationships with students' families and communities.

Principle 2.1: The personal conduct of a teacher will have an impact on the professional standing of that teacher and on the profession as whole.

While teachers can be friendly with students, parents and communities their relationship must always remain professional and should never be on a personal footing. It is important for teachers to consider the consequences of their actions. The world of social media can seriously damage reputations and propel bullying to new levels. Even with security settings in place, issues may still arise.

### **Chosen suitable employees and volunteers**

Monash Children's Hospital School takes all reasonable steps to ensure that it engages the most suitable and appropriate people to work with children. Alongside the Department of Education and Training (DET) recruitment processes, it will ensure it includes:

- Selection criteria in job descriptions
- Police record and identity checks
- Working with Children Checks where required
- Face-to-face interviews

- Detailed reference checks from previous employers, including from the applicant's most recent line manager

### **Supported, trained, supervised and enhanced performance**

Monash Children's Hospital School ensures that volunteers and employees who work with children have ongoing supervision, support and training so that their performance is developed and enhanced to help protect children from abuse. In particular, the Principal and leadership team understand their responsibilities.

### **Links & Appendices (including processes related to this policy)**

Links which are connected with this policy are:

[Commitment to child safety policy \(Child safe standard 2\).docx](#)

[Child safe code of conduct \(Child safe standard 3\).docx](#)

[Human resources practices \(Child safe standard 4\).docx](#)

[Mandatory reporting practices \(Child safe standard 5\).docx](#)

[Mandatory Reporting Incident Report sheet \(Child safe standard 5\).docx](#)

[Identifying and reducing the risk of child abuse \(Child safe standard 6\).docx](#)

[Promoting student voice \(Child safe standard 7\).docx](#)

### **Further information**

*Further information on child safe standards can be found on the [Department of Health and Human Services website](#): <[www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/creating-child-safe-organisations](http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/creating-child-safe-organisations)>*

*Additional resources for organisations in the child safe standards toolkit can be found on the [Department of Health and Human Services website](#): <[www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards)>. In particular, [An Overview to the Victorian child safe standards](#), has information to help organisations understand the requirements of each of the child safe standards, including examples of measures organisations can put in place, a self-audit tool and a glossary of key terms: <[www.dhs.vic.gov.au/\\_\\_data/assets/word\\_doc/0005/955598/Child-safe-standards\\_overview.doc](http://www.dhs.vic.gov.au/__data/assets/word_doc/0005/955598/Child-safe-standards_overview.doc)>*

**Registered schools** can contact the Department of Education and Training:  
[child.safe.schools@edumail.vic.gov.au](mailto:child.safe.schools@edumail.vic.gov.au)

## Child Safe Standards – Standard Two

### Commitment to Child Safety Policy

#### Purpose

The child safe policy sets out the school's approach to creating a child safe organisation where children and young people are safe and feel safe; and provides the policy framework for the school's approach to the Child Safe Standards.

#### Scope and Audience

The policy covers all staff, volunteers, contractors (whether they come into contact with children and applies to all school related activities including those beyond the school environment i.e. excursions, holiday programs etc.

#### Our commitment to child safety

Monash Children's Hospital School is committed to safety and wellbeing of all children and young people. This will be the primary focus of our care and decision-making. **The school has zero tolerance for child abuse.** The school is committed to providing a child safe environment where children and young people are safe and feel safe, and their voices are heard about decisions that affect their lives. Particular attention will be paid to cultural safety of Aboriginal children, young children, children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability or significant health condition.

Every person involved in the school has a responsibility to understand the important and specific role s/he plays individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.

In its planning, decision making and operations Monash Children's Hospital School will:

- take a preventative, proactive and participatory approach to child safety;
- value and empower children to participate in decisions which affect their lives;
- foster a culture of openness that supports all persons to safely disclose risks of harm to children. This will be supported by all staff understanding their child safety role, being mindful of and building respectful and safe relationships between children and their teachers and other school staff;
- respect diversity in cultures and child rearing while keeping child safety paramount;
- provide written guidance on appropriate conduct and behaviour towards children;
- engage only the most suitable people to work with children and high quality staff and volunteer supervision and professional development;
- ensure children know who to talk with if they are worried or are feeling unsafe, and that they are comfortable and encouraged to raise issues. Our school is structured around health conditions and will be based on the various paediatric wards and or mental health units and so all children will be able to forge respectful relationships in their paediatric wards/mental health units/day treatment units with multiple teachers thereby giving them opportunities to seek support from a number of significant others in their immediate day to day learning environment.

### Policy and Procedures

Policies and procedures outlining the school's approach to the Child Safe Standards are outlined below. The school's Child Safe Leader may be contacted for more information. For the interim period, while the school is established, contact can be made with the School Principal.

#### A Child Safe Culture

The school's culture encourages staff to raise, discuss and scrutinize concerns making it more difficult for abuse to occur and remain hidden.

- Monash Children's Hospital School is committed to child safety.
- We want children to be safe, happy and empowered. We support and respect all children, as well as our staff and volunteers.
- We are committed to the safety, participation and empowerment of all children.

- We have zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.
- We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.
- Our school is committed to preventing child abuse and identifying risks early, and removing and reducing these risks.
- Our school has robust human resources and recruitment practices for all staff and volunteers.
- Our school is committed to regularly training and educating our staff and volunteers on child abuse risks.
- We support and respect all children, as well as our staff and volunteers. We are committed to the cultural safety of Aboriginal children, the cultural safety of children from culturally and/or linguistically diverse backgrounds, young children and to providing a safe environment for children with a disability or significant health condition.
- We have policies, procedures and training in place that support our leadership team, staff and volunteers to achieve these commitments.

### **Our children**

This policy is intended to empower children who are vital and active participants in our school. We involve them when making decisions, especially about matters that directly affect them. We listen to their views and respect what they have to say.

We promote diversity and tolerance in our school, and people from all walks of life and cultural backgrounds are welcome. In particular we:

- promote the cultural safety, participation and empowerment of Aboriginal children
- promote the cultural safety, participation and empowerment of children from culturally and/or linguistically diverse backgrounds
- promote the safety, participation and empowerment of children who are inpatients/outpatients and have significant health conditions
- ensure that the safety of particularly young children are considered
- ensure that children with a disability are safe and can participate equally.

### **Our staff and volunteers**

This policy guides our staff and volunteers on how to behave with children in our school.

All of our staff and volunteers must agree to abide by our code of conduct which specifies the standards of conduct required when working with children. All staff and volunteers, as well as children and their families, are given the opportunity to contribute to the development of the code of conduct. (Appendix three). Please note that all volunteers at Monash Children's Hospital School must participate in, and complete the Monash Health Volunteers Induction program and also complete the induction online modules. I.e. hand hygiene. iBelong etc.

The school's plan for creating a child safe culture can be found on the school's website and in other written documentation available from the school.

#### Personnel understand their roles and responsibilities/Code of Conduct

School leaders and managers will ensure that each person understands their role, responsibilities and behaviour in protecting children and young people from abuse and neglect. Staff will comply with the school's Code of Conduct. The Code will be discussed and a shared/collective staff understanding of the Code's content will form part of the first curriculum day of each school year, to tune staff into their child safe responsibilities. New staff will have the Code of Conduct provided to them as part of their induction, so that they too will have the same understanding as all other staff, and in turn, apply it accordingly. The school's Code of Conduct sets out clear

awareness of the difference between appropriate and inappropriate behaviour and can be found on the school's website alongside the Child Safe Policy.

### Human Resources, Practices and Training

The school applies best practice and standards in the recruitment and screening of staff, and will take all reasonable steps to ensure that it engages the most suitable and appropriate people to work with children. We will ensure that staff induction, education and training programs are a vital part of our commitment to safeguarding children and young people from abuse and neglect. All prospective staff and volunteers are required to undergo National Criminal History Records check and maintain a valid Working With Children Check. We take all reasonable steps to employ skilled people to work with children. We develop selection criteria and advertisements which clearly demonstrate our commitment to child safety and an awareness of our social and legislative responsibilities. Our school understands that when recruiting staff and volunteers we have ethical as well as legislative obligations.

We carry out reference checks and police record checks to ensure that we are recruiting the right people. Police record checks are used only for the purposes of recruitment. If during the recruitment process a person's records indicate a criminal history then the person will be given the opportunity to provide further information and context.

### Training and supervision

Training and education is important to ensure that everyone in our school understands that child safety is everyone's responsibility.

Our school culture aims for all staff and volunteers (in addition to parents/carers and children) to feel confident and comfortable in discussing any allegations of child abuse or child safety concerns. We train our staff to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse.

We also support our staff and volunteers through ongoing supervision to: develop their skills to protect children from abuse; and promote the cultural safety of Aboriginal children, the cultural safety of children from linguistically and/or diverse backgrounds, and the safety of children with a disability or with a significant health condition.

New employees and volunteers will be supervised regularly to ensure they understand our school's commitment to child safety and that everyone has a role to play in protecting children from abuse, as well as checking that their behaviour towards children is safe and appropriate (please refer to this school's code of conduct to understand appropriate behaviour further). Any inappropriate behaviour will be reported through appropriate channels, including the Department of Health and Human Services and Victoria Police, depending on the severity and urgency of the matter.

The school's approach to human resources practices that ensure child safety can be found on the school's website along with other key school policies.

### Allegations, Reporting a child safety concern or complaint

The school has clear expectations for staff and volunteers in making a report about a child or young person who may be in need of protection. Immediate action should include reporting their concerns to the DHHS Child Protection or another appropriate agency and notifying the principal or a member of the school leadership team of their concerns and the reasons for those concerns. The school will take action to respond to a complaint.

The safety and wellbeing of children is our primary concern. We are also fair and just to personnel. The decisions we make when recruiting, assessing incidents, and undertaking disciplinary action will always be thorough, transparent, and based on evidence.

We record all allegations of abuse and safety concerns including investigation updates. All records are securely stored. The school's policy and procedures for reporting a child safety concern or complaint can be found on the school's website along with other key school policies.

Our school takes all allegations seriously and has practices in place to investigate thoroughly and promptly. Our staff and volunteers are trained to deal appropriately with allegations.

We work to ensure all children, families, staff and volunteers know what to do and who to tell if they observe abuse or are a victim, and if they notice inappropriate behaviour.

We all have a responsibility to report an allegation of abuse if we have a reasonable belief that an incident took place.

If an adult has a **reasonable belief** that an incident has occurred then they must report the incident. Factors contributing to reasonable belief may be:

- a child states they or someone they know has been abused (noting that sometimes the child may in fact be referring to themselves)
- behaviour consistent with that of an abuse victim is observed
- someone else has raised a suspicion of abuse but is unwilling to report it
- observing suspicious behaviour.

### **Legislative responsibilities**

- **Failure to disclose:** Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who have a reasonable belief that an adult has committed a sexual offence against a child under 16 have an obligation to report that information to the police.
- **Failure to protect:** People of authority in our school will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.
- Any personnel who are **mandatory reporters** must comply with their duties.

### Risk Reduction and Management

Our school takes our legal responsibilities seriously, including:

- All Victorian Teachers have a legal responsibility to report incidents where children's safety is at risk. Victorian Government School employees are expected to follow the DET Mandatory Reporting policy which can be found at <http://www.education.vic.gov.au/school/principals/spag/safety/Pages/childprotection.aspx>

The school believes the wellbeing of children and young people is paramount, and is vigilant in ensuring proper risk management processes. The school recognises there are potential risks to children and young people and will take a risk management approach by undertaking preventative measures.

We have risk management strategies in place to identify, assess, and take steps to minimise child abuse risks, which include risks posed by physical environments (for example, any doors that can lock), and online environments (for example, no staff or volunteer is to have contact with a child in schools on social media).

The school's approach to Child Safety risk reduction and management can be found on the school's website along with all other school policies.

### **Child safety can be improved by removing or reducing the risk of harm.**

Monash Children's Hospital School has the following in place to reduce the risk of harm to children:

- A child safety policy that outlines a commitment to child safety and provides guidance on how to create a child safe environment.
- A code of conduct is enforced and sets out clear expectations about appropriate behaviour towards children and obligations for reporting a breach of the code.
- All new staff and volunteers are appropriately screened, including reference checks, before commencing employment with the organisation (in addition to Working with Children Checks or Victorian Institute of Teaching registration).
- Training is provided to staff in prevention, identification and response to child safety risks, including reporting requirements and procedures

If staff /other school personnel are unsure whether to take action, or what action they should take, they are to discuss this with the Principal/Assistant Principal and/or Child Safe Leader and make contact with authorities for further advice.



## Communication Approaches for Volunteers and Contractors

Volunteers and contractors may be engaged in work at a school regularly or occasionally, for long or short periods of time. Volunteers and contractors need to understand their responsibilities for child safety and the college's arrangements under standard one and standard two. Please note that contractors at the hospital will be required to also follow Monash Health guidelines in relation to these 2 standards.

These approaches include:

- providing advice on the website about what to expect if working in or volunteering at the school e.g. that volunteers are required to adhere to the child safety code of conduct
- clear notices about contractor and volunteer responsibilities in areas they are likely to spend time in such as the child life therapy rooms or on the respective paediatric wards/mental health units
- provision of relevant child safety information in tendering and contracting information packages and volunteer induction kits / sessions.

## Communication with Families

Monash Children's Hospital School has a number of measures in place to communicate with families of children enrolled at the school. These measures are likely to include the school's website and an online communication portal for individual and group messages, school events and information evenings to share information.

Communications strategies to inform families of the school's arrangements include:

- asking families to acknowledge they have read information sent to them with either a reply email
- Inclusion of information about Child Safe standards in parent information packs e when enrolling in the school
- adapting the examples provided in the *VRQA Child Safety Code of Conduct – Acceptable and Unacceptable Behaviour* information sheet to show the standards in day-to-day application within the school community.
- providing translations of key messages from the standards for families into one or more languages other than English, depending on the school's/hospital's community.

## Communicating Child Safe Expectations to Visitors

Visitors to Monash Children's Hospital School form part of the school's community. Communication approaches include:

- providing advice on the website about what to expect if visiting the school
- displaying clear notices about visitor and volunteer responsibilities in areas they are likely to frequent, such as the respective paediatric wards/mental health units

## Confidentiality and Privacy

The school collects, uses and discloses information about particular children and their families in accordance with Victorian privacy laws. All personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, parents or children, unless there is a risk to someone's safety. We have safeguards and practices in place to ensure any personal information is protected. Everyone is entitled to know how this information is recorded, what will be done with it, and who will have access to it.

## Definitions

A full list of definitions for Ministerial Order No. 870 is available at [www.vrqa.vic.gov.au/childsafe](http://www.vrqa.vic.gov.au/childsafe).

**Child abuse** includes—

- any act committed against a child involving—
  - a sexual offence or
  - an offence under section 49B(2) of the Crimes Act 1958 (grooming)
- the infliction, on a child, of—
  - physical violence or
  - serious emotional or psychological harm
- serious neglect of a child.



**Child-connected work** means work authorised by the school governing authority and performed by an adult in a school environment while children are present or reasonably expected to be present.

**Child safety** encompasses matters related to protecting all children from child abuse, managing the risk of child abuse, providing support to a child at risk of child abuse, and responding to incidents or allegations of child abuse.

**School environment** means any physical or virtual place made available or authorised by the school governing authority for use by a child during or outside school hours, including:

- a campus of the school
- online school environments (including email and intranet systems)
- other locations provided by the school for a child's use (including, without limitation, locations used for school camps, sporting events, excursions, competitions, and other events).

**School staff** means:

- in a government school, an individual working in a school environment who is:
  - employed under Part 2.4 of the Education and Training Reform Act 2006 (ETR Act) in the government teaching service or
  - employed under a contract of service by the council of the school under Part 2.3 of the ETR Act or
  - a volunteer or a contracted service provider (whether or not a body corporate or any other person is an intermediary).
- in a non-government school, an individual working in a school environment who is:
  - directly engaged or employed by a school governing authority
  - a volunteer or a contracted service provider (whether or not a body corporate or any other person is an intermediary)
  - a minister of religion<sup>1</sup>.
- **School governing authority** means:
  - The proprietor of a school, including a person authorised to act for or on behalf of the proprietor; or
  - The governing body for a school (however described), as authorised by the proprietor of a school or the ETR Act; or
  - The principal, as authorised by the proprietor of a school, the school governing body, or the ETR Act.

#### References and Resources

Victorian Government, Education & Reform Act 2006, Gazette No. S2, January 2016, Child Safe Standards – Managing the Risk of Child Abuse in Schools, Ministerial Order No. 870.

Victorian Registration and Qualification Authority (2016) Information Sheet. **CHILD SAFETY STANDARD 1: Strategies to embed an organisational culture of child safety.**

### Child Safe Code of Conduct

The purpose of this Code of Conduct is to guide school staff in identifying and regulating their own behaviour and the behaviour of other school staff, and to protect children from abuse in the school environment. Monash Children's Hospital School will, develop, adopt, review and maintain a Child Safety Code of Conduct and have this endorsed by the School Council.

The Code of Conduct is consistent with school policies related to student supervision, duty of care, volunteers, excursions, anti-bullying policy and disciplinary procedures described in the Student Engagement Policy.

Monash Children's Hospital School is committed to the safety and wellbeing of children and young people. Our school community recognises the importance of, and a responsibility for, ensuring our school is a safe, supportive and enriching environment which respects and fosters the dignity and self-esteem of children and young people, and enables them to thrive in their learning and development.

This Code of Conduct aims to protect children and reduce any opportunities for child abuse or harm to occur. It also assists in understanding how to avoid or better manage risky behaviours and situations. It is intended to complement child protection legislation, Department policy, school policies and procedures and professional standards, codes or ethics as these apply to staff and other personnel.

The Principal and school leaders will support implementation and monitoring of the Code of Conduct, and will plan, implement and monitor arrangements to provide inclusive, safe and orderly schools and other learning environments. The Principal and school leaders will also provide information and support to enable the Code of Conduct to operate effectively.

All staff, contractors, volunteers and any other member of the school community involved in child-related work are required to comply with the Code of Conduct by observing expectations for appropriate behaviour below as well as the comprehensive Monash Health Induction program. The Code of Conduct applies in all school situations, including in the use of digital technology and social media. All staff, volunteers and school council members of Monash Children's Hospital School are required to observe child safe principles and expectations for appropriate behaviour towards and in the company of children, as noted below.

### Embedding the Code of Conduct

To ensure the Code is fully appreciated, understood and applied by all school staff (employees, contractors and volunteers) and parents the following actions will be taken:

- Ensure that all school staff (employees, contractors and volunteers) and parents are aware of the code and how it applies;
- Inclusion of the Code as part of the induction for new staff;
- Inclusion of the Code in induction for all pre-service teachers;
- Inclusion of the Code as part of annual training for existing school staff (employees, contractors and volunteers);
- Discussion of the Code at staff meetings; communication of the Code through school communication channels including email, online communication system, intranet, shared drive, team meetings and Consultative Committee meetings; as well as shared spaces including the staff room and office areas
- Informing parents/carers and other persons associated with the school of the expected behaviour for the school's leadership, staff, contractors and volunteers;
- Using the school's and the Department's reporting procedures should breaches of the Code be suspected or identified;
- Including the Code in employment advertisements and service contractors to ensure compliance;
- Communication to students in an appropriate way;

### Acceptable behaviours

As staff, volunteers, contractors, and any other member of the school community involved in child-related work individually, we are responsible for supporting and promoting the safety of children by:

- upholding the school's statement of commitment to child safety at all times, adhering to the school's child safe policy.

- communicating with students and families in the school community with respect both within the school environment and outside the school environment as part of normal social and community activities.
- listening and responding to the views and concerns of students, particularly if they are telling you that they or another child has been abused or that they are worried about their safety/the safety of another child
- promoting the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander students
- promoting the cultural safety, participation and empowerment of students with culturally and/or linguistically diverse backgrounds
- promoting the safety, participation and empowerment of students with significant health conditions
- promoting the safety, participation and empowerment of students with a disability
- promoting the safety, participation and empowerment of young children
- reporting any allegations of child abuse or other child safety concerns to the school's leadership or Child Safety Leader.
- understanding and complying with all reporting or disclosure obligations (including mandatory reporting) as they relate to protecting children from harm or abuse.
- if child abuse is suspected, ensuring as quickly as possible that the student(s) are safe and protected from harm.

### **Unacceptable behaviours**

As staff, volunteers, contractors, and any other member of the school community involved in child-related work we must not:

- ignore or disregard any concerns, suspicions or disclosures of child abuse
- develop a relationship with any student that could be seen as favouritism or amount to 'grooming' behaviour (for example, offering gifts)
- exhibit behaviours or engage in activities with students which may be interpreted as abusive and not justified by the educational, therapeutic, or service delivery context
- ignore behaviours by other adults towards students when they appear to be overly familiar or inappropriate
- discuss content of an intimate nature or use sexual innuendo with students, except where it occurs relevantly in the context of parental guidance, delivering the education curriculum or a therapeutic setting
- treat a child unfavourably because of their disability, age, gender, race, culture, vulnerability, health condition, sexuality or ethnicity.
- communicate directly with a student through personal or private contact channels (including by social media, email, instant messaging, texting etc.) except where that communication is reasonable in all the circumstances, related to school work or extra-curricular activities or where there is a safety concern or other urgent matter
- photograph or video a child in a school environment except in accordance with school policy or where required for duty of care purposes. The school must obtain consent before taking and publishing photos of a student. Written consent is sought at the beginning of each school year from parent/carers. This applies for excursions and school activities.
- in the school environment or at other school events where students are present, consume alcohol or take illicit drugs under any circumstances.
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### **Making a professional judgement**

Adults at Monash Children's Hospital School will:

- Make judgements about their behaviour in order to secure the best interests and welfare of the child
- Discuss any misunderstandings, accidents or threats with a member of School Leadership or Child Safe Leader
- Be aware of their position of trust and ensure an unequal balance of power is not used for their own or others personal advantage or gratification
- Not use their position to intimidate, bully, humiliate, threaten, coerce or undermine children
- Maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others
- Not promote relationships which create a personal friendship or are of an inappropriate nature.

### **Personal/living space**

Adults at Monash Children's Hospital School will:

- Not invite a child into their home or any home or domestic setting frequented by them, unless the reason for this has been firmly established and agreed with parents and School Leadership or the home has been designated as a work place e.g. childminders, foster carers
- Be vigilant in maintaining their own privacy and mindful of the need to avoid placing themselves in vulnerable situations
- Not ask children to undertake personal jobs or errands
- Maintain professional boundaries.

### **Gifts, rewards and favouritism**

Adults at Monash Children's Hospital School will:

- Be aware of the Department of Education and Training's policy on the giving and receiving of gifts
- Ensure that gifts received or given in situations that may be misconstrued are declared
- Gift giving to an individual as part of a reward system should be avoided, instead, be based on collective or team based positive reinforcement.
- Ensure that if operating reward/award systems, methods and criteria for selection of children for awards are fair and transparent.

### **Infatuations**

Adults at Monash Children's Hospital School will:

- Deal with infatuations sensitively and appropriately to maintain the dignity and safety of all concerned
- Make sure their own behaviour is beyond reproach
- If they become aware of an infatuation developing or any indications that it may, record it and discuss it with a School Leadership member or the Child Safe Leader so that action can be taken to avoid any hurt, distress or embarrassment.

### **Communication (including the use of technology)**

Adults at Monash Children's Hospital School will:

- Ensure communication takes place within clear and explicit professional boundaries this includes the wider use of technology such as mobile phones, text messaging, e-mails, digital cameras, videos, web-cams, websites, and blogs.
- Not share any personal information with a child
- Not request, or respond to, any personal information from a child, other than that which may be appropriate as part of their professional role
- Not give their personal contact details to children, including their mobile number, home phone or personal e-mail address, unless the need to do so is agreed with School Leadership and parents
- Only use equipment e.g. mobile phones, provided by their organisation to communicate with children, making sure that parents/carers have given permission for this form of communication to be used
- Only make contact with children for professional reasons and in accordance with school policy
- Only use text messaging as a last resort when no other forms of communication are possible
- Not use internet, web-based or social media communication channels to send messages
- Use internal e-mail systems in accordance with the school's policy.

### **Social Contact**

Adults at Monash Children's Hospital School will:

- Not have social contact with children unless the reason for this has been firmly established and agreed with School Leadership
- Not have secret social contact with children and/or their parent(s);
- Always approve any planned social contact with children with School Leadership
- Advise School Leadership or Child Safe Leader of any social contact that has occurred which may raise concern
- Report and record any situation which may place a child at risk or may compromise the organisation or their own professional standing.

## **Sexual Contact**

Adults at Monash Children's Hospital School will:

- Not engage in sexual activity with or in the presence of a child, or cause or incite a child to engage in or watch sexual activity, to do so would be considered a criminal offence;
- Not have any form of communication which could be interpreted as sexually suggestive or provocative or make sexual remarks to, or about a child either verbally, written or electronically
- Not discuss their own sexual relationships with or in the presence of children
- Ensure relationships take place within boundaries of respect and professionalism
- Ensure language, attitudes and demeanour do not give rise to comment or speculation
- Be aware that consistently displaying special attention and favour upon a child might be construed as part of a grooming process, and as such will give rise to concerns about behaviour.

## **Physical Contact**

Adults at Monash Children's Hospital School will:

- Be aware that even well intentioned physical contact may be misconstrued by the child, an observer or by anyone to whom this action is described
- Only have physical contact with a child when it is necessary and in ways which are appropriate to their professional or agreed role and responsibilities, never touch a child in a way which may be considered indecent
- Be aware of the child's reactions or feelings and, as far as possible, only use a level of contact which is acceptable to the child and for the minimum time necessary
- Seek permission from the child or the parent, if the child is very young, before physical contact is made and agree what contact is acceptable;
- Not assume that when a child is distressed they seek physical comfort;
- Always be prepared to report and explain actions and accept that all physical contact is open to scrutiny
- Always encourage children, where possible to undertake self-care tasks independently
- Be aware of cultural or religious views about touching and be sensitive to issues of gender
- Where there is regular physical contact needed, the nature of this must be agreed with School Leadership and the parent as part of a formally agreed plan e.g. assisting the child from their wheelchair etc.
- Where a child initiates inappropriate physical contact, you must sensitively deter them and help them understand the importance of personal boundaries.

## **Behaviour Management**

Adults at Monash Children's Hospital School will:

- Not use any form of degrading treatment towards a child
- Not use sarcasm, demeaning or insensitive comments
- Ensure any sanctions and rewards are part of an agreed behaviour management policy
- Try to defuse situations before they escalate
- Never use corporal punishment
- Follow the behaviour policy and only use physical intervention in exceptional circumstances and as a last resort, when other behaviour management strategies have failed and where there is a risk of physical injury or serious damage to property. In regards to restraint of a child/young person a 'Code Grey' is actioned through the Monash Health emergency system.
- When using physical intervention, use the minimum force necessary and techniques in line with recommended policy and practice and always report and document the incident. Monash Health Code Grey is called and implemented.
- Be mindful of other factors which may be impacting on a child's behaviour, i.e. bullying, changes in home circumstances

*Note: the use of unwarranted physical force is likely to constitute a criminal offence.*

## **Personal/Intimate Care**

Adults at Monash Children's Hospital School will:

- Adhere to the schools Code of Conduct
- Make other staff aware of the task being undertaken
- Explain to the child what is happening

- Carefully and sensitively observe the emotional responses of the child, and record and report any concerns to School Leadership and parents, if appropriate
- Respect children's privacy at all times
- Avoid any physical contact when children are in a state of undress, other than as part of an agreed care plan
- Not change, in the same place as children
- Not shower or bathe with children
- Not assist with any personal care task which a child can undertake themselves. This will be the responsibility of the Monash Health professionals if needed.

### **One to one situations/home visits**

Adults at Monash Children's Hospital School will:

- Ensure that, when working alone is an integral part of their role, full and appropriate risk assessments have been agreed.
- Avoid meetings with a child in secluded areas
- Always inform colleagues (health and education) and/or parents about one to one contact beforehand, assessing the need to have them present or close by.
- When working in the patient's room keep the door open, where possible, and the bedside curtains open – retaining a direct line of sight into and out of the room. If the door is closed, the blinds are open.
- When working with students from the Stepping Stones Unit, one on one sessions should be performed at the classroom or in communal spaces and not bedside.
- When working with students from the Oasis Unit, one to one teaching will be performed in the communal spaces.
- If working with a child in one of the classrooms, please ensure location of the session is recorded on the child's bedside whiteboard.
- Avoid the use of 'engaged' or equivalent signs, where ever possible, these create an opportunity for secrecy or the interpretation of secrecy
- Carefully consider the need of the child when in one to one situation and always report any situation where the child becomes distressed or angry towards you to the nursing staff and to a member of the MCHS Leadership Team.
- Gain approval from school leadership for any home visit ensuring it is integral part of your role.
- Never put yourself into a one to one situation when little or no information is available about the child.

### **Transporting**

Adults at Monash Children's Hospital School will:

- Ensure requirements specific to seat belts and car seats are adhered to
- Not offer lifts outside normal working duties unless this has been brought to the attention of school leadership and been agreed with parents
- Ensure they are fit to drive and free from any drugs, alcohol or medicine that is likely to impair judgement or ability to drive
- Record details of the journey in accordance with agreed DET procedures
- Ensure that there are proper procedures in place for vehicle, passenger and driver safety, including appropriate insurance;
- Ensure that any impromptu or emergency lifts are recorded and can be justified if questioned.

### **Excursions and Camps**

Adults at Monash Children's Hospital School will:

- Recognise that they are in a position of trust and ensure that their behaviour remains professional at all times and stays clearly within defined boundaries
- Ensure staff/child ratios and gender mix are appropriate
- Always have another adult present in out of work activities, unless otherwise agreed with by school leadership
- Ensure risk assessments are undertaken
- Have parental consent to the activity  
(please note that Monash Children's Hospital School does not run school camps)

## **Photography and Videos**

Adults at Monash Children's Hospital School will:

- Be clear about the purpose of any activity involving photography and what will happen to the images when the activity is concluded
- Be able to justify the reason for having images of children in their possession
- Avoid making images in one to one situations or situations that may be construed as secretive or which show a single child with no surrounding context
- Only use equipment provided or authorised by their school
- Immediately report any concerns if any inappropriate or intrusive images are found
- Have parental consent to take, display and/or distribute any images of children
- Not use images that may cause distress or offence

## **Access to inappropriate images and internet usage**

Adults at Monash Children's Hospital School will:

- Not access, make or store indecent images of children on the internet, to do so would be illegal and lead to a criminal investigation
- Not make or store images of children, gathered as a result of their work, on personal equipment
- Follow their schools guidance on the use of ICT equipment
- Ensure that children are not exposed to unsuitable material through ICT
- Ensure that any materials shown to children are age appropriate
- Immediately report any concerns, if any inappropriate or intrusive images are found, to the school leadership and follow mandatory reporting policy.

## **Reporting and raising concerns**

Adults at Monash Children's Hospital School are accountable for:

- Reporting and raising concerns about staff/volunteer/contractor conduct
- Failing to Protect and/or Disclose offences against children



## Human Resource Practices

### Overview

Human resource practice (HRP) at Monash Children's Hospital School includes recruitment, training and supervision of all personnel. School Council needs to be satisfied about the appropriateness of the schools HRP arrangements which will comply with the Department of Education and Training (DET) recruitment practices and guidelines.

We will provide opportunities for employees and volunteers to understand the importance of child safety along with the expectations and accountabilities of all staff and/or volunteers in ensuring child safe practice is embedded at Monash Children's Hospital School.

### Recruitment

The table below outlines the steps that will be implemented to meet the requirements of Standard 4.

Requirement	Departmental action	School action
1. <i>Each job or category of jobs for school staff (including non-teaching staff) that involves child connected work must have clear statements regarding the child safety requirements of the role and the expectations of the occupant</i>	<ul style="list-style-type: none"> <li>The 'Recruitment in Schools' Guide requires that position descriptions for all new positions are to include the following standard 'Child safe environments' clause:  <i>"Victorian government schools are child safe environments. Our schools actively promote the safety and wellbeing of all students, and all school staff are committed to protecting students from abuse or harm in the school environment in accordance with their legal obligations including the Child Safe Standards. The school's Child Safety Code of Conduct is available on the school's website."</i> </li> <li>Position descriptions generated in Recruitment Online (ROL) will include a standard clause regarding child safety.</li> <li>The Principal Class Contract of Employment now includes the text italicized as below:</li> </ul> <p>Preamble:</p> <p><i>The aims of the Department include: "... the provision of a child safe environment"</i></p> <p>Schedule B – Accountabilities of a principal – Student Support:</p> <p><i>"Pt 2) Plan, implement and monitor arrangements to ensure the care, safety, security and general well-being of all students in attendance at the school including compliance with the Child Safe Standards"</i></p>	<ul style="list-style-type: none"> <li>Ensure that position descriptions for all new positions include the standard 'Child safe environments' clause as provided in the 'Recruitment in Schools' Guide.</li> <li>For existing staff, volunteers, contractors, the school will promote and embed the Child Safety Code of Conduct in accordance with Standard 3.</li> <li>Principal Class Contract of Employment now references Child Safe Standards.</li> </ul>
2. <i>All applicants for jobs (either teaching or</i>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>

Requirement	Departmental action	School action
<p><i>non-teaching) that involve child connected work for the school must be informed about the school's child safety practices (including the code of conduct).</i></p>		
<p>3. <i>In accordance with any applicable legal requirement or school policy, the school must make reasonable efforts to gather, verify and record the following information about a person whom it proposes to engage to perform child connected work :</i></p> <p>4. <i>The school need not comply with the requirements in step (3) above if it has already made reasonable efforts to gather, verify and record the information about a particular individual within the previous 12 months</i></p>	<ul style="list-style-type: none"> <li>The 'Recruitment in Schools' Guide advises that the Principal, prior to an external applicant person commencing employment, must be satisfied that the person: <i>"meets the Child Safe Standards."</i></li> </ul> <p><a href="http://www.education.vic.gov.au/about/programs/health/protect/Pages/childsafestandards.aspx">http://www.education.vic.gov.au/about/programs/health/protect/Pages/childsafestandards.aspx</a></p>	<ul style="list-style-type: none"> <li>Principals implement practices to ensure that they are satisfied an external applicant <i>meets the Child Safe Standards</i> prior to the applicant's employment including: <ul style="list-style-type: none"> <li>a) Interview processes</li> <li>b) Working with Children Check status, or similar check;</li> <li>c) proof of personal identity and any professional or other qualifications;</li> <li>d) the person's history of work involving children; and</li> <li>e) references that address the person's suitability for the job and working with children.</li> </ul> </li> </ul>
<p>5. <i>The school must ensure that appropriate</i></p>	<ul style="list-style-type: none"> <li>DET Induction portal to reflect Child Safe requirements for new and beginning teachers, mentors and buddies</li> </ul>	<ul style="list-style-type: none"> <li>All new or returning staff participate in an</li> </ul>

Requirement	Departmental action	School action
<i>supervision or support arrangements are in place in relation to induction and continuing suitability for child connected work. (Includes volunteers, sessional staff, contractors)</i>	<ul style="list-style-type: none"> <li>https://edugate.eduweb.vic.gov.au/edrms/keyprocess/teachers-induction/Pages/Home.aspx</li> </ul>	induction program based on DET's induction portal <ul style="list-style-type: none"> <li>Position descriptions (PD) for general volunteers helper roles are developed</li> <li>PDs for contractors, sessional staff e.g. Holiday period teachers re their roles and school expectations</li> </ul>
6. <i>The school must implement practices that enable the school governing authority to be satisfied that people engaged in child-connected work perform appropriately in relation to child safety</i>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>School Council to oversee and review Standard 4 as part of the MCH School's Annual Action Plan [Standard 1] and School Child Safe Environments policy [Standard 2]</li> </ul>

## Training and induction

Training and education is an important strategy to help people understand that child safety is everyone's responsibility.

Staff will receive induction and ongoing training in Child Safe standards. New staff will be provided with support and information when they begin their new role and existing staff will be provided with ongoing support to develop new skills and knowledge to meet the requirements of their positions. Child Safety will be a standing item on staff and other team agendas with DET's PROTECT resources providing the basis for ongoing learning.

### Employees and volunteers working with children will receive training in the following areas:

- identifying, assessing and reducing or removing child abuse risks
- Monash Children's Hospital School's policies and procedures (including the Code of Conduct and Child Safe Policy)
- legislative requirements, such as obligations to protect and report child abuse, reduce and remove known risks of child abuse, and to hold Working with Children Checks where required

- how to handle a disclosure or suspicion of abuse, including your organisation's reporting guidelines
- cultural awareness training

#### **Training can be formal such as:**

- higher education training and accreditation
- training offered by external organisations
- training developed and delivered internally by the school or hospital
- on-the-job training meeting key objectives
- mentoring and coaching

The school will use a part of its mandated curriculum day at the commencement of each school year or a PD session within the first 2 weeks of the year to allow the staff to undertake the on-line learning module: <http://www.elearn.com.au/det/protectingchildren/schools/> and the Monash Health iBelong induction module

#### **Supervision**

Supervision of employees and volunteers is managed in a way that protects children from abuse and improves accountability and performance, without being onerous or heavy-handed. For instance, where practical, two staff members are present during activities with children. In particular, children with a disability or specific medical condition may require additional supervision.

#### **Performance and development review**

A proactive performance development strategy is used to improve employees and volunteers skills and knowledge on child safety. This is also an opportunity to improve knowledge and skills in working with children, as well as recognising and responding to suspected abuse.

Performance is measured against Department of Education and Training, Victorian Institute of Teaching and Monash Children's Hospital School standards of conduct and care to ensure that employees and volunteers meet expected outcomes. These standards align with those of the Code of Conduct and Child Safe Policy so everyone can be aware of the expectations of our school and appropriate behaviour.

#### **Code of conduct and disciplinary procedures**

Disciplinary procedures are accessible and transparent and clearly demonstrate the consequences of breaches of the code of conduct. These procedures will be used if an allegation of child abuse is made, or a breach of the code of conduct is known or suspected.

Employees and volunteers will be made aware of reporting and disciplinary procedures and how to communicate concerns regarding the improper behaviour of any person within Monash Children's Hospital School. Members of our school will also be made aware of their duty to raise concerns about the behaviour of any person who may present a risk of child abuse, without fear of repercussions.

Our Code of Conduct is to be publicly available. Children and their families will be encouraged to raise any concerns about the behaviour of any person, and can expect to be listened to and supported.

#### **Further information**

Further information on [child safe standards](http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/creating-child-safe-organisations) can be found on the Department of Health and Human Services' website <[www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/creating-child-safe-organisations](http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/creating-child-safe-organisations)>.

Additional resources for organisations in the child safe standards toolkit can be found on the [Department of Health and Human Services website](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards): <[www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards)>. In particular, [An Overview to the Victorian child safe standards](http://www.dhs.vic.gov.au/___data/assets/word_doc/0005/955598/Child-safe-standards_overview.doc), has information to help organisations understand the requirements of each of the child safe standards, including examples of measures organisations can put in place, a self-audit tool and a glossary of key terms: <[www.dhs.vic.gov.au/\\_\\_\\_data/assets/word\\_doc/0005/955598/Child-safe-standards\\_overview.doc](http://www.dhs.vic.gov.au/___data/assets/word_doc/0005/955598/Child-safe-standards_overview.doc)>

## Child Safe Standards – Standard Five

### Responding to allegations of suspected child abuse

This policy statement should be read in conjunction with Monash Children's Hospital School's mandatory Reporting policy.

At Monash Children's Hospital School, procedures for responding to allegations of child abuse apply to allegations or disclosures of child abuse made in relation to a child, by school staff, visitors or any other person connected to our school environment. Whether a school staff member, visitor, maintenance person, contract staff member etc., each adult has a duty to take reasonable steps to protect children under their care and/or supervision from harm that is reasonably foreseeable (this applies to ALL persons connected to the school environment). Please note that all maintenance at the Monash Children's Hospital will be organised, coordinated and overseen by Monash Health. The question of what constitutes "**reasonable steps**" will depend on the individual circumstances of each case. In relation to suspected child abuse, reasonable steps may include (but are not necessarily limited to):

- acting on concerns and suspicions of abuse as soon as practicable,
- seeking appropriate advice or consulting with other professionals or agencies when the school staff member is unsure of what steps to take
- reporting the suspected child abuse to appropriate authorities such as the Victoria Police and DHHS Child Protection,
- arranging counselling and/or other appropriate welfare support for the child providing on-going support to the child – this may include attending DHHS Child Protection Case Planning meetings.
- convening regular Student Support Group meetings
- sharing information with other school based staff who will also be responsible for monitoring and providing on-going support to the child. It is particularly important for visitors and/or others associated with the school such as contractors, maintenance personnel etc. to seek out school personnel who can assist and advise regarding further steps that need to be taken.

#### **NOTE: Duty of care also extends to students who are:**

- **aged 17 years and over** In circumstances where you suspect that a student over the age of 17 is subject to abuse you should still follow the Four Critical Actions for Schools: Responding to Incidents, Disclosures or Suspicions of Child Abuse . Although DHHS Child Protection work with children under 17 they can still be contacted with concerns relating to students 17 and over for referral and advice.
- **involved in student sexual offending** You have a duty of care towards all students involved in student sexual offending, including the alleged victim, assailant and any other students in the school who may have witnessed and/or been affected by the abusive behaviour.

#### **Different types of abuse and recognising the possible physical and behavioural indicators of:**

- physical abuse
- sexual abuse
- grooming
- emotional or physiological harm
- neglect
- family violence.

When identifying child abuse, it is critical to remember that:

- the trauma associated with child abuse can significantly impact upon the wellbeing and development of a child
- all concerns about the safety and wellbeing of a child, or the conduct of a staff member, contractor or volunteer must be acted upon as soon as practicable.

### **What is physical child abuse?**

Physical child abuse can consist of any non-accidental infliction of physical violence on a child by any person. Examples of physical abuse may include beating, shaking or burning, assault with implements and female genital mutilation (FGM).

### **PHYSICAL indicators of physical child abuse include (but are not limited to):**

- bruises or welts on facial areas and other areas of the body, e.g. back, bottom, legs, arms and inner thighs
- bruises or welts in unusual configurations, or those that look like the object used to make the injury, e.g. fingerprints, handprints, buckles, iron or teeth
- 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:**

- disclosure of an injury inflicted by someone else (parent, carer or guardian), or an inconsistent or unlikely explanation or inability to remember the cause of injury
- unusual fear of physical contact with adults
- aggressive behaviour
- disproportionate reaction to events
- wearing clothes unsuitable for weather conditions to hide injuries
- wariness or fear of a parent, carer or guardian
- reluctance to go home
- no reaction or little emotion displayed when being hurt or threatened
- habitual absences from school without reasonable explanation
- overly compliant, shy, withdrawn, passive and uncommunicative
- unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others
- poor sleeping patterns, fear of the dark or nightmares and regressive behaviour, e.g. bed-wetting
- drug or alcohol misuse, suicide or self-harm.

### **What is child sexual abuse?**

Child sexual abuse:

- is when a person uses power or authority over a child to involve them in sexual activity
- can include a wide range of sexual activity including fondling the child's genitals, oral sex, vaginal or anal penetration by a penis, finger or other object, or exposure of the child to pornography.

Child sexual abuse may not always include physical sexual contact (e.g. kissing or fondling a child in a sexual way, masturbation, oral sex or penetration) and can also include non-contact offences, for example:

- 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).

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.

### Who is most at risk of child sexual abuse?

Any child can be victim to sexual abuse, however children who are vulnerable, isolated and/or have a disability are much more likely to become victim, and are disproportionately abused. Perpetrators can include (but are not limited to):

- a family member (this is known as intra family abuse and can include sibling abuse) a school staff member, coach or other carer, a peer/child 10 years or more in age\* a family friend or stranger, a person via a forced marriage (where a student is subject to a marriage without their consent, arranged for by their immediate or extended family - this constitutes a criminal offence and must be reported).

*\*Unwanted sexual behaviour toward a student by a person 10 years or over can constitute a sexual offence and is referred to as student-to-student sexual offending.*

*Please note that a child who is under 10 years of age is not considered to be capable of committing an offence. Any suspected sexual behaviours by children under 10 is referred to as problem sexual behaviour.*

### PHYSICAL indicators of 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 diseases
- frequent urinary tract infections
- pregnancy, especially in very young adolescents
- anxiety-related illnesses, e.g. anorexia or bulimia.

### BEHAVIOURAL indicators of sexual abuse include (but are not limited to):

- disclosure of sexual abuse, either directly (from the alleged victim) or indirectly (by a third person or allusion)
- persistent and age-inappropriate sexual activity, e.g. excessive masturbation or rubbing genitals against adults
- drawings or descriptions in stories that are sexually explicit and not age-appropriate
- fear of home, specific places or particular adults
- poor/deteriorating relationships with adults and peers
- poor self-care or personal hygiene.
- complaining of headaches, stomach pains or nausea without physiological basis
- sleeping difficulties
- regressive behaviour, e.g. bed-wetting or speech loss
- depression, self-harm, drug or alcohol abuse, prostitution or attempted suicide
- sudden decline in academic performance, poor memory and concentration
- promiscuity
- wearing layers of clothing to hide injuries and bruises.

### BEHAVIOURAL indicators for perpetrators of child sexual abuse include (but are not limited to):

#### **Family Member (adult)**

- attempts by one parent to alienate their child from the other parent
- overprotective or volatile relationship between the child and one of their parents/ family members
- reluctance by the child to be alone with one of their parents/family members.

#### **Family Member (sibling)**

- the child and a sibling behaving like boyfriend and girlfriend
- reluctance by the child to be alone with a sibling
- embarrassment by siblings if they are found alone together.

#### **School staff member, coach or other carer**

- touching a child inappropriately
- bringing up sexual material or personal disclosures into conversations with a student/s



- inappropriately contacting the student/s, e.g. calls, emails, texts, social media
- obvious or inappropriate preferential treatment of the student/s (making them feel “special”)
- giving of gifts to a student/s
- having inappropriate social boundaries, e.g. telling the potential victims about their own personal problems etc.
- offering to drive a student/s to or from school
- inviting themselves over to their homes, calling them at night
- befriending the parents themselves and making visits to their home
- undermining the child’s reputation (so that the child won’t be believed).

### **What is 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 parent/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.

### **What is online grooming?**

Online grooming is a criminal offence and occurs when an adult uses electronic communication (including social media) in a predatory fashion to try to lower a child’s inhibitions, or heighten their curiosity regarding sex, with the aim of eventually meeting them in person for the purposes of sexual activity. This can include online chats, sexting, and other interactions.

### **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 jewellery, clothing or expensive items given by the ‘friend’
- possessing large amounts of money which s/he cannot account for
- using a new mobile phone (given by the ‘friend’) excessively to make calls, videos or send text messages
- being excessively secretive about their use of communications technologies, including social media
- frequently staying out overnight, especially if the relationship is with an older person
- being dishonest about where they’ve been and whom they’ve been with
- using drugs; physical evidence includes spoons, silver foil, ‘tabs’, ‘rocks’
- assuming a new name; being in possession of a false ID, stolen passport or driver’s license provided by the ‘friend’ to avoid detection
- being picked up in a car by the ‘friend’ from home/school or ‘down the street’.

### **What is 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):**

- speech disorders such as 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):**

- overly compliant, passive and undemanding behaviour

- extremely demanding, aggressive and attention-seeking behaviour or anti-social and destructive behaviour
- low tolerance or frustration
- poor self-image and low self-esteem
- unexplained mood swings, depression, self-harm or suicidal thoughts
- behaviours that are not age-appropriate, e.g. overly adult, or overly infantile
- fear of failure, overly high standards, and excessive neatness
- poor social and interpersonal skills
- violent drawings or writing
- lack of positive social contact with other children.

### **What is neglect?**

Neglect includes a failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent that the health or physical development of the child is significantly impaired or placed at serious risk.

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.

### **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 parents
- being consistently hungry, tired and listless
- having unattended health problems and lack of routine medical care
- having inadequate shelter and unsafe or unsanitary conditions.

### **BEHAVIOURAL indicators of neglect include (but are not limited to):**

- 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
- involvement in criminal activity
- little positive interaction with parent, carer or guardian
- poor socialising habits
- excessive friendliness towards strangers
- indiscriminate acts of affection
- poor, irregular or non-attendance at school
- staying at school for long hours and refusing or being reluctant to go home
- self-destructive behaviour
- taking on an adult role of caring for parent.

There are many indicators of child abuse and neglect. The presence of a single indicator, or even several indicators, does not prove that abuse or neglect has occurred. However, the repeated occurrence of an indicator, or the occurrence of several indicators together, should alert teachers to the possibility of child abuse and neglect.

### **What is family violence?**

Family violence can include physical violence or threats, verbal abuse, emotional and physical abuse, sexual abuse and financial and social abuse.

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

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

- violent/aggressive behaviour and language
- depression and anxiety and suicidal thoughts
- appearing nervous and withdrawn, including wariness of adults
- difficulty adjusting to change.
- psychosomatic illness
- bedwetting and sleeping disorders.
- ‘acting out’, such as cruelty to animals
- extremely demanding, attention-seeking behaviour
- participating in dangerous risk-taking behaviours to impress peers
- overly compliant, shy, withdrawn, passive and uncommunicative behaviour
- taking on a caretaker role prematurely, trying to protect other family members
- embarrassment about family
- demonstrated fear of parents, carers or guardians, and of going home
- disengagement from school and/or poor academic outcomes
- parent-child conflict.

**For older children and young people indicators can also include:**

- moving away/running away from home
- entering a relationship early to escape the family home
- experiencing violence in their own dating relationships
- involvement in criminal activity
- alcohol and substance abuse.

**Definitions of the different types of abuse – source:**

- <http://www.education.vic.gov.au/about/progress/health/protect/Pages/schidentify.aspx>

**How should an adult respond and what should they do?**

**If physical and/or behavioural indicators leads to a suspicion that a child has or is being abused, or is at risk of abuse, then you must respond as soon as practicable by following the Four Steps (described below).**

**Responding to Incidents, Disclosures or Suspicions of Child Abuse**

If you believe that a student is **not** being abused, but you still hold concerns for their safety or wellbeing, refer to advice about Responding to Other Concerns About the Wellbeing of a Child (see below) to determine who to consult with, when to make a report and when to engage other wellbeing professionals. Regardless of the suspected cause, all concerns about the wellbeing of a child should be taken seriously and acted upon. This includes concerns about the wellbeing of a child, which do not appear to be the result of abuse.

You should make a referral to **Child FIRST** if:

- you have a significant concern for a child’s wellbeing
- your concerns have a low-to-moderate impact on the child
- the child’s immediate safety is not compromised

- you/your school has discussed the referral with the family and they are supportive of it.

You **must** contact **Victoria Police** if:

- there is any concern for a child's immediate safety and/or
- a child is partaking in any risk taking activity that is illegal and extreme in nature or poses a high risk to the child.

You should contact **DHHS Child Protection** if:

- after consideration of all of available information you form a view that the child is in need of protection
- you believe that the child's parent/carers will not be open to support from family services to address their child's wellbeing.

If you are unsure whether to take action, or what action to take you should discuss this with the Principal and/or Child Safe Leader and make contact with authorities for further advice.

The Principal, Assistant Principal and/or Child Safe Leader are responsible for:-

- promptly **managing** the school's response to an allegation or disclosure of child abuse, and ensuring that the allegation or disclosure is taken seriously.
- Responding appropriately to a child who makes or is affected by an allegation of child abuse. The support of the child/children affected needs to be ongoing with a follow up support plan put in place.
- **monitoring** overall school compliance with the school's response to incidents procedures.
- managing an alternative procedure for responding to an allegation or disclosure if the person allocated responsibility under **Ministerial Order clause 11 (3)**

**(c) (i) i.e. promptly managing the school's response to an allegation or disclosure of child abuse, and ensuring that the allegation or disclosure is taken seriously;** cannot perform his or her role. Fulfilling these roles and responsibilities contained in the procedure, the Principal, Assistant Principal or Child Safe Leader does not displace or discharge any other obligations that arise if a person reasonably believes that a child is at risk of child abuse.

If physical and/or behavioural indicators lead you to suspect that a child has or is being abused, or is at risk of abuse, you must respond as soon as practicable, by following these four key steps:

## FOUR CRITICAL ACTIONS FOR SCHOOLS

### Responding to Incidents, Disclosures and Suspicions of Child Abuse

**PROTECT**



#### YOU MUST TAKE ACTION

As a school staff member you play a critical role in protecting children in your care.

- You must act, by following the 4 critical actions, as soon as you witness an incident, receive a disclosure or form a reasonable belief that a child has, or is at risk of being abused.
- You must act if you form a suspicion/reasonable belief even if you are unsure and have not directly observed child abuse (eg if the victim or another person tells you about the abuse).
- You must use the *Responding to Suspected Child Abuse* template to keep clear and comprehensive notes.

\*A reasonable belief is a deliberately low threshold. This enables authorities to investigate and take action.

#### 1 RESPONDING TO AN EMERGENCY

If there is no risk of immediate harm go to Action 2.

If a child is at immediate risk of harm you must ensure their safety by:

- separating alleged victims and others involved
- administering first aid
- calling 900 for urgent medical and/or police assistance to respond to immediate health or safety concerns
- identifying a contact person at the school for future liaison with Police.

Where necessary you may also need to maintain the integrity of the potential crime scene and preserve evidence.

#### 2 REPORTING TO AUTHORITIES

As soon as immediate health and safety concerns are addressed you must report all incidents, suspicions and disclosures of child abuse as soon as possible. Failure to report physical and sexual child abuse may amount to a criminal offence.

Q: Where does the source of suspected abuse come from?

##### WITHIN THE SCHOOL

###### VICTORIA POLICE

You must report all instances of suspected child abuse involving a school staff member, contractor or volunteer to Victoria Police.

You must also report internally to:

###### GOVERNMENT SCHOOLS

- School Principal and/or leadership team
- Employee Conduct Branch
- DET Security Services Unit

###### CATHOLIC SCHOOLS

- School Principal and/or leadership team
- Diocesan education office

###### INDEPENDENT SCHOOLS

- School Principal and/or school chairperson

##### WITHIN THE FAMILY OR COMMUNITY

###### DHHS CHILD PROTECTION

You must report to DHHS Child Protection if a child is considered to be:

- in need of protection from child abuse
- at risk of being harmed (or has been harmed) and the harm has had, or is likely to have, a serious impact on the child's safety, stability or development.

###### VICTORIA POLICE

You must also report all instances of suspected sexual abuse (including grooming) to Victoria Police.

If you believe that a child is not subject to abuse, but you still hold significant concerns for their wellbeing you must still act. This may include making a referral or seeking advice from Child FIRST (in circumstances where the family are open to receiving support), or to DHHS Child Protection or Victoria Police.

You must also report internally to:

###### GOVERNMENT SCHOOLS

- School Principal and/or leadership team
- DET Security Services Unit

###### CATHOLIC SCHOOLS

- School Principal and/or leadership team
- Diocesan education office

###### INDEPENDENT SCHOOLS

- School Principal and/or chairperson

#### 3 CONTACTING PARENTS/CARERS

Your Principal must consult with DHHS Child Protection or Victoria Police to determine what information can be shared with parents/carers. They may advise:

- not to contact the parents/carer (eg in circumstances where the parents are alleged to have engaged in the abuse, or the child is a mature minor and does not wish for their parent/carer to be contacted)
- to contact the parents/carers and provide agreed information (this must be done as soon as possible, preferably on the same day of the incident, disclosure or suspicion).

#### 4 PROVIDING ONGOING SUPPORT

Your school must provide support for children impacted by abuse. This should include the development of a Student Support Plan in consultation with well-being professionals. This is an essential part of your duty of care requirements.

Strategies may include development of a safety plan, direct support and referral to well-being professionals.

You must follow the *Four Critical Actions* every time you become aware of a further instance or risk of abuse. This includes reporting new information to authorities.

#### CONTACT

##### DHHS CHILD PROTECTION

###### AREA

North Division 1200 664 9777

South Division 1200 665 795

East Division 1200 260 391

West Division (Rural) 1800 075 599

West Division (Metro) 1200 664 9777

###### AFTER HOURS

After hours, weekends, public holidays 13 1278

###### CHILD FIRST

www.dhs.vic.gov.au

###### VICTORIA POLICE

000 or your local police station

##### DET SECURITY SERVICES UNIT

(03) 9589 6266

###### STUDENT INCIDENT AND RECOVERY UNIT

(03) 9637 2934

###### EMPLOYEE CONDUCT BRANCH

(03) 9637 2595

###### DIOCESAN OFFICE

Melbourne (03) 9267 0228

Ballarat (03) 5327 7135

Salis (03) 5622 6600

Sandhurst (03) 5443 2377

###### INDEPENDENT SCHOOLS

VICTORIA (03) 9626 7200



All reporters who form a belief on reasonable grounds that a child or young person:

- is in need of protection from physical injury or sexual abuse must report their concerns to DHHS Child Protection or Victoria Police.
- is displaying sexually abusive behaviours and is in need of therapeutic treatment should report their concerns to DHHS Child Protection.

The reporter must:

- Make a report as soon as practicable
- Make a report on each occasion that they form a belief or
- Ensure that a report has been made in instances where another mandated reporter has undertaken to make the report.

## FAILURE TO PROTECT and FAILURE TO DISCLOSE OFFENCES

**Any staff member or person associated with the school** (e.g. visitor, contractor, maintenance worker etc.) who forms a reasonable belief that a sexual offence has been committed in Victoria by an adult against a child under 16 **must disclose that information to police.**

Failure to disclose the information to police is a criminal offence, unless a reasonable excuse has been formed such as:-

- information has already been reported to DHHS Child Protection.
- Fear for own or others' safety

**The offence applies to all adults** in Victoria, not just professionals who work with children.

If an adult fails to take reasonable steps to protect a child from harm and/or fails to disclose, this may amount to a criminal offence. Refer to the Dept. of Justice fact sheets on **FAILURE to Protect** and **Failure to DISCLOSE** for further information.

If you need to report a child in immediate risk or danger of a sexual offence please call Triple Zero (000).

**Reducing or removing the risk of child sexual abuse posed by an adult associated with the Monash Children's Hospital School.**

If required, the principal (or deputy) may need to take reasonable steps to reduce or remove a known substantial risk that an adult associated with their organisation will commit a sexual offence against a child.

*Examples could include:*

- A current employee who is known to pose a risk of sexual abuse to children in the organisation should be immediately removed from contact with children and reported to appropriate authorities and investigated.
- A community member who is known to pose a risk of sexual abuse to children should not be allowed to volunteer in a role that involves direct contact with children at the organisation.
- A parent who is known to pose a risk of sexual abuse to children in a school should not be allowed to attend overnight school camps as a parent helper.
- Removing a suspected adult from child-related work pending investigation.

**Action/notification to DHHS Child Protection must occur if a 'reasonable belief' has been formed. For example, a 'reasonable belief' might be formed if:**

- a child states that they have been physically or sexually abused
- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows a child states that the child has been physically or sexually abused
- professional observations of the child's behaviour or development leads a professional to form a belief that the child has been physically or sexually abused or is likely to be abused
- signs of abuse lead to a belief that the child has been physically or sexually abused

**A report should be made to DHHS Child Protection in circumstances where, for example:**

- the child is engaging in risk-taking behaviour
- female genital mutilation has occurred, or there is a risk of it occurring
- there is a risk to an unborn child
- a child or young person is exhibiting sexually-abusive behaviours
- there are indications that a child is being groomed.

The following table describes the steps in how to make a mandatory report, to report child abuse or child protection concerns.

Step	Description
	<b>In case of emergency or if a child is in immediate danger contact Triple Zero (000) or the local police station.</b>
	Alternatively, to report concerns about the immediate safety of a child within their family unit to DHHS Child Protection, call the Child Protection Crisis Line on 13 12 78 (24 hours 7 days, toll free)
1.	Keep comprehensive notes that are dated and include the following information: <ul style="list-style-type: none"><li>• information that has led to concerns about the child's safety (e.g. physical injuries, student behaviour)</li></ul>

- the source of this information (e.g. observation of behaviour, report from child or another person)
  - the actions taken as a result of the concerns (e.g. consultation with principal, report to DHHS Child Protection etc.).
2. Discuss any concerns about the safety and wellbeing of students with the principal or a member of the school leadership team. The individual staff member should then make their own assessment about whether they should make a report about the child or young person and to whom the report should be made.
  3. Gather the relevant information necessary to make the report. This should include the following information:
    - full name, date of birth, and residential address of the child or young person
    - the details of the concerns and the reasons for those concerns
    - the individual staff member's involvement with the child and young person
    - details of any other agencies who may be involved with the child or young person, if known.

4. Make a report to the relevant agency

To report concerns about the immediate safety of a child within their family unit to DHS Child Protection, call the Child Protection Crisis Line on 13 12 78 (24 hrs 7 days, toll free)

To report concerns to DHHS Child Protection, contact your local child protection office.

5. Make a written record of the report which includes the following information:
  - the date and time of the report and a summary of what was reported
  - the name and position of the person who made the report and the person who received the report.
6. Notify relevant school staff and/or Department staff of a report to DHHS Child Protection or Child FIRST.
7. For Victorian government schools, the allegations must be reported to the:
  - principal or member of the school leadership team
  - Department's Security Services Unit on (03) 9589 6266
  - relevant Regional Office (where applicable, the Koori support officer is to be notified)
  - Student Critical Incident Advisory Unit on (03) 9637 2934 or (03) 9637 2487.

In the case of international students, the principal must notify the International Education Division on (03) 9637 2990 to ensure that appropriate support is arranged for the student.

8. This table describes the potential consequences of making a report.

**Potential  
consequence**

**Description**

The identity of a reporter must remain confidential unless:

**Confidentiality**

- the reporter chooses to inform the child, young person or parent of the report.
- the reporter consents in writing to their identity being disclosed.
- a Court or Tribunal decides that it necessary for the identity of the reporter to be disclosed to ensure the safety and wellbeing of the child.



- a Court or Tribunal decides that, in the interests of justice, the reporter is required to provide evidence.

If a report is made in good faith:

## **Professional Protection**

- it does not constitute unprofessional conduct or a breach of professional ethics on the part of the reporter.
- the reporter cannot be held legally liable in respect of the report.

DHHS Child Protection and/or Victoria Police may conduct interviews of children and young people at the school without the parent's knowledge or consent.

Interviewing children and young people at school should only occur in exceptional circumstances and if it is in the best interests of the child to proceed in this manner.

DHHS Child Protection and/or Victoria Police will notify the principal or a member of the leadership team of their intention to interview the child or young person on the school premises.

When officers from DHHS Child Protection or Victoria Police come to the school premises, the principal or a member of the leadership team should request to see identification before permitting them to have access to the child or young person.

When a child or young person is being interviewed by DHHS Child Protection and/or Victoria Police, school staff must arrange to have a supportive adult present with the child or young person.

## **Interviews**

The roles and responsibilities of staff members in supporting children who are involved with DHHS Child Protection may include the following:

## **Support for the child or young person**

- acting as a support person for the child or young person
- attending DHHS Child Protection case planning meetings
- observing and monitoring the child's behaviour
- liaising with professionals.

DHHS Child Protection and/or Child FIRST and/or Victoria Police may request information about the child or family for the purpose of investigating a report and assessing the risk to the child or young person.

In certain circumstances, DHHS Child Protection can also direct school staff and Department staff to provide information or documents about the protection or development of the child. Such directions should be in writing and only be made by authorised persons within DHHS Child Protection. for more information see: [Requests for Information About Students](#)

## **Requests for Information**

## **Witness Summons**

If DHHS Child Protection makes a Protection Application in the Children's Court of Victoria, any party to the application may issue a Witness Summons to produce documents and/or to give evidence in the proceedings.

In certain circumstances, the Department offers Counselling Assistance Payments to former students who report having been sexually abused while attending, or in connection with, a Victorian government school.

Schools that receive a report of sexual abuse from a former student should contact the Department's Student Critical Incident Advisory Unit on (03) 9637 2934.

## **Responding to suspected child abuse: for Victorian schools**

School staff should use the template below to document any incident, disclosure or suspicion that a child has been, or is at risk of being abused. This document should be used in conjunction with the following:

### **4 Critical Actions For Schools: Responding to Incidents, Disclosures and Suspicions of Child Abuse.**

Whilst you may need to gather the information to make a report, remember it is not the role of school staff to investigate abuse, leave this to Victoria Police and/or DHHS Child Protection.

#### **Recording and retaining the record**

The Principal, Assistant Principal and/or Child Safe Leader will ensure the **record of the allegation and the school's response to it is made secure and retained**. It is a requirement under *Ministerial Order No. 870-Child Safe Standards- Managing the risk of child abuse in schools* for schools to keep clear and comprehensive notes on all observations, disclosures and other details that led them to suspect the abuse.

The aim is to provide as much information as possible. This information will be critical to any reports and may be sought at a later date if the matter is the subject of Court proceedings. These notes may assist later if required to provide evidence to support any decisions.

#### **RESPONDING TO AN EMERGENCY**

DID THE CHILD REQUIRE FIRST AID? PROVIDE DETAILS IF 'YES'.

WHO ADMINISTERED THIS? (NAME AND TITLE)

DID THE CHILD REQUIRE FURTHER IMMEDIATE MEDICAL ASSISTANCE?

CURRENT LOCATION AND SAFETY STATUS:

*E.G. ARE ALL IMPACTED STUDENTS SAFE AND NOT IN ANY IMMEDIATE DANGER?*

*IF A CHILD IS IN IMMEDIATE DANGER SCHOOL STAFF SHOULD REPORT IMMEDIATELY TO VICTORIA POLICE ON 000*

#### *Child's information*

##### **PERSONAL DETAILS**

NAME:

GENDER:

YEAR LEVEL/CLASS:

DATE OF BIRTH:

RESIDENTIAL ADDRESS:

PARENT/CARER NAME/S:

PARENT/CARER CONTACT:

LANGUAGE(S) SPOKEN BY CHILD:

DISABILITIES, MENTAL OR PHYSICAL HEALTH ISSUES:

##### **CHILD'S BACKGROUND**

#### CULTURAL STATUS AND RELIGIOUS BACKGROUND

IF THE CHILD IS OF ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND, GOVERNMENT SCHOOLS MUST CONTACT THEIR KOORIE ENGAGEMENT SUPPORT OFFICER, AND CATHOLIC SCHOOLS MUST CONTACT THE DIOCESAN EDUCATION OFFICE TO ARRANGE CULTURALLY APPROPRIATE SUPPORT. IF THE CHILD IS AN INTERNATIONAL STUDENT YOU MUST NOTIFY THE INTERNATIONAL EDUCATION DIVISION ON (03) 9637 2990

#### ANY KNOWN PREVIOUS HISTORY OF SUSPECTED ABUSE

(PRIOR TO THIS INCIDENT, DISCLOSURE OR SUSPICION OR INVOLVEMENT WITH AGENCIES):

#### FAMILY BACKGROUND

##### FAMILY COMPOSITION (IF KNOWN):

LIST PARENTING OR CARE ARRANGEMENTS AND SIBLING NAMES AND AGES

##### ANY OTHER PEOPLE LIVING WITH THE CHILD (IF KNOWN):

##### DISABILITY, MENTAL OR PHYSICAL HEALTH ISSUES IN FAMILY (IF KNOWN):

##### LIKELY REACTION TO A REPORT BEING MADE (IF KNOWN):

#### *Details of the incident, disclosure or suspicion*

#### GROUNDINGS FOR YOUR BELIEF THAT A CHILD HAS BEEN, OR IS AT RISK OF ABUSE

##### INDICATORS OR INSTANCES WHICH LED YOU TO BELIEVE THAT A CHILD/CHILDREN ARE SUBJECT TO CHILD ABUSE, OR AT RISK OF ABUSE:

DETAIL ANY DISCLOSURES OR INCIDENTS OR SUSPICIONS (INCLUDING NAMES, TIMES AND DATES DOCUMENTING A CHILD'S EXACT WORDS AS FAR AS POSSIBLE). INCLUDE SPECIFIC DETAIL HERE ON WHAT LED YOU TO FORM A REASONABLE BELIEF THAT A CHILD HAS BEEN, OR IS AT RISK OF BEING ABUSED.

##### ANY PHYSICAL INDICATORS OF ABUSE:

##### ANY BEHAVIOURAL INDICATORS OF ABUSE:

##### ANY PATTERNS OF BEHAVIOUR OR PRIOR CONCERNS LEADING UP TO AN INCIDENT, DISCLOSURE OR SUSPICION:

#### DETAILS OF PERSONS ALLEGED TO HAVE COMMITTED THE ABUSE (IF KNOWN)

##### NAME:

##### GENDER

##### DATE OF BIRTH:

##### RELATIONSHIP TO CHILD:

NOTHING IF THEY ARE WITHIN THE SCHOOL OR WITHIN THE FAMILY AND COMMUNITY (THIS WILL IMPACT ON WHO YOU REPORT TO)

##### ADDRESS:

##### CONTACT DETAILS:

## Critical action 2: reporting

See Action 2 of [Four Critical Actions for Schools: Responding to Incidents, Disclosures and Suspicions of Child Abuse](#)

### REPORTING TO AUTHORITIES

TICK THE AUTHORITIES YOU HAVE REPORTED TO:

- ☐ VICTORIA POLICE
- ☐ DHHS CHILD PROTECTION
- ☐ CHILD FIRST
- ☐ DECISION NOT TO REPORT

IF YOU'VE DECIDED NOT TO REPORT, LIST YOUR REASONS HERE. ALSO INCLUDE ANY FOLLOW-UP ACTIONS UNDERTAKEN BY YOU BELOW:

PROVIDE DETAILS OF YOUR INTERNAL DISCUSSIONS TO EITHER OF THE FOLLOWING:

**GOVERNMENT SCHOOL STAFF** MUST REPORT TO SECURITY SERVICES UNIT AND ALSO TO THE EMPLOYEE CONDUCT BRANCH IF THE INCIDENT, DISCLOSURE OR SUSPICION INVOLVES A STAFF MEMBER, CONTRACTOR OR VOLUNTEER.

**CATHOLIC SCHOOL STAFF** MUST REPORT TO THEIR CATHOLIC DIOCESAN EDUCATION OFFICE

DATE:

TIME:

AUTHORITY:

OUTCOMES FROM THE REPORT:

### REPORTING INTERNALLY

PROVIDE DETAILS OF YOUR DISCUSSION WITH SCHOOL LEADERSHIP

TIME:

DATE:

NAMES:

DISCUSSION OUTCOMES

PROVIDE DETAILS OF YOUR INTERNAL DISCUSSIONS TO EITHER OF THE FOLLOWING:

**GOVERNMENT SCHOOL STAFF** MUST REPORT TO SECURITY SERVICES UNIT AND ALSO TO THE EMPLOYEE CONDUCT BRANCH IF THE INCIDENT, DISCLOSURE OR SUSPICION INVOLVES A STAFF MEMBER, CONTRACTOR OR VOLUNTEER

**CATHOLIC SCHOOL STAFF** MUST REPORT TO THEIR CATHOLIC DIOCESAN EDUCATION OFFICE

TIME:

DATE:

NAMES:

DISCUSSION OUTCOMES:

## Critical action 3: contacting parents/carers

See Action 3 of [Four Critical Actions For Schools: Responding to Incidents, Disclosures and Suspicions of Child Abuse](#)

### ACTIONS TAKEN

PROVIDE DETAILS OF YOUR DISCUSSION WITH PARENTS/CARERS (IF APPROPRIATE):

SCHOOL STAFF MUST CONSULT WITH VICTORIA POLICE AND/OR DHHS CHILD PROTECTION TO DETERMINE IF IT IS APPROPRIATE TO CONTACT PARENTS, IF IT IS, PARENTS MUST BE CONTACTED AS SOON AS POSSIBLE (PREFERABLY ON THE SAME DAY OF THE INCIDENT, DISCLOSURE OR SUSPICION).

HAVE YOU SOUGHT ADVICE FROM DHHS CHILD PROTECTION OR VICTORIA POLICE?

- ☐ NO  
☐ YES

IS IT APPROPRIATE TO CONTACT PARENT/CARER

- ☐ NO  
☐ YES

LIST REASONS IF IT IS NOT APPROPRIATE TO CONTACT PARENT/CARER:

IF CONTACTING PARENT/CARER, PROVIDE THE FOLLOWING DETAILS:

NAME OF STAFF MEMBER MAKING THE CALL:

NAME OF PARENT/CARER RECEIVING THE CALL:

DISCUSSION OUTCOMES:

## CRITICAL ACTION 4: PROVIDING ONGOING SUPPORT

See Action 4 of Four Critical Actions For Schools: Responding to Incidents, Disclosures and Suspicions of Child Abuse

### PLANNED ACTIONS

INCLUDE DETAIL ON WHAT FOLLOW-UP ACTIONS HAVE OCCURRED TO SUPPORT THE STUDENT (FOR EXAMPLE, REFERRAL TO WELLBEING PROFESSIONALS AND OTHER SPECIALISED SERVICES, THE CONVENING OF A STUDENT SUPPORT GROUP AND DEVELOPMENT OF SUPPORT PLANS):

FOLLOW UP ACTIONS

SUPPORT:

REFERRALS(S):

## PROCESS REVIEW

COMPLETE THIS SECTION BETWEEN 4-6 WEEKS AFTER AN INCIDENT, SUSPICION OR DISCLOSURE OF ABUSE IN CONJUNCTION WITH YOUR SCHOOL LEADERSHIP TEAM.

THIS WILL SUPPORT YOU AND YOUR SCHOOL TO CONTINUE TO PROTECT CHILDREN IN YOUR CARE AND TO REFLECT ON YOUR PROCESSES AND THE NEED FOR ANY FOLLOW-UP ACTION.

### SAFETY AND WELLBEING

#### CURRENT SAFETY AND WELLBEING OF THE CHILD

IS THE CHILD SAFE FROM ABUSE AND HARM?

- ☐ NO  
☐ YES

IF NOT CONSIDER THE NEED TO MAKE A FURTHER REPORT

DOES THE CHILD HAVE ANY WELLBEING ISSUES THAT ARE NOT CURRENTLY BEING ADDRESSED?

- ☐ NO  
☐ YES

IF SO, CONSIDER HOW THESE CAN BE ADDRESSED AND CAPTURED WITHIN A STUDENT SUPPORT PLAN

#### CURRENT WELLBEING OF OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE

ARE THERE ANY OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE?

- ☐ NO  
☐ YES

IF SO HAVE THEIR WELLBEING NEEDS BEEN MET

- ☐ NO  
☐ YES

### CURRENT WELLBEING OF IMPACTED STAFF MEMBERS

DOES THE STAFF MEMBER WHO MADE THE REPORT/ WITNESSED THE INCIDENT, FORMED A SUSPICION OR RECEIVED A DISCLOSURE REQUIRE ANY SUPPORT?

- ☐ NO  
☐ YES

IF SO HAS THIS BEEN RECEIVED?

- ☐ NO  
☐ YES

### REVIEW OF ACTIONS TAKEN

**HAVE SCHOOL STAFF FOLLOWED THE FOUR CRITICAL ACTIONS FOR SCHOOLS: RESPONDING TO INCIDENTS, DISCLOSURES OR SUSPICIONS OF CHILD ABUSE?**

WAS AN APPROPRIATE DECISION MADE IN RELATION TO WHEN TO ACT?

- ☐ NO  
☐ YES

COULD THE SUSPECTED ABUSE HAVE BEEN DETECTED EARLIER?

- ☐ NO  
☐ YES

#### **ACTION 1**

DID THE SCHOOL TAKE APPROPRIATE ACTION IN AN EMERGENCY?

- ☐ NO  
☐ YES

#### **ACTION 2**

WAS A REPORT MADE TO THE APPROPRIATE AUTHORITIES AND INTERNALLY?

- ☐ NO  
☐ YES

WERE SUBSEQUENT REPORTS MADE IF NECESSARY?

- ☐ NO  
☐ YES

#### **ACTION 3**

DID THE SCHOOL CONTACT THE PARENTS/CARERS ASAP?

- ☐ NO  
☐ YES

HAVE THE PARENTS CONTINUED TO BE ENGAGED IF APPROPRIATE?

- ☐ NO  
☐ YES

#### **ACTION 4**

HAS THE SCHOOL PROVIDED ADEQUATE SUPPORT FOR THE STUDENT?

- ☐ NO  
☐ YES

HAS A STUDENT SUPPORT PLAN BEEN ESTABLISHED, IMPLEMENTED AND REVIEWED?

- ☐ NO  
☐ YES

HAS A STUDENT SUPPORT GROUP BEEN ESTABLISHED?

- ☐ NO  
☐ YES

WAS THE STUDENT APPROPRIATELY SUPPORTED IN ANY INTERVIEWS?

- ☐ NO  
☐ YES

HAVE ANY COMPLAINTS BEEN RECEIVED?

- ☐ NO  
☐ YES

HAVE THE COMPLAINTS BEEN RESOLVED?

- ☐ NO  
☐ YES

Staff training, awareness raising and promotion of the school observing and adhering to Child Safety regulations, will support school staff to proactively and with knowledge, prioritise reporting an allegation of child abuse to a person external to the school; further the school will support the alleged victim by responding and acting in accordance with the Ministerial Order 870 and fulfil their legal obligation to report an incident, disclosure or suspicion of child abuse. Staff are not required to make judgement about the truth of the allegation or disclosure of child abuse.

## Child Safe Standards - Standard Six

### **Strategies to identify and reduce or remove risks of child abuse**

Monash Children's Hospital School will mitigate, remove or reduce the risks of child abuse. In taking into account the characteristics and needs of all children (including and especially Aboriginal and Torres Strait Islander children, children with disabilities, culturally and linguistically diverse children, children with significant health conditions and other vulnerable children), the School Council and principal will develop, implement, monitor and evaluate risk management strategies to ensure child safety in a range of school related environments (e.g. at school, on excursions and any school organised activities.)

The school has developed a child safety plan within the Annual Implementation Plan [AIP]. In the Student Wellbeing section, Child Safety will be addressed and include identified risks and the action(s) the school will take to reduce or remove the risks (risk controls). The School Council will monitor and evaluate the overall effectiveness of the child safety plan.

The plan will:

- include reference to the training and education of staff about their individual and collective obligations and responsibilities for managing the risk of child abuse
- reference the Code Of Conduct, the 4 critical actions to be taken in response to an allegation of child abuse, and the Child Safe training and training about abuse risks in the school, that must be undertaken as scheduled (beginning of the year, induction as examples) and as the need arises (e.g. after an incident). The training, depending on the risk, would involve School Council members and school staff.

School Council, as part of its role to develop, oversee and ensure implementation of the AIP, will utilise the Child Safe audit tool (Appendix 2) to determine adherence to the Child Safe Policy (incorporating the 7 Standards). The audit tool will be used reflectively, on an annual basis, and will be used to inform the continued focus and improvement of child safe practices within the school.

See attached Appendix A for the Risk Assessment Table

See attached Appendix B for the Child Safe Audit Tool



## **Appendix 7 – Standard 7**

### **Strategies to promote child empowerment and participation**

Child Safe Standard 7 requires the delivery of appropriate education about:

- Standards of behaviour for students attending the school
- Healthy and respectful relationships (including sexuality)
- Resilience
- Child abuse awareness and prevention

Monash Children's Hospital School is committed to supporting and encouraging students to use their voice to raise and share their concerns with a trusted adult at any time of need. Building student confidence in knowing that they will be listened to, by an adult, when they have information to share, building personal resilience and a knowledge of knowing what to do and who can help will be areas continuously addressed by all teaching staff as a student journeys through our school.

The following programs/frameworks and Policy will be delivered by the school and will be prefaced on the school's commitment to child safety. School staff will be supported in their professional learning to ensure the observance and delivery of a Child Safe environment through such programs, frameworks and Policy. Curriculum documents and resources will be easily accessible to school staff.

#### **Student Engagement Policy**

The school's Student Engagement Policy provides the basis on which it develops and maintains a safe, supportive and inclusive school environment. The policy articulates the expectations and aspirations of the school community in relation to student engagement, including strategies to address bullying, school attendance and behaviour. The Policy also references the Child Safe Policy and the Child Safe Code of Conduct

#### **School Wide Positive Behaviour Support (SWPBS)**

As a new school, the school intends to make central to the positive and safe culture of the school, the SWPBS framework. It is an evidence-based framework for preventing and responding to student behaviour. It aims to create a positive school climate, culture of student competence and an open, responsive management system for all community members. A team of teaching staff will be professionally developed through the SWPBS resource as a priority.

<http://www.education.vic.gov.au/school/principals/participation/Pages/wholeschoolengage.aspx>

#### **Victorian Curriculum**

The relevant domains of the Victorian Curriculum will be provided as part of the mandated curriculum delivery. Specifically to address the Child Safe Standard 7, the following will support children at to build resilience, healthy and respectful relationships (including sexuality) and to gain insight into appropriate behaviour and what is not, hence being empowered to feel safe and to be safe.

The Personal and Social Capability curriculum aims to develop knowledge, understandings and skills to enable students to:

- recognise, understand and evaluate the expression of emotions
- demonstrate an awareness of their personal qualities and the factors that contribute to resilience
- develop empathy for and understanding of others and recognise the importance of supporting diversity for a cohesive community
- understand how relationships are developed and use interpersonal skills to establish and maintain respectful relationships
- work effectively in teams and develop strategies to manage challenging situations constructively.

Other resources and programs to support the **Child Safe Policy** and to be compliant with **Ministerial Order 870** will be considered and included as the school opens, grows and evolves.