

Providing a Child-Safe Environment

POLICY

POLICY STATEMENT

Our organisation advocates for children and has a strong commitment to providing environments where children's health, safety and wellbeing are paramount. We want children to be safe, happy, empowered and content in their environment. The *Child Safe Standards* are embedded in all of our programs and practices, to minimise the risk of child abuse or harm to children.

BACKGROUND

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place for providing a child safe environment to minimise risk of harm and hazard to children attending education and care services.

LEGISLATION

- National Law Act – 162A, 165, 166, 167
- National Regulations – 82–89, 103, 115, 122, 123, 145, 165–168, 170–172, 181, 183
- National Quality Standard – 1.3.3, 2.1.1, 2.1.2, 2.2, 3.1.1, 3.1.2, 3.2.1, 4.1.1, 4.2.1, 4.2.2, 5.1.1, 5.1.2, 5.2.1, 5.2.2, 6.1.3, 6.2.3, 7.1, 7.2.1, 7.2.3

RELEVANT POLICIES

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Anaphylaxis Management
- Dealing with Complaints
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions
- Governance and Management
- Health, Safety and Wellbeing
- Incident, Injury, Trauma & Illness
- Interactions with Children
- Safe Arrival of Children
- Safe Transportation of Children
- Sleep and Rest for Children
- Staffing Arrangements
- Sun Protection

LOCATION OF INFORMATION

- Centre Policy and Procedure Handbook
- Kids on Mullum Child Care Centre Website

MONITORING AND REVIEW

This policy is required to be reviewed at least annually by the approved provider, in conjunction with nominated supervisors, responsible persons, staff, families and children.

- Dates of Review: January 2024
January 2023
January 2022

*** Please Note:** This policy contains sensitive content that may cause distress for some individuals. *



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PROCEDURES

PHYSICAL ENVIRONMENT

- Ensure all equipment and materials used at the service meet relevant safety standards.
- Risk assessments will be conducted and updated regularly to ensure potential risks at the service are managed and minimised appropriately to ensure the health and safety of children.
- Complete regular physical safety checks of the environment and equipment for hazards.
- Remove, replace or repair worn and damaged buildings, surfaces, equipment, structures, and resources in a timely manner.
- Ensure learning environments provide sufficient space and are organised to ensure risks to health and safety are minimised.
- Indoor spaces must be well ventilated, have adequate natural light and maintained at a temperature that ensures the safety and wellbeing of children.
- Any outdoor space used by children must be enclosed by a fence or barrier that is of such height and design that, children of pre-school age and under, cannot go through, over or under it.
- Ensure the outdoor space provides adequate shaded spaces to protect children from overexposure to ultraviolet radiation from the sun.
- Maintain and adapt the physical environment of the service, including facilities, to support safe and equitable access and participation by all children who attend the service.
- Make responsible decisions about where the safest place is to put climbing equipment, *e.g., away from concrete areas.*

ACTIVE SUPERVISION

- Ensure sufficient numbers of staff are employed for adequate supervision of children at all times.
- Manage rosters to ensure that adequate numbers of staff are on duty to meet ratio, qualification and regulation requirements.
- Consideration is given to the design & arrangement of environments to support supervision.
- Remain within sight and sound of children at all times, including sleeping or resting children.
- Ensure children are supervised closely, including at meal and snack times, during sleep and routine times and during play.
- Personal mobile phones or devices are prohibited whilst working.
- Respond proactively to emerging staff performance concerns relating to supervision.



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- Children cannot be dropped off to the service upon opening until two staff are at the service.
- Two staff must remain at the service with a child who is collected after the nominated closing time.
- Beginning and end of day duties must not compromise the adequate supervision of children, e.g., *cleaning, preparing learning environments or securing the service.*
- Staff must ensure all children are signed in and out of the service.
- Volunteers and students are not permitted to work unsupervised and are not permitted to carry out personal care tasks for children while unsupervised.

USE AND STORAGE OF HAZARDOUS SUBSTANCES

- Safely store chemicals and hazardous substances away from children.
- Ensure hazardous substances are handled appropriately as per manufacturer's directions.
- Potentially dangerous products are clearly labelled and stored in storage areas that are kept locked and/or are inaccessible to children.
- The Poisons Information phone number is 13 11 26.
- Poisonous and hazardous plants are prohibited to be grown at the service. All poisonous plants will be identified and removed.

HEALTH AND HYGIENE

- Ensure reasonable steps are taken to prevent the spread of infectious diseases.
- Notify parents and guardians of the occurrence of an infectious disease as soon as possible.
- Ensure medication is not administered to a child without authorisation from a parent, guardian or authorised nominee, including prescription and over the counter medications.
- Adequate, developmentally, and age-appropriate toilet, washing and drying facilities are available for use by children.
- Adequate health and hygiene and infection control practices are implemented.
- Follow food safety practices when handling, preparing, storing and serving food.
- Prepare and consume hot food and drinks away from the children's learning environment.

TOBACCO, ALCOHOL, DRUGS AND ILLICIT SUBSTANCES

- Our service is a tobacco, e-cigarette, alcohol, drug and illicit substance-free environment.
- Staff and volunteers must not consume or be affected by alcohol, drugs or illicit substances, including prescription medications that may impair their capacity to provide education and care.
- The consumption of tobacco, e-cigarettes, alcohol, drugs and illicit substances is prohibited in all areas of the service including:
 - Inside.
 - Outside in the playgrounds.
 - Outside in any car-park.



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- Within four (4) metres of any entrance to our service, service boundary, fence line or outdoor space.
- The consumption of tobacco, e-cigarettes, alcohol, drugs and illicit substances is also prohibited:
 - On incursions or excursions, at any point during the event.
 - While travelling with a child.
 - At staff meetings.
 - Any events, including excursions, fetes or celebrations.
 - At any social activity, whether in work hours or not, where children and staff are involved.
 - At the organisation's Christmas party.
 - On the service's property at any time, including after hours.
- Under no circumstances will any person attend the service if they are affected by alcohol or drugs, including prescription medication, if the consumption of these items puts the children, staff or families in any danger. Breaching this policy may result in the implementation of disciplinary procedures.
- Staff will guide age-appropriate, sensitive discussions about health issues relating to tobacco, e-cigarettes, alcohol and other drug use as opportunities arise, *e.g., if a child pretends to smoke.*
- Staff and volunteers are asked not to smoke or vape whilst attending the service. The organisation has a professional and ethical responsibility to minimise the risk of children inhaling any residual environmental smoke from a cigarette or vape. If they do smoke/vape, they must:
 - Stay more than four (4) metres away from any entrance to our service, service boundary, fence line or outdoor space.
 - Keep out of sight of children, families and the community.
 - Wash their hands thoroughly upon return.
 - Change their clothes, prior to having a cigarette or vaping, to avoid retaining the smell of tobacco on their clothing.
 - Dispose of cigarette butts thoughtfully.
- Any staff or volunteers who smoke or vape are encouraged to take appropriate hygiene measures, such as thoroughly washing their hands, after smoking or vaping, so that children are not exposed to second-hand smoke or e-cigarette aerosol.
- Staff represent the organisation in the community and, as such, must not use tobacco, vapes, alcohol, drugs or illicit substances while wearing organisation's uniform.
- Under no circumstances can a staff member bring any illicit substance or illicit paraphernalia into the service or onto the service's grounds, including the carparks, footpaths, or roads surrounding the service boundary.

ARRIVAL AND DEPARTURE

- The organisation will only permit a child to leave the service:
 - Where they are given into the care of:
 - A parent or guardian.
 - An authorised nominee named in the child's enrolment record.
 - A person authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the service.
 - With written permission of the child's parent or authorised nominee named in the child's enrolment record.
 - On an excursion with written permission from the child's parent or authorised nominee named in the child's enrolment record.
 - If they require medical, hospital or ambulance care or treatment.
 - In an emergency.



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- Ensure children are only released to an authorised person named on the child's enrolment form.
- Families must provide current court orders & parenting plans to ensure records are up to date.
- Keep records of children and visitor's arrival and departures.
- To ensure children's safety, staff have a clear understanding of their legal obligation to check identification when a person is collecting a child.
- If children have not been collected by closing time, staff will follow the procedures for managing when a child has not been collected before close.
- Closing staff must not leave the service before all children have been collected by a parent, guardian or authorised nominee.
- Physically check each area to ensure that all children are accounted for, including sleep areas, outdoor areas and storage sheds.

INCIDENTS AND EMERGENCIES

- Copies of the emergency procedures and evacuation routes are displayed in prominent positions throughout the service and near each exit.
- All staff are familiar with emergency and evacuation procedures and regulatory requirements.
- Rehearsals for emergency and evacuation procedures, including lock downs, are conducted at least once every 3 months.
- An appropriate number of first aid kits are provided that are easily recognisable and readily accessible to adults.
- A minimum of one person with first aid & CPR qualifications will be in attendance at all times.
- Incident management procedures must be followed in the event that a child is injured, becomes ill or suffers a trauma. A parent, guardian or emergency contact must be notified as soon as possible. An incident report must be kept and stored until the child is 25 years of age.

EMPOWERMENT

- Children are vital and active participants in our service. The organisation involves them when making decisions, especially about matters that directly affect them. Staff listen to their views, respect what they have to say, and trust their opinions, reflections, comments, and disclosures.
- The organisation has a responsibility to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal children.
- The organisation promotes diversity and tolerance, and people from all walks of life and cultural backgrounds are welcome. Children are encouraged and supported to express their culture and enjoy their cultural rights.
- The organisation:
 - promotes the cultural safety, participation, equality and empowerment of Aboriginal and Torres Strait Islander children and their families.
 - promotes the cultural safety, participation, equality and empowerment of children from culturally and/or linguistically diverse backgrounds and their families.



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- promotes the cultural safety, participation, equality and empowerment of children from vulnerable backgrounds and their families.
- promotes the safety, participation, equity and empowerment of children with a disability and their families.

ETHICAL PRACTICE

- Our organisation acknowledges the traditional custodians of the land on which we live, play, learn and work – the Wurundjeri and Bunurong people of the Kulin Nation, and we pay our respects to their Elders past, present and emerging. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this land.
- Our organisation is an inclusive organisation. We welcome all children, families, educators, staff and visitors into our services. We embrace the wonderful diversity that makes up our community and our world.
- Our organisation is an equal opportunity employer. We encourage all applicants to apply for positions within our organisation regardless of gender, race, age, culture, orientation, abilities, background, appearance, behaviour, qualifications, years of experience or professional barriers. Our aim is to create a workforce that reflects the community where we live, work, learn and play.
- Our organisation is a child-safe organisation. We want children to be safe, happy & empowered. We support and respect all children. We are committed to the safety, participation and empowerment of all children. As a child-safe organisation, all of our employees must have or obtain a valid working with children check. The *Child Safe Standards* are embedded in all of our programs and practices, to minimise the risk of child abuse or harm to children.
- Our organisation will not discriminate against any child, family, staff member or stakeholder based on gender, sex, identity, race, impairment, age, culture, qualifications, knowledge, religious beliefs, religious practices, marital status, abilities, background, appearance, behaviour, parental status, health status, relationship status, parental preferences, political beliefs, sexuality, orientation, family responsibilities, experience, personal or professional barriers, and/or any other determinant.

CODE OF CONDUCT

- The approved provider, nominated supervisors, responsible persons, staff, families, volunteers and visitors abide by the following appropriate standards of behaviour by adults towards children. These standards aim to protect children and reduce any opportunities for abuse or harm to occur. It also guides staff on how to best support children and how to avoid or manage difficult situations.
 - Adhere to our Providing a Child-Safe Environment policy
 - Take all reasonable steps to protect children from abuse.
 - Treat everyone with respect and dignity, including listening to and valuing the ideas and opinions of others.
 - Be inclusive and welcoming towards all children and their families.
 - Respect cultural, religious and political differences.
 - Act in a culturally sensitive way.
 - Have a zero tolerance of racism and act on incident of racism at the service.
 - Support children to express their culture and enjoy their cultural rights.
 - Model appropriate adult behaviour.
 - Promote the cultural safety, participation and empowerment of all children.
 - Listen to children and respond appropriately.
 - Report and act on any breaches of this policy, complaints or concerns.
 - Notify the approved provider and the regulatory authority within 24 hours of any serious incident or complaint.
 - Comply with our guidelines on physical contact with children.
 - Never discriminate against any child because of culture, race, ethnicity or ability.



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- Work with children in an open and transparent way.
 - Respect the privacy of children and their families, and only disclose information to people who are required to know.
 - Provide adequate supervision of children at all times.
 - Ensure the service is free from the use of tobacco, alcohol drugs and illicit substances.
- Racism will not be tolerated within the organisation. Claims of racism will be investigated by the nominated supervisor or responsible persons and acted upon. This may include suspension of attendance or employment while claims are being investigated, action plans, performance management processes, and/or additional training.

ONLINE SAFETY

- The organisation is committed to maintaining safe online environments with support and collaboration from staff, families and community.
- Ensure important & confidential data is regularly backed-up and stored securely offline or online.
- Update software and devices regularly to avoid any breach of confidential information.
- Personal mobile phones or devices are prohibited whilst working.
- Staff are prohibited from photographing or recording a child or young person from their own personal device.
- The organisation's customer management software is password protected.
- Families are provided with information about our software programs which are password protected and used to share observations, photos, videos, daily reports and portfolios. Passwords are not to be shared with others.
- Only educational software programs and apps that have appropriate content and have been examined prior to allowing their use are used in the service.
- Children are always supervised using any technology.

SOCIAL MEDIA

- The organisation uses social media platforms as an additional means of communication between families and the organisation, and also to connect with the wider community.
- Through social media, the general public, as well as families and staff, are kept informed on events, programs, achievements and information. Images and videos are also posted regularly of the organisation and the experiences that are provided.
- The organisation operates the following social media accounts:
 - Facebook – Glen Iris Childcare Centre and Kindergarten
 - Facebook – Kids on Gallaghers Child Care Centre
 - Facebook – Kids on Mullum Child Care
 - Facebook – Trident Early Learning
 - Facebook – Wheelers Hill Child Care Centre
 - Instagram – Trident Early Learning
 - LinkedIn – Trident Early Learning
 - Pinterest – Trident Early Learning
 - Website – www.glenirischildcare.com.au
 - Website – www.kidsonmullumchildcare.com.au



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- Website – www.kidsonmullumchildcare.com.au
 - Website – www.tridentearlylearning.com.au
 - Website – www.wheelershillchildcare.com.au
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- Whether children appear on social media is completely at the discretion of families.
 - Parents or guardians can specify their preference on the child's enrolment form. Images and videos of children will only be shared if appropriate permissions have been given.
 - The organisation takes the matter of online protection very seriously so children will only be referred to by their first name, if required.
 - Every picture or video will first be screened by the nominated supervisor or responsible persons before being posted to any site. All children depicted will be suitably clothed and displaying appropriate behaviour.
 - The organisation does not upload photographs or videos of children on any website other than our public Facebook pages, Google listings, Instagram account, LinkedIn account or on our own organisation websites. The organisation only upload videos and photographs of children once permission from the family has been given.
 - Users deemed to be using the organisation's social media accounts inappropriately will be blocked and reported. Offensive, threatening, or anti-social comments will not be tolerated.
 - Only children of parents or guardians who have given permission in the enrolment form will have their photo uploaded. In the event of a group photo, children without permission will have their faces blurred or covered.
 - Social networking sites are for personal use only and should not be accessed while staff are at work, excluding breaks. This includes the use of social media on devices or computers. Social networking sites should also not be accessed whilst staff are engaged in work required for programming, training or study.
 - Only children's first names will appear alongside images, videos or updates, if required.
 - Ensure that all users of the organisation's public Facebook pages and private Facebook groups are being appropriate and respectful. Any misuse should be investigated.
 - All stakeholders are prohibited from photographing or recording a child or young person from their own personal device.
 - All stakeholders are prohibited from uploading images or videos of children, or discussing information about any children who attend the organisation, on their own social media accounts. This includes, but is not limited to, photos, videos or posts being uploaded on Facebook, Instagram, Snapchat, Twitter, YouTube, Tumblr, TikTok or any apps for Apple or Android.
 - All stakeholders are prohibited from sharing private information about the service, families or staff on social networking sites. Should this occur, the person will face an enquiry into the situation which will be dealt with accordingly as per the service's disciplinary procedures.
 - Photos, videos or images of enrolled children are not to be taken, recorded, saved, removed from the service, or used for any purpose without written permission from parents or guardians of the children depicted. This includes images and recordings taken on cameras, mobile phones, tablets, computers, or any other devices.



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- Staff are to refrain from adding families on social media accounts. If a family requests a staff member to become friends, that is ok, as long as the relationship remains professional, and the family made the initial request.
- All stakeholders must refrain from posting anything onto social networking sites such as Facebook that can be construed to have any impact on the organisation's reputation or that would offend staff or families at the service. This includes on any Facebook community noticeboards, e.g., *Monash Noticeboard*, or on personal accounts, pages or groups.
- The organisation's social networking sites are not to be used for the promotion of personal financial interests, commercial ventures, personal campaigns, or to promote other businesses unless previously confirmed with the nominated supervisor or responsible persons.
- All stakeholders are encouraged to report any serious breaches on any of our social networking accounts for further investigation.
- Families should respect others' rights to privacy by not uploading any images or videos taken at the service during approved events, with the exception of videos or images of their own child.

RECRUITMENT OF STAFF

- The organisation coordinates a rigorous and consistent recruitment, screening and selection process to ensure the best staff possible based on skills, qualifications, experience and suitability for the position available.
- Reference checks are carried out via telephone to ensure recruitment of the right people. Applicants will be requested to provide a reference from their most recent employer, if possible.
- Our organisation is an equal opportunity employer. We encourage all applicants to apply for positions within our organisation regardless of gender, race, age, culture, orientation, abilities, background, appearance, behaviour, qualifications, years of experience or professional barriers. Our aim is to create a workforce that reflects the community where we live, work, learn and play.
- The organisation actively encourages applications from Aboriginal people, people from culturally and/or linguistically diverse backgrounds and people with a disability.
- All people engaged in child-related work, including volunteers, are required to hold a Working with Children Check (WWCC) and must provide official evidence of this check. This will be confirmed by the nominated supervisor using an online tool.
- Early childhood teachers must provide a current VIT registration card which will be confirmed by the nominated supervisor using an online tool.

WORKING WITH CHILDREN AND VIT CHECKS

- Working with Children Checks (WWCC) and VIT checks are a requirement for all staff, volunteers or people who are in child-related work, including physical contact, face-to-face contact, oral, written or electronic communication. They involve national criminal history checks and a review of findings of workplace misconduct.
- The nominated supervisor and responsible persons are responsible for the periodic review and maintenance of up-to-date records of Working with Children Checks and VIT checks, including the card numbers and the dates on which each clearance expires.



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- Once an employee provides their WWCC or VIT clearance, the nominated supervisor or responsible persons will verify the clearance to ensure that it is valid and current using an online tool. The check will be placed in the individual's file and continue to be updated as required.
- In the circumstance that a WWCC or VIT has expired or been put on hold, the staff member or volunteer must not do any child-related work.

VOLUNTEERS AND STUDENTS

- Approved providers must ensure volunteers and students are advised of the existence and application of the current child protection law and understand any obligations held under that law.
- Volunteers and students are required to hold a Working with Children Check (WWCC) or VIT check and must provide official evidence of this check before commencement. This will be confirmed by the nominated supervisor using an online tool.
- Volunteers and students are required to undertake online child protection training and must provide the organisation with a completion certificate prior to commencement.
- A staff record will be kept for all volunteers and students which states their full name, address, date of birth, and working with children check details.
- Volunteers and students are not permitted to work unsupervised and are not permitted to carry out personal care tasks for children while unsupervised.

BEHAVIOUR GUIDANCE

- The organisation uses positive behaviour guidance to help children gain understanding and learn skills that will help them to manage their own behaviour. Using appropriate behaviour guidance, aims to support each child to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
- An incident of inappropriate discipline needs to be reported to the regulatory authority with 24 hours of becoming aware of the incident.
- If behaviours deemed to be unprofessional or inappropriate continue, the staff member may receive an official warning, or if the offence is severe, the staff member may be dismissed.

INAPPROPRIATE BEHAVIOUR, DISCIPLINE AND PRACTICE

Inappropriate Behaviour and Physical Contact

Staff, students, volunteers and visitors are prohibited from engaging in inappropriate behaviour or physical contact including, but not limited to:

- Any form of corporal punishment or physical discipline, *e.g., spanking, slapping, pinching, hitting, tapping, shaking, poking, smacking or any other physical force as retaliation or correction.*
- Touching the groin, genital area, buttocks, breasts or any other part of the body that may cause distress or embarrassment.
- Initiating, permitting or requesting contact, *e.g., kissing, massage, hand holding, tickling, tickling games, or rough, physical games.*
- Emotional abuse of any form, *e.g., name calling, humiliation, ostracism, shaming, degrading, intimidation, oppression, belittling, derogatory comments about the child or family and threatening, humiliating or frightening language.*
- Inappropriately physical restraining a child, *e.g.,*
 - *force applied to the head or neck*
 - *grabbing them by, or pulling them around by, their arms*
 - *restrictions to breathing or strangulation*

- *punching or kicking*
- *holding by the hair or ear*
- *confining them in a locked room or limited space*
- Ignoring or disregarding any concerns, suspicions, or disclosures of abuse.
- Being alone with a child or young person unnecessarily.
- Unlawfully discriminating against any child on the basis of age, gender, race, culture, vulnerability or sexuality.
- Engaging in any activity with a child or young person that is likely to physically or emotionally harm them.
- Initiating unnecessary physical contact with a child or young person, or doing things of a personal nature for them that they can do for themselves, *e.g., toileting*.
- Developing a ‘*special*’ relationship with a specific child or young person for their own needs.
- Showing favouritism through the provision of gifts or inappropriate attention.
- Photographing or recording a child or young person without the consent of the child and their family.
- Photographing or recording a child or young person on their own personal device.
- Working with children or young people while under the influence of tobacco, alcohol, drugs or illicit substances.
- Engaging in open discussions of a mature or adult nature in the presence of children.
- Using inappropriate language in the presence of children.
- Punishment of any form with regards to toileting habits, or lack thereof.
- The use of corporal punishment or other types of abuse constitutes grounds for immediate dismissal of a staff member.

Inappropriate Discipline

Staff, students, volunteers and visitors are prohibited from engaging in inappropriate discipline including, but not limited to:

- Hitting, pushing, slapping, pinching or biting a child.
- Force-feeding a child.
- Yelling at or belittling a child.
- Humiliating a child.
- Physically dragging a child.
- Locking a child away or isolating them.
- Depriving a child of food, drink, sleep, rest, comfort or medical attention.
- Unreasonably restraining a child, including in a high chair or cot for an unnecessary, extended period.
- Excluding children from events or activities.
- Consistently moving children to the office or another space away from the play areas.
- Taking children to different areas of the service alone.
- Moving children to another room as punishment.
- Verbally or physically threatening a child.

Inappropriate Practice

Staff, students, volunteers and visitors are prohibited from engaging in inappropriate practice including, but not limited to:

- Using food, drink, sleep, rest or comfort as a reward or withholding it as a punishment.
- Negatively labelling of a child or family.
- Criticising a child’s actions or behaviours.
- Discouraging a child from taking part in activities.
- Blaming or shaming a child.
- Making fun of, or laughing at or about, a child.



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- Using sarcastic or cruel humour with or about a child.
- Excessive use of negative language to a child, such as, “no”, “stop that!”, “don’t...”, “you never...”

CHILD PROTECTION

- All staff are mandatory reporters and must make a report if they suspect, on reasonable grounds, that a child is at risk of significant harm.
- Staff are required to complete annual child protection training to ensure they understand their obligations under child protection law, can recognise the signs of child abuse, and know the process of making a report.
- New staff members, volunteers and students are required to undertake online child protection training and must provide the organisation with a completion certificate prior to commencement.
- If a staff member is required to work alone, careful consideration has been given to the ability of that individual to meet regulatory and child protection requirements.
- Staff are regularly trained to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse. Resources to support staff making reports are readily available and regularly updated in line with current recommendations.

CHILD SAFE STANDARDS

- Our organisation is committed to being a child safe organisation and endorses the Child Safe Standards, placing the protection of children as a priority of our responsibilities and obligations.

Child Safe Standard 1

Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued.

Child Safe Standard 2

Child safety and wellbeing is embedded in organisational leadership, governance and culture.

Child Safe Standard 3

Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously.

Child Safe Standard 4

Families and communities are informed and involved in promoting child safety and wellbeing.

Child Safe Standard 5

Equity is upheld and diverse needs respected in policy and practice.

Child Safe Standard 6

People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.

Child Safe Standard 7
Processes for complaints and concerns are child-focused.
Child Safe Standard 8
Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
Child Safe Standard 9
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
Child Safe Standard 10
Implementation of the Child Safe Standards is regularly reviewed and improved.
Child Safe Standard 11
Policies and procedures document how the organisation is safe for children and young people.

RECORD KEEPING AND PRIVACY

- All personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, students, volunteers, parents, guardians, families or children, unless there is a risk to someone's safety.
- It is recommended that records identified as relevant to child safety and wellbeing be:
 - kept for 45 years
 - clear, objective, and thorough
 - maintained in an indexed, logical, and secure manner
 - retained and disposed of in a consistent manner.
- The approved provider must ensure that records of injuries or trauma are stored until the child is 25 years old.

LEGISLATIVE RESPONSIBILITIES

- Our organisation takes our legal responsibilities seriously, including:
 - **Failure to Disclose:** Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who form a reasonable belief that another adult may have committed a sexual offence against a child under 16 years of age have an obligation to report that information to *Victoria Police*.
 - **Failure to Protect:** People of authority in our organisation 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.
 - **Grooming:** The law prohibits communications with a child, or a child's parents or guardians, with the intent of committing child sexual abuse. Staff, students, volunteers, and other adults associated with the organisation must be aware that grooming is an offence and report suspicions.
 - **Mandatory Reporters:** Any personnel who are deemed to be mandatory reporters must comply with their duties.



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REPORTABLE CONDUCT SCHEME

- The *Victorian Reportable Conduct Scheme* requires organisations to report allegations of child abuse and child-related misconduct made about their workers or volunteers to the *Commission for Children and Young People (CCYP)*. The scheme aims to improve how organisations respond to allegations of child abuse and child-related misconduct.
- The approved provider must notify the *Commission* about any allegations of misconduct involving a child within three business days and update the *Commission* within 30 calendar days. Reportable conduct applies to all employees, staff, volunteers, students, and contractors within our organisation.
- The approved provider must also investigate the reportable allegation and provide the findings of the investigation to the *Commission*. The service must also respond to the *Commission* when contacted for information.
- Under the scheme:
 - Organisations must respond to allegations of child abuse and child-related misconduct made against their workers and volunteers.
 - Organisations must tell the *Commission* about allegations.
 - The *Commission* oversees how organisations respond to and investigate allegations.
 - Organisations, regulators, *Victoria Police*, the *Working with Children Check* and the *Commission* share information.
- Organisations must still report any behaviour that may be criminal to *Victoria Police*. If the police are involved, organisations must still investigate, but only after the police give approval to commence an internal investigation.
- There are five types of conduct considered 'reportable' under the scheme, as defined by the *Child Wellbeing and Safety Act 2005*:
 - Sexual offences against, with, or in the presence of a child.
 - Sexual misconduct against, with, or in the presence of a child.
 - Physical violence against, with, or in the presence of a child.
 - Behaviour likely to cause significant emotional or psychological harm.
 - Significant neglect of a child.
- If an allegation of child abuse or child-related misconduct is made about a staff member, they will face an internal and/or external investigation which may result in any of the disciplinary action listed below. Disciplinary actions may include, but are not limited to:
 - additional training and support
 - verbal warning
 - formal written warning
 - report to police/ Sexual Offences and Child-abuse Investigation Team (SOCIT)
 - report to Reportable Conduct Scheme
 - stood down with pay
 - stood down without pay
 - termination of employment/engagement.

REPORTABLE CONDUCT

Sexual Offences Against, With, or in the Presence of a Child.

This is conduct of a sexual nature (online or in person) that is not necessarily criminal. This could be inappropriate touching, intimate contact or exposure to conversations or content of a sexual nature.

Sexual Misconduct Against, With, or in the Presence of a Child.

This can include sexual assault, indecent acts, possession of child abuse material and 'grooming' a child to commit a sexual offence.

Physical Violence Against, With, or in the Presence of a Child.

This can include hitting, punching, kicking, pushing or striking with an object. Physical violence is either intentional, or occurs as the result of recklessness. It also includes apprehension of violence – behaviour that causes a child to believe force will be used against them.

Behaviour Likely to Cause Significant Emotional or Psychological Harm.

This includes verbal abuse, manipulative behaviour, hostility, rejection, belittling or scapegoating. The harm must be significant, with a clear link between the harm and the adult's behaviour.

Significant Neglect of a Child.

Neglect is significant where an adult could have met a child's basic needs (as they have the capacity to understand those needs) but there is a deliberate or reckless failure to do so. Neglect of this kind can be physical, emotional, supervisory or educational.

REASONABLE BELIEF

- A person may form a belief on reasonable grounds that a child or young person is in need of protection after becoming aware that the child or young person's safety, health or wellbeing is at risk and the child's parents or guardians are unwilling or unable to protect them.
- There may be reasonable grounds for forming such a belief 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 referring to themselves).
 - someone who knows the child states that the child has been physically or sexually abused.
 - a child shows signs of being physically or sexually abused.
 - the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability, or other factors that are impacting on the child's safety, stability or development.
 - the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, inadequate care or lack of appropriate supervision.
 - a child's actions or behaviour may place them at risk of significant harm and the parents or guardians are unwilling or unable to protect the child.

MANDATORY REPORTING

- Mandatory reporting is the legal obligation to report a reasonable belief, on reasonable grounds, that a child or young person is experiencing, or has experienced, non-accidental physical injury or sexual abuse.
- People deemed to be mandatory reporters include:
 - early childhood educators and staff.
 - early childhood teachers registered with the Victorian Institute of Teaching.
 - registered doctors and nurses, including maternal child health nurses.
 - all staff with post-secondary qualifications in the care or education of children.
 - approved providers and nominated supervisors of early childhood services.



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- Mandated staff must make a report to *Victoria Police* and/or *Child Protection* as soon as is practicable if, during the course of acting out their professional roles and responsibilities, they form a belief on reasonable grounds that a child:
 - has suffered, or is likely to suffer, significant harm as a result of physical and/or sexual abuse.
 - has suffered or is likely to suffer, significant psychological harm.
 - did not receive necessary medical care.
 - is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm.
- Mandatory reporters must also follow processes for responding to incidents, disclosures or suspicions of child abuse to fulfil all their legal obligations.
- If staff suspect a case of child abuse or neglect, they are required to:
 - Document evidence.
 - Decide on a course of action.
 - Document action to be taken.
 - Make a report to the required authorities.
 - Discuss concerns and action taken with the nominated supervisor.
 - Follow up & follow through as necessary.
- When concerns are held for the safety and wellbeing of children, staff can make a referral to *Orange Door* for a family to receive support to address the concerns:
 - *Orange Door* Inner Eastern Melbourne: 1800 354 322
 - *Orange Door* Outer Eastern Melbourne: 1800 271 150
 - *Orange Door* Helpline: 1800 015 188
- If significant concerns are held for the safety and wellbeing of children, a report can be made to Child Protection to address the concerns:
 - East Division Intake: 1300 360 391
 - South Division Intake: 1300 655 795
 - Child Protection Emergency Service: 13 12 78
- It is possible to consult with Child Protection in order to determine whether it is appropriate to report to Child Protection, refer to *Orange Door*, or engage another support service.
- The service will actively provide support and education for children and families before problems arise. Families may be referred to antenatal services, maternal and child health services or their general practitioner.
- All families will be treated with equality, dignity and respect, and all matters will be dealt with confidentially.
- Staff must make a new report in any circumstance where they become aware of any further reasonable grounds for the belief. This means they must make a new report to protect a child even if they are aware that:
 - Child protection or *Victoria Police* were previously involved or are already involved with the child and/or their family.
 - Another party, such as a family member, has already raised concerns with the relevant authorities.
 - If another person has already made a report.

MANAGING A DISCLOSURE OR COMPLAINT FROM A CHILD

- The organisation validates any disclosures or complaints from a child, no matter how the individual receiving the disclosure might feel about it. This means listening to the child, taking

them seriously and responding to and acting on the disclosure by following reporting and response procedures. It is very important to trust children and assure them that they are trusted.

- Actions to take if a child raises a complaint or safety concern, or discloses abuse, include:
 - Let the child talk about their concerns in their own time and in their own words.
 - Give them full attention, time and a quiet space in which to do this.
 - Maintain a calm appearance with no expressions of panic or shock.
 - Use a neutral, non-judgmental tone with no urgency, and where possible, use the child's language and vocabulary.
 - Do not be afraid of saying the 'wrong' thing.
 - Be supportive, reassuring and comforting if they are upset.
 - Tell them it is not their fault and that they were right to tell you.
 - Ask open-ended questions and not leading questions.
 - Do not make promises you cannot keep.
 - Let them know you will act on this information, that you may need to let other people know, and explain why that is the case.
 - Write down what the child told you as soon as you can, using their words as best as you can remember.
 - Take note of their behaviour and appearance at the time.
 - Take notes of physical evidence, e.g., *bruising if the child shows you*.
 - Help the child and their family to get appropriate support, such as counselling.
 - Thank or commend the child for helping make your organisation safer.

- It is important that a child's access to the organisation's complaints process is not restricted because of their background, characteristics or life experience. Understanding the barriers children may face in raising a complaint will help you develop an accessible process. Think about:
 - Fear of not being believed.
 - Being unable to understand or read procedures or policies.
 - The power imbalance between children and adults.
 - Feelings of mistrust.
 - Fear of getting people into trouble.
 - Cultural differences or sensitivities.
 - A lack of help or support.
 - Fear of retribution or vengeance.
 - Fear of being excluded, shamed or ridiculed.
 - A lack of access to information about their rights.
 - A lack of access to someone other than an abuser, e.g., *carer*.
 - Past experiences of racism.

THE FOUR CRITICAL ACTIONS

- When responding to an incident, disclosure or suspicion of child abuse, the *Department of Education and Training* encourages organisations to follow the four critical actions.

Action 1 – Responding to an Emergency

Ensure Immediate Safety

If a child has just been abused, or is at immediate risk of harm, take reasonable steps to protect them.

These include:

- separating the alleged victim and others involved, ensuring all parties are supervised by staff.
- arranging and providing urgent medical assistance where necessary by:
 - administering first aid assistance
 - calling 000 for an ambulance and following any instructions from emergency services.

- calling 000 for urgent police assistance if the person who is alleged to have engaged in the abuse poses an immediate risk to the health and safety of any person.

Preserve Evidence

Where an incident of suspected child abuse occurs at the service, preserve evidence until the police or other relevant authorities arrive on the premises.

Consider all of the following:

- *Environment*
 - Do not clean up the area and preserve the sites where the alleged incidents occurred. Cordon off the relevant area/room/building and take reasonable steps to ensure that no one enters these areas.
- *Clothing*
 - If sexual abuse/physical abuse is suspected, ensure that the person who has allegedly committed the abuse, and the child who has allegedly been abused, remain in their clothing and, if this is not possible, ensure that the clothes are not washed, are handled as little as possible, and stored in a sealable bag.
- *Other Physical Items*
 - If there are any other items that may amount to evidence, e.g., *weapons, bedding, condoms*, try to ensure that these things remain untouched.
- *Potential Witnesses*
 - Reasonable precautions must be taken to prevent discussion of the incident between those involved in the alleged incident (including any other children who may have witnessed the incident).

Action 2 – Reporting to Authorities

Reporting when the Source of Suspected Abuse is Within the Service

If the source of suspected abuse comes from within the service (this includes any forms of suspected child abuse involving a staff member, contractor or volunteer):

- Report internally to the nominated supervisor who will notify the approved provider.
- Notify *Victoria Police*, via your local police station.
- Notify the regulatory authority within 24 hours.
- Notify the *Commission for Children and Young People* within 3 business days.

Reporting when the Source of Suspected Abuse is Within the Family or Community

If the source of suspected abuse comes from within the family or community:

- Report internally to the nominated supervisor who will notify the approved provider.
- Notify child protection.
- Notify *Victoria Police*, via your local police station (if sexual abuse).
- Notify the regulatory authority within 24 hours.

Action 3 – Contact Parents or Guardians

Seeking Advice before Contacting Parents or Guardians

Before contacting a parent or guardian, staff must contact *Victoria Police* or child protection. They will advise the service about whether it's appropriate to contact with the parents or guardians at this stage. Report internally to the nominated supervisor who will notify the approved provider.

The service will be advised not to contact the parents or guardians in circumstances where:

- the parents or guardians are alleged to have engaged in the abuse.
- a disclosure to the parent or guardian may subject the child to further abuse.
- the notification is likely to adversely affect the investigation of the incident by the relevant authorities.

Making Contact with Parents or Guardians, Where Advised as Appropriate

Where advised to be appropriate, your service should make sensitive and professional contact with parents or guardians as soon as possible on the day of the incident, disclosure or suspicion.

In many cases where it is suspected that a child has been, or is at risk of being abused, it is extremely important that parents or guardians are notified as soon as practicable.

This enables parents or guardians to take steps to:

- prevent or limit their child's exposure to further abuse.
- ensure that their child receives the support that they require.

How to Discuss Concerns with Parents or Guardians

When talking to parents or guardians about suspected abuse, it is important to:

- remain calm.
- be empathetic to feelings and acknowledge distress.
- acknowledge and validate concerns.
- provide appropriate details of the incident, disclosure and/or suspicion of child abuse.
- outline the action staff have taken to date.
- inform them of who the incident, disclosure and/or suspicion has been reported to.
- provide the name and contact phone number of child protection and/or the police officer who is investigating.
- provide information on whether they are likely to be contacted by child protection or *Victoria Police*.
- inform them that the investigation may take some time and ask what further information they would like and how staff can assist them.

Action 4 – Providing Ongoing Support

Making Sure a Child is Safe and Supported when Attending the Service

Where appropriate, services need to provide support to children and families to address the trauma and wellbeing issues associated with child abuse.

Where appropriate, services should consider:

- establishing regular communication with the child's parents or guardians to plan support strategies and discuss a child's progress, and the success of any support strategies.
- engage allied health professionals with expertise in addressing child abuse and trauma to support the service to design and implement support strategies.
- establish a safety plan, in instances where the abuse has been led by a person within the service, and/or visiting the service to mitigate risk of further abuse.

PROVIDING DEVELOPMENTALLY AND CULTURALLY APPROPRIATE SUPPORT

- Whilst a child's background should not impact on a decision to report suspected abuse, staff and volunteers in early childhood services need to be sensitive to a child's individual circumstances.



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- **Children with Disabilities**

When supporting a child with disability who has been impacted by child abuse it is critical to consider the child's:

- chronological age, developmental age and their cognitive functioning in order to tailor developmentally appropriate support strategies.
- vulnerability to ongoing abuse when considering the need to make a further report and/or implement risk mitigation strategies.

- **Aboriginal and Torres Strait Islander Children**

When supporting an Aboriginal or Torres Strait Islander child who has been impacted by child abuse, in addition to taking action to protect a child's safety and wellbeing, it is essential that services provide culturally appropriate support.

It's important to recognise that Aboriginal and Torres Strait Islander communities have a specific history, and cultural traditions, and may be sensitive to the way Aboriginal issues are represented, e.g.,

- it may be inappropriate to use peoples' names or images and you should always ask.
- family violence is not an aspect of 'traditional' Aboriginal or Torres Strait Islander cultures.
- There are interconnecting and trans-generational experiences of abuse within Aboriginal & Torres Strait Islander communities. The impact of this abuse is compounded by the fact that many Aboriginal & Torres Strait Islander communities have:
 - not had access to culturally appropriate services or supports.
 - a fear or distrust of government supports.
 - experienced significant socioeconomic disadvantage and marginalisation as a result of their Aboriginal status.

- **Children from Culturally and Linguistically Diverse (CALD) backgrounds**

When supporting a child from CALD backgrounds who has been impacted by child abuse, in addition to taking action to protect a child's safety and wellbeing, it is essential that services provide culturally appropriate support. However, this should not detract from ensuring the child's safety and wellbeing.

Where possible services should work with relevant cultural support services (ensuring that the confidentiality of the child and family is maintained) and engage an interpreter when communicating with the student's family if needed.

- **Children with Refugee Backgrounds**

When working with children from refugee backgrounds, who have been impacted by child abuse, it is important to recognise that they (and their families) may also be experiencing trauma, dislocation and loss. This trauma may significantly affect family wellbeing and parenting capacity and whilst these issues also require sensitive consideration, they should not detract from ensuring the child's safety and wellbeing (or impact on decisions to report suspected abuse).

SUPPORT FOR STAFF

- If a staff member needs to talk to someone, it is recommended that they speak to a nominated supervisor, responsible person or the approved provider about arranging appropriate support.
- Staff can also contact Lifeline on 13 11 14 or chat to someone online at Lifeline.

DEFINITIONS OF CHILD ABUSE

Physical Child Abuse
Physical child abuse is the non-accidental infliction of physical injury or harm of a child.

Child Sexual Abuse

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

Child sexual abuse does not always involve force. In some circumstances, a child may be manipulated into believing that they have brought the abuse on themselves, or that the abuse is an expression of love through a process of grooming.

Any child can be victim of sexual abuse, however, children who are vulnerable, isolated, or have a disability, are disproportionately abused and are much more likely to become victim.

Child sexual abuse is most commonly perpetrated by someone who is known to, and trusted by, the child. And often someone highly trusted within their family, communities, schools or other institutions.

Perpetrators can include, but are not limited to:

- a family member (*this is known as intra family abuse and can include sibling abuse*).
- a staff member, coach, or other carer.
- a peer or child 10 years or more in age.
- a family friend or stranger.
- a person via a forced marriage (*this is where a child 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 child by a child 10 years or over can constitute a sexual offence.

Child Sexual Exploitation

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

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

Child sexual exploitation can occur in person or online, and sometimes the child may not even realise they are a victim.

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 or guardian.

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.

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.

Online grooming can also precede online child exploitation, a form of sexual abuse where adults use the internet or a mobile to communicate sexual imagery with or of a child, e.g., *via a webcam*.

Emotional and Psychological Child Abuse

Emotional and psychological 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.

Neglect

Neglect is a failure to provide the child with adequate care or support to the extent that the health or physical development of the child is significantly impaired or placed at serious risk.

Neglect can include an inadequate standard of:

- nutrition
- medical care
- clothing
- shelter
- supervision

In some circumstances the neglect of a child:

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

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

- concerns due to conflict within a family.
- parenting difficulties.
- isolation of a family or a lack of apparent support.

Family Violence

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

- physical violence or threats of violence.
- verbal abuse, including threats.
- emotional or psychological abuse.
- sexual abuse.
- financial and social abuse.

A child's exposure to family violence constitutes child abuse. This exposure can be very harmful and may result in physical harm and long-term physical, psychological and emotional trauma.

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

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

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

Family Violence in Aboriginal and Torres Strait Islander Communities

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

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

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

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

Racial, Cultural or Religious Abuse

Racial, cultural, or religious abuse is conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion. It may be overt, such as direct racial vilification or discrimination, or covert, such as demonstrating a lack of cultural respect, attitude, values, awareness, knowledge and understanding.

Bullying

Bullying is repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

INDICATORS OF ABUSE

Physical Child Abuse

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

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

- Female genital mutilation.

Behavioural indicators of physical child abuse include, but are not limited to:

In an infant or toddler:

- Self-stimulatory behaviours, *e.g.*, *rocking, head banging.*
- Crying excessively or not at all.
- Listless and immobile.
- Emaciated and pale.
- Significant delays in gross motor development and coordination.
- Their parent or guardian is unresponsive or impatient to child's cues and unreceptive to support.

In all children, infants and toddlers:

- Disclosure of physical abuse, *e.g.*, *by child, friend, family member.*
- Inconsistent or unlikely explanation for cause of injury.
- Wearing clothes unsuitable for weather conditions to hide injuries.
- Distrust, wariness or fear of a parent or guardian or reluctance to go home.
- Unusual fear of physical contact with adults.
- Fear of home, specific places or particular adults.
- Unusually nervous, hyperactive, aggressive, disruptive & destructive to self and/or others.
- Overly compliant, shy, withdrawn, passive and uncommunicative.
- Change in sleeping patterns, fear of the dark or nightmares and regressive behaviour, *e.g.*, *bed wetting.*
- No reaction or little emotion displayed when being hurt or threatened.
- Poor, irregular or non-attendance at the service, without reasonable explanation, where regular attendance is expected.
- Complaining of headaches, stomach pains or nausea without physiological basis.
- Poor self-care or personal hygiene.
- Very early starts, late stays or long periods at the service.

Child Sexual Abuse

Physical sexual offences include, but are not limited to:

- Kissing or fondling a child in a sexual way.
- Masturbation.
- Fondling the child's genitals.
- Oral sex.
- Vaginal or anal penetration by a penis, finger or other object.
- Exposure of the child to pornography.

Non-contact sexual offences include, but are not limited to:

- Talking to a child in a sexually explicit way.
- Sending sexual messages or emails to a child.
- Exposing a sexual body part to a child.
- Forcing a child to watch a sexual act including showing pornography to a child.
- Having a child pose or perform in a sexual manner (including child sexual exploitation).
- Grooming or manipulation.

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

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

- Sexually-transmitted infections.
- Frequent urinary tract infections.

Behavioural indicators of child sexual abuse include, but are not limited to:

In an infant or toddler:

- Self-stimulatory behaviours, *e.g.*, *rocking, head banging.*
- Crying excessively or not at all.
- Listless and immobile.
- Emaciated and pale.
- Significant delays in gross motor development and coordination.

In all children, infants and toddlers:

- Disclosure of sexual abuse, *e.g.*, *by child, friend, family member.*
- Drawings or descriptions of stories that are sexually explicit and not age-appropriate.
- Persistent and age-inappropriate sexual activity, *e.g.*, *excessive masturbation or rubbing genitals against adults.*
- Wariness or fear of a parent, carer or guardian and reluctance to go home.
- Unusual fear of physical contact with adults.
- Change in sleeping patterns, fear of the dark or nightmares and regressive behaviour, *e.g.*, *bed wetting.*
- Wearing clothes unsuitable for weather conditions to hide injuries.
- Unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others.
- Significant delays in gross and fine motor development and coordination.
- Overly compliant, shy, withdrawn, passive and uncommunicative.
- Fear of home, specific places or particular adults.
- Poor self-care or personal hygiene.
- Complaining of headaches, stomach pains or nausea without physiological basis.
- Difficulties relating to peers.
- Problems concentrating at school, kindergarten or child care.
- Indicators of grooming, *e.g.*, *gifts.*

Behaviour indicators for perpetrators of child sexual abuse include, but are not limited to, the following people:

Family member:

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

Service staff member, contractor, volunteer, coach or any other carer with any child:

- touching a child inappropriately.
- obvious or inappropriate preferential treatment of the child, making them feel special.
- inappropriately befriending the parents and making visits to their home and offering to drive a child to or from the service.
- giving of gifts to the child.
- undermining the child's reputation, so that the child won't be believed.

With older children:

- bringing up sexual material or personal disclosures into conversations.
- inappropriate contact, *e.g.*, *calls, emails, texts, or social media.*
- having inappropriate social boundaries, *e.g.*, *telling the potential victims about their own personal problems.*

Emotional and Psychological Child Abuse

Physical indicators of emotional and psychological abuse include, but are not limited to:

- Language delay, stuttering or selectively being mute (only speaking with certain people or in certain situations).
- Delays in emotional, mental or physical development.

Behavioural indicators of emotional and psychological abuse include, but are not limited to:

In an infant or toddler:

- Self-stimulatory behaviours, e.g., *rocking, head banging.*
- Crying excessively or not at all.
- Listless and immobile.
- Emaciated and pale.
- Significant delays in gross motor development and coordination.
- Their parent or guardian is unresponsive or impatient to child's cues and unreceptive to support.

In all children, infants and toddlers:

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

Grooming (in person and online)

Examples of grooming include, but are not limited to:

- Giving gifts or special attention to a child or their parent or carer (*this can make a child or their parent feel special or indebted*).
- Controlling a child, or that child's parents, through threats, force or use of authority (*this can make a child or their parent fearful to report unwanted behaviour*).
- Making close physical contact or sexual contact, such as inappropriate tickling and wrestling.
- Openly, or pretending to accidentally, expose the victim to nudity, sexual material and sexual acts (*this in itself is classified as child sexual abuse but can also be a precursor to physical sexual assault*).

Behavioural indicators that a child may be subject to grooming include, but are not limited to:

- Developing an unusually close connection with an older person.
- Displaying mood changes, e.g., *hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, and depressed.*
- Using street or different language.
- Copying the way the new 'friend' may speak.
- Talking about the new 'friend' who does not belong to their normal social circle.

- Possessing unexplained gifts, money and expensive items given by the *'friend'*, or not wanting to talk about where they came from.
- Being excessively secretive about their use of communications technologies, including social media.
- Being dishonest about where they've been, what they've been doing, or whom they've been with.
- Getting lots of messages from someone they only know online.
- Spending less time with friends or changing friendship groups suddenly.
- Not wanting to talk about their day, thoughts or feelings anymore.
- Regularly missing school, work or other activities
- Not wanting others around when they're with particular friends or adults.

Groomers may also try to gain the trust of a child's parents, guardians or family including, but not limited to:

- Offering to take the child to activities, *e.g.*, *sports*.
- Offering to babysit.
- Offering to mentor or coach the child individually.
- Buying gifts or doing things for the family, *e.g.*, *home repairs*.
- Complimenting the family and parenting.

Neglect

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.
- Nappy rash, skin disorders or untreated infections and conditions.
- Malnourishment.

Behaviour indicators of neglect include, but are not limited to:

In an infant or toddler:

- Self-stimulatory behaviours, *e.g.*, *rocking, head banging*.
- Crying excessively or not at all.
- Listless and immobile.
- Emaciated and pale.
- Significant delays in gross motor development and coordination.
- Their parent or guardian is unresponsive or impatient to child's cues and unreceptive to support.
- Developmental delay due to lack of stimulation.

In all children, infants and toddlers:

- Being left with older children or persons who could not reasonably be expected to provide adequate care and protection.
- Gorging when food is available or inability to eat when extremely hungry.
- Begging for or stealing food.
- Appearing withdrawn, listless, pale and weak.
- Aggressive behaviour or irritability.
- Little positive interaction with parents or guardians.
- Indiscriminate acts of affection and excessive friendliness towards strangers.

- Significant delays in gross and fine motor development and coordination.
- Poor, irregular or non-attendance at the service, without reasonable explanation, where regular attendance is expected.
- Refusal or reluctance to go home.
- Self-destructive behaviour.
- Taking on an adult role of caring for parent.
- Very early starts, late stays or long periods at the service.
- Inadequate attention to the safety of the home, *e.g.*, *dangerous medicines left where children may have access to them.*
- Being left unsupervised, either at home, on the street or in a car.
- Poor social skills.
- Low understanding of hygiene.
- Lack of attachment.

Family Violence

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

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

Behavioural indicators of family violence may include, but are not limited to:

In an infant or toddler:

- Self-stimulatory behaviours, *e.g.*, *rocking, head banging.*
- Crying excessively or not at all.
- Listless and immobile.
- Emaciated and pale.
- Significant delays in gross motor development and coordination.

In all children, infants and toddlers:

- Violent/aggressive behaviour and language.
- Depression and anxiety.
- Appearing nervous and withdrawn, including wariness of adults.
- Difficulty adjusting to change.
- Developmentally inappropriate bedwetting and sleeping disorders.
- Extremely demanding, attention-seeking behaviour.
- Participating in dangerous risk-taking behaviours to impress peers.
- Overly compliant, shy, withdrawn, passive and uncommunicative behaviour.
- *'Acting out'*, such as cruelty to animals.
- Demonstrated fear of parents or guardians, and of going home.
- Complaining of headaches, stomach pains or nausea without physiological basis.

ROLES AND RESPONSIBILITIES

Approved Provider

- Ensure that the nominated supervisors and staff within the organisation are advised of current child protection legislation and any obligations that they may have under that law.



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	<ul style="list-style-type: none"> • Ensure staff undertake appropriate training and education on child protection, including recognising the signs of child abuse, knowing how to respond, and understanding processes for reporting and managing concerns & incidents. • Ensure recruitment and induction processes are in line with this policy. • Where the organisation has been notified of a court order prohibiting an adult from contacting an enrolled child, ensure such contact does not occur while the child is at the service. • Ensure clear procedures are in place for reporting suspected child abuse and management of complaints. • Notifying the <i>Department of Education and Training</i> within 24 hours of becoming aware of a notifiable complaint or allegation regarding the health, safety and/or welfare of a child at the service. • Notify the <i>Commission for Children and Young People</i> within 3 business days of becoming aware of a reportable allegation, and update the <i>Commission</i> within 30 calendar days with detailed information about the reportable allegation and any action. • Follow all record keeping requirements. • Co-operate with other services and/or professionals. • Inform families of support services available to them, and of the assistance these services can provide. • Maintain confidentiality at all times. • Ensure children are adequately supervised and that educator-to-child ratios are maintained at all times. • Ensure volunteers, students, families or other visitors are not left with sole supervision of individual children or groups of children. • Ensure the physical environment is safe, secure and free from hazards. • Ensure all equipment and materials meet relevant safety standards. • Ensure that at least one person at the service meets current first aid requirements at all times. • Ensure all staff are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances. • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Nominated Supervisor and Responsible Persons</p>	<ul style="list-style-type: none"> • Ensure that staff within the organisation are advised of current child protection legislation and any obligations that they may have under that law. • Ensure staff undertake appropriate training and education on child protection, including recognising the signs of child abuse, knowing how to respond, and understanding processes for reporting and managing concerns & incidents. • Ensure recruitment and induction processes are in line with this policy. • Screen all staff by conducting interviews, completing reference checks, and checking Working with Children Checks and VIT registrations. • Where the organisation has been notified of a court order prohibiting an adult from contacting an enrolled child, ensure such contact does not occur while the child is at the service. • Ensure clear procedures are in place for reporting suspected child abuse and management of complaints. • Notify the approved provider immediately on becoming aware of a concern, complaint or allegation regarding the health, safety and welfare of a child at the service.

	<ul style="list-style-type: none"> • Follow all record keeping requirements. • Educate and empower children to talk about events and situations that make them feel uncomfortable. • Co-operate with other services and/or professionals. • Inform families of support services available to them, and of the assistance these services can provide. • Maintain confidentiality at all times. • Ensure children are adequately supervised and that educator-to-child ratios are maintained at all times. • Ensure volunteers, students, families or other visitors are not left with sole supervision of individual children or groups of children. • Ensure that all contractors and visitors sign in to the service. • Ensure the physical environment is safe, secure and free from hazards. • Ensure all equipment and materials meet relevant safety standards. • Ensure that at least one person at the service meets current first aid requirements at all times. • Implement and practice emergency and evacuation procedures at least every 3 months. • Ensure all staff are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances. • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Educators and Staff Members</p>	<ul style="list-style-type: none"> • Hold a valid employee <i>Working with Children Check</i> or VIT registration. • Keep up to date with current child protection legislation and any obligations under that law. • Undertake appropriate training and education on child protection, including recognising the signs of child abuse, knowing how to respond, and understanding processes for reporting and managing concerns & incidents. • Where the organisation has been notified of a court order prohibiting an adult from contacting an enrolled child, ensure such contact does not occur while the child is at the service. • Notify the nominated supervisor immediately on becoming aware of a concern, complaint or allegation regarding the health, safety and welfare of a child at the service. • Follow all record keeping requirements. • Educate and empower children to talk about events and situations that make them feel uncomfortable. • Co-operate with other services and/or professionals. • Inform families of support services available to them, and of the assistance these services can provide. • Maintain confidentiality at all times. • Ensure children are adequately supervised and that educator-to-child ratios are maintained at all times. • Ensure volunteers, students, families or other visitors are not left with sole supervision of individual children or groups of children. • Ensure that all contractors and visitors sign in to the service. • Ensure the physical environment is safe, secure and free from hazards. • Ensure all equipment and materials meet relevant safety standards. • Practice emergency and evacuation procedures at least every 3 months.



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	<ul style="list-style-type: none"> • Ensure children are not subjected to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances. • Maintain learning environments that provide sufficient space, and include carefully chosen and well-maintained resources. • Maintain a regular cleaning schedule for all equipment. • Maintain a clean environment daily, and remove hazards as soon as these become apparent. • Conduct a daily check of the building, ensuring all children are signed out of the service, and closing procedures are followed. • Read, understand, follow and enforce the organisation’s policies and procedures.
<p>Parents, Guardians and Families</p>	<ul style="list-style-type: none"> • Provide current court orders and parenting plans to ensure our records are always up to date. • Report any concerns, including in relation to potential for child abuse, to the nominated supervisor. • Abide by the organisation’s <i>Code of Conduct for Families</i>. • Read, understand and follow the organisation’s policies and procedures.

SOURCES

- ACECQA – *Embedding the National Child Safe Principles* – July 2023
- ACECQA – *Inappropriate Discipline* – July 2023
- ACECQA – *Providing a Child Safe Environment* – July 2023
- Australian Children’s Education and Care Quality Authority
- CCYP – *A Guide for Creating a Child Safe Organisation* – April 2023
- Children, Youth and Families Act 2005 – September 2023
- Commission for Children and Young People
- Department of Education and Training
- Early Childhood Australia Code of Ethics 2016
- Education and Care Services National Law Act 2010 – July 2023
- Education and Care Services National Regulations 2011 – July 2023
- Guide to the National Quality Framework 2018 – July 2023
- Kidsafe
- National Office for Child Safety – *Complaint Handling Guide* – February 2019
- Victorian Government – *About Child Safe Standards* – July 2023
- Victorian Government – *Child Protection in Early Childhood (PROTECT)* – April 2023
- Victorian Government – *The Child Safe Standards in Early Childhood Services* – July 2023