womens health & family services

Policy for Child Safety

Policy Area	Client Services
Policy Owner	EMCSS and EMMMHS
Date Reviewed	7 September 2021 (V1)
Date Reviewed	18 January 2022 (V2)
Next Review	18 January 2025

Purpose and Scope

The purpose of this policy is to provide guidance for the protection of children who are clients of Womens Health & Family Services (WHFS), or children associated with clients of WHFS. This policy is based on the welfare of children and their right to protection from abuse whatever their age, culture, disability, gender, language, ethnic origin, religious beliefs, or sexual orientation and ensures the existence of an accessible process through which staff can communicate and report any alleged breaches or concerns about the safety of children who attend or come into their association. For the purposes of this policy document the definition of 'children' includes young persons and adolescents up to the age of 18 years.

The organisation recognizes that any intervention in the family unit is justified only in exceptional circumstances where the child's safety is seriously threatened and in immediate risk of abuse (physical, sexual, emotional, or psychological) and/or neglect.

WHFS is committed to ensuring staff are:

- Subject to screening during recruitment procedures including providing a current (within 6 months) National Police Clearance, at commencement of employment and kept up to date throughout their employment.
- Where the employees position description related to working directly with children as part of their role staff are required to obtain a Working with Children Check.
- Provided with appropriate training and support in child protection matters, including being familiar with this Policy as part of their induction.
- Alert to the forms and signs of child abuse in children
- Able to raise their concerns with their Coordinator /Manager /Executive and at no time will the staff member act independently of the directive given by Management.
- Ensuring that children are listened to, valued and respected and can make complaints or disclosures easily.

If a staff member receives a complaint or disclosure of child abuse or neglect, it is important that they:

- Always believe the child
- Reassure the child that the telling was the right thing to do
- Maintain a calm appearance

This policy applies to WHFS staff including employees, board members, students, volunteers, and anyone who represents WHFS.

Policy Statement

WHFS aims to create a safe environment within which children and young people can thrive and staff can work with the protection of clear guidance for reporting of abuse and suspected abuse.

WHFS recognises its responsibilities to safeguard and promote the welfare of children within the frameworks of the:

- Children and Community Services Act 2004 WA
- Working with Children (Criminal Record Checking) Act 2004 (WA)
- National Principles for Child Safe Organisations, Appendix A

Key Definitions

Child/Children	Any child or young person (under the age of 18 years) that attends, engages with, or comes in to contact with WHFS
Alleged Perpetrator	The person believed to be responsible for the alleged abuse
Child Abuse	There are generally five types of child abuse and neglect, which may co-exist: • sexual abuse • physical abuse • emotional abuse • psychological abuse • child neglect (See additional information below)
Suicide	Death caused by self-injurious behaviour with any intent to die as a result of the behaviour. (See additional information below)
Non-suicidal Self-Injury (NSSI) or Self harm	Deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned, includes behaviours such as cutting, burning, biting, and scratching skin. (See additional information below)
Mandatory Reporting	It is a legal requirement in Western Australia for doctors, nurses, midwives, teachers, police officers and boarding supervisors to report all reasonable beliefs of **child sexual abuse** to the Department of Communities - Child Protection and Family Support.
Duty of Care	Duty of Care is an obligation to avoid acts or omissions, which could be reasonably foreseen to injure or harm other people, including protecting children from any reasonable, foreseeable risk of injury or harm
Developmental Indicators of Trauma	Refer to Child Development and Trauma Guide as a guideline to behaviours that are indicative of trauma: Child Development And Trauma Guide (dcp.wa.gov.au)
Guardian	A child 's (under 18yo) Custodial Guardian, Primary Caregiver or Legal Guardian

Forms of Abuse

In order to create a child safe environment, it is important for staff to understand the various ways in which child abuse can occur. The following section defines the various forms of abuse and harm relevant to this policy. This list is not exhaustive.

Sexual Abuse

Sexual abuse occurs when a child is exposed to, or involved in, sexual activity that is inappropriate to the child adolescent's age and developmental level. It includes circumstances where the child has less power than another person involved, is exploited or where the child/adolescent has been bribed, threatened, or coerced. It also includes situations where there is a significant difference between the developmental or maturity level of the child and another person involved.

Some examples are:

- letting a child watch or read pornography
- allowing a child to watch sexual acts
- fondling the child's genitals
- having oral sex with a child
- vaginal or anal penetration
- using the internet to find a child for sexual exploitation

Possible signs of sexual abuse include when a child:

- acts in a sexualised way that is inappropriate to his/her age
- creates stories, poems, or artwork about abuse
- has pain, bleeding or swelling in his/her genital area
- starts doing things they have grown out of such as crying a lot, bed wetting or soiling, clinging to caregiver
- has nightmares or sudden unexplained fears
- has a sexually transmitted infection or is pregnant

Physical Abuse

Physical abuse occurs when a child is severely and/or persistently hurt or injured by an adult or a child's caregiver. It may also be the result of putting a child at risk of being injured. Some examples are:

- hitting, shaking, punching
- burning and scolding
- excessive physical punishment or discipline
- attempted suffocation
- shaking a baby

Possible signs of physical abuse are:

- broken bones or unexplained bruises, burns, welts
- the child is unable to explain an injury, or the explanation is vague
- dehydration or poisoning
- the child is unusually frightened of a guardian or caregiver
- arms and legs are covered by clothing in warm weather
- when guardians delay getting medical assistance for their child's injury
- brain damage through shaking or hitting

Emotional Abuse

Emotional abuse occurs when an adult harms a child's development by repeatedly treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. Some examples are:

- constantly putting a child down
- humiliating or shaming a child
- not showing love, support, or guidance
- continually ignoring or rejecting the child
- exposing the child to family and domestic violence
- threatening abuse or bullying a child
- threats to harm loved ones, property, or pets

Possible signs of emotional abuse include when a child:

- is very shy, fearful, or afraid of doing something wrong
- displays extremes of behaviour for example from being very aggressive to very passive
- is not able to feel joy or happiness
- is often anxious or distressed
- feels worthless about life and themselves
- has delayed emotional development.

Psychological Abuse

Psychological abuse is repeatedly treating and speaking to a child in ways that damage the child's perceptions, memory, self-esteem, moral development, and intelligence. Some examples are:

- constantly belittling, shaming, and humiliating a child
- calling the child names to minimise their self-worth
- threatening a child
- keeping a child isolated from other people or friends
- constantly ignoring a child
- encouraging a child to act inappropriately

Possible signs of psychological abuse include when a child:

- feels worthless, unloved, unwanted
- feels dumb
- has difficulties remembering or recognising information
- has difficulties paying attention
- has difficulty knowing what actions are right or wrong
- is highly anxious

Neglect

Neglect is when children do not receive adequate food or shelter, medical treatment, supervision, care, or nurturance to such an extent that their development is damaged, or they are injured. Neglect may be acute, episodic, or chronic. Some examples are:

- leaving a child alone without appropriate supervision
- not ensuring the child attends school, or not enrolling the child at school
- infection because of poor hygiene or lack of medication
- not giving a child affection or emotional support
- not getting medical help when required

Possible signs of neglect in children include:

- untreated sores, severe nappy rash
- bad body odour, matted hair, dirty skin
- being involved in serious accidents
- being hungry and stealing food
- often being tired, late for school or not attending school
- feeling bad about themselves
- when a baby does not meet physical and development milestones without there being underlying medical reasons.

Suicide and Non-Suicidal Self-Injury

Suicidal Ideations includes passive thoughts about wanting to be dead or active thoughts about killing oneself, not accompanied by preparatory behaviour. Suicidal plans are thoughts related to

designing and engaging in the act of suicide. Suicidal behaviour is behaviour that is self-directed and deliberately results in injury or the potential to injure oneself. There is evidence, whether implicit or explicit, of suicidal intent.
Preparatory acts are acts or preparation towards an imminent suicide attempt. This includes anything beyond a verbalisation or thought, such as assembling a specific method (e.g., buying pills, purchasing a rope) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). A Suicide attempt is a potentially self-injurious act, associated with at least some intent to die as a result of the act. An individual may admit to attempting suicide or, if denied, suicidal intent may be inferred from the behaviour or circumstance (e.g., jumping from a high place, drug overdose) where no other intent is likely. A suicide attempt may or may not result in actual injury.
Non-suicidal self-injurious behaviour is associated with no intent to die. The behaviour is purely for non-suicidal reasons, either, to relieve distress (often referred to as self-mutilation, e.g., superficial cuts or scratches, hitting/banging or burns) or to effect change in others or the environment.

Procedures

Children may fear repercussions from family or caregivers when they make any kind of disclosure, whether it is child abuse, being injured or harmed by another or about suicide or non-suicidal self-injury, potentially harming or injuring themselves. If a child requests that the staff member promises secrecy before disclosing abuse or neglect such a promise should not be made. Instead, the staff member is encouraged to reassure the child that it is okay to make the complaint or disclosure.
No staff member will be solely responsible for reporting a matter concerning child protection including the decision to report the matter to the Department of Communities (Child Protection & Family Support) unless they fall within the category of mandatory reporting of child sexual abuse. At WHFS the occupation categories that mandatory child sexual abuse reporting applies to are Medical Doctors, Nurses and Midwifes.

Reporting Child Abuse

Mandatory reporting of Child Sexual Abuse

On 1 January 2009, the legislation that governs mandatory reporting of child sexual abuse became part of the Children and Community Services Act 2004 WA. It is a legal requirement in Western Australia for doctors, nurses, midwives {teachers and police], must report a belief, formed on reasonable grounds in the course of their work, paid or unpaid, that a child has been the subject of sexual abuse or is the subject of ongoing sexual abuse, to the Department's Mandatory Reporting Service.

A verbal report can be made but must be followed by a written report as soon as is practicable, preferably within 24 hours. If making a mandatory report, you must also check WHFS's internal reporting procedures and inform your Coordinator/Manager of making a Mandatory Report.
Although WHFS recognises the legal requirements under the Australian Privacy Act 1988 and professional requirements of confidentiality, the organisation has a Duty of Care to all clients and upholds the rights of children to be protected from all forms of abuse, acknowledging the overriding responsibility to protect children accordingly. In circumstances where WHFS staff are not mandated to report, as part of our duty of care and moral obligations the organisation will report if it is believed, based on reasonable grounds, if a child has been or is the subject of sexual abuse. However, such reports must be made in consultation with a Coordinator/Manager/Senior Team Leader and seek the approval of an Executive Manager and/or the CEO.

Reporting Other Forms Child Abuse

If the staff member wishes to report alleged or suspected abuse to the Department of Communities, they should not do so without discussing with their Coordinator, Manager or Executive Manager and seeking approval. If a Coordinator, Manager or Executive Manager is not available, then approval should be sought from the CEO.

It is not the responsibility of the staff member to decide that the alleged abuse did or will occur, but it is their responsibility to act on any concerns by reporting any suspicions they may have immediately to their Coordinator or Manager. A reasonable belief of abuse or neglect is sufficient to raise their concerns.

Where an incident is witnessed first-hand by a staff member:

- Take any reasonable immediate actions to ensure safety of the child.
- Inform your Coordinator, Manager, Executive Manager, and any other staff who may be impacted by the situation or actions taken as soon as possible (see 'Policy for Employee Safety and Duress' for further guidance on guidance to manage and report any incidents).
- Inform your Coordinator/Manager (if not already done so) and complete online Incident Report within 24hrs of the incident. For further information about Incident Reporting go to Incident Reporting Process on the WHFS Info Hub.

Where there is suspicion of child abuse, or a report of alleged abuse provided directly from the child:

- The suspicion and/or allegation is to be discussed with the relevant Coordinator/Manager and/or Executive Manager to identify and assess current risk, ongoing risk, likeliness of immediate harm and potential future harm.
- A written record is to be completed and sent to the relevant Coordinator/Manager and Executive Manager.
- The written record is to be placed on the child's electronic file. If the child is not a registered client, then a copy of the incident report is to be placed on the registered Guardian /Caregiver's client file.

Based on the identification and assessment of risk, current and ongoing, an Action Plan is to be developed and all actions taken in response are to be documented on the client file and Incident Report if relevant. If the child 's guardian is not the alleged perpetrator of the abuse and it is safe to do so, the concerns and actions to be taken may be discussed with that person. It is preferable if the child consents to WHFS staff discussing any concerned raised with their guardian. However, if consent cannot be obtained, where the guardian does not pose additional risk to the child and the risk is assessed as being significant, immediate and/or ongoing, WHFS staff have a Duty of Care to inform the child 's guardian of their concerns.

Based on this assessment and in consultation with staff (and guardian if appropriate), where the assessment:

- Concludes that the child is in immediate danger or in a life-threatening situation, contact the Western Australia Police immediately by dialling 000. Also see sub-section 'Child Assessed as High-Risk' (p8) for further guidance if the risk of self-harm or suicide is assessed as being high or imminent.

- Concludes that it is reasonable to believe that the child has been abused and/or there is a foreseeable risk of future abuse, the facts are to be verbally reported and if required a written report made to the Department. A summary of the verbal report and copy of any written reports is to be held on file alongside documentation of any further related incidents or events.
- Forms the belief that the child is likely to have been or is at risk of being injured or harmed, and/or there are ongoing concerns for their wellbeing the Child Protection Concern Referral Form can be completed in consultation with a Coordinator/Manager. The form is to be signed by the Executive Manager or in their absence, the CEO and submitted to the Department. A copy of the form is to be held on file alongside documentation of any further related incidents or events.
- Does not appear to indicate child abuse however there are still concerns about a child contact the Departments Central Intake Team on 1800 273 889 or email cpduty@communities.wa.gov.au. (https://www.dcp.wa.gov.au/ChildProtection/Pages/Ifyouareconcernedaboutachild.aspx)

Allegations Made Against a Staff Member

Allegations can be made against a staff member for a variety of reasons:

- abuse has taken place
- something happened to the child that reminds them of an event that happened in their past
- body language, actions or language of a staff member may have been misinterpreted by the child
- any other reasons

All allegations made against a staff member are to be brought to the immediate attention of the relevant Coordinator/Manager and Executive Manager immediately. In cases where the allegation is made against an Executive Manager, the CEO is to be informed.
WHFS has a transparent and accessible complaints process through which clients, including children, stakeholders, staff, or members of the community can communicate any complaints regarding WHFS services or operations. Any allegation made against a staff member will be investigated using the organisation's Complaints Policy. [Complaints Link should go here??]
To minimise risk, WHFS completes risk management analyses on its services that support children. The organisation ensures that child specific services operate in offices with viewing windows, products and materials developed for children are located in open areas, contact with children is culturally appropriate (interpreters are used if needed) and unless a specific child related service is provided, all children are accompanied by parents/caregivers.

Child Mental Health Crisis Response

For immediate crisis intervention when life may be in danger call the ambulance or police on 000 or go to local hospital emergency department.

Where a child makes a disclosure or appears at risk of suicide or non-suicidal self-injury (NSSI) a Brief Suicide Risk Assessment is completed to assess level of risk and appropriate intervention response.

The assessment considers the following when assessing level of risk:

- Suicidal/NSSI desire: Do you have/ harbor thoughts of suicide or self-harm?

- Suicidal intent/NSSI : Have you attempted suicide or self-harm? Do you have a plan? Will you act on it?
- Suicidal/NSSI capability: Do you have the means to carry out the plan? How accessible are the means?
- Buffers/ Connectedness: Do you have a support network? Assess immediate and social supports.
- Assess plan for the future. What are your core beliefs/ values/ sense of purpose? What keeps you from carrying out the plan?

Cultural considerations are also addressed and considered as part of the assessment process.

Assessments are undertaken on an ongoing basis to monitor changes in risk status and to ensure the child 's support needs are met.

If a child is assessed as being at risk of self-harm and/or suicide, safety planning and other intervention strategies to decrease the risk are implemented. Wherever possible intervention strategies will be developed in partnership with child s and their guardian where possible with the child 's consent. After initial assessment, if employees remain unsure about a child 's self-harm or suicide risk, the employee ensures child 's physical safety before consulting with their supervisor or other nominated personnel.

Child assessed as High-Risk

If the risk of self-harm or suicide is assessed as being high or imminent, the child is not to be left unsupervised. Immediate safety concerns are addressed before developing longer term case management plans. Children who present with self-harm injuries to receive necessary first aid if required. If a child is assessed as being at risk of self-harm or suicide, employees notify their supervisor or other nominated personnel to jointly develop a plan for further assessment and intervention.

If risk of suicide is identified, employees are guided to perform a combination of the following activities according to the risk rating:

- Review the child regularly.
- Identify potential supports and provide contact details.
- Contract with child to seek immediate assistance if fleeting thoughts become more serious or depression deepens.
- Request permission to organise a specialist mental health status assessment.
- Contact the local mental health crisis team.
- Ensure that the child is not left alone (where practical).
- Call an ambulance and/or police.
- Consult with a colleague or supervisor for guidance and support.
- Complete a safety plan.

Non-critical ideation can be case managed by clinicians with ongoing risk assessment. If the child identifies that they have a plan, the means to enact their plan and cannot contract with the staff member to not act on the plan before the next session; do not allow children to leave the building and contact supervisor. Consideration should be given to young person's relationship with their caregivers and family and any risk identified.

Resources linked here provide a visual guide to support staff during this process (add link to Youth Crisis Response Flow Chart; Safety Planning Template for Adolescents; and Tool for Assessment of Suicide Risk Adolescent Version Modified [TASR-Am]). Youth specific crisis numbers include:

- Kids Helpline 1800 55 1800
- Child and Adolescent Mental Health Service 1800 048 636
- Lifeline 13 11 14

Child Safe Recruitment Practices

WHFS recognises that a skilled, knowledgeable, and experienced workforce is vital to the protection of children and will therefore prioritise child safety in all its recruitment and selection procedures. WHFS recruitment and selection process is rigorous and robust. Incorporated in its HR Framework are Policies for Recruitment and National Police Checks and Working with Children Checks. Staff position descriptions include a statement of commitment to child safety and WHFS employment contracts reference the Code of Conduct and adherence to policies and procedures.

Code of Conduct

All WHFS staff are expected to abide by the WHFS Code of Conduct. The Code of Conduct must be signed by employees, volunteers, and students when they commence with WHFS, and can be found here [add link]

Responsibilities

Under this policy Management has the responsibility to:

- Provide employees with clear guidelines and appropriate training in order to implement this policy
- Supervise and monitor professional practices with regard to issues of confidentiality and reporting incidents of abuse or neglect
- Develop a plan of action to ensure that each incident/suspicion is appropriately responded to
- Document all discussions held with employees regarding the disclosure and or incident

All employees have the responsibility to:

- Familiarise themselves with this policy
- Consult with their Coordinator or Manager and/in the absence of an Executive Manager consult with the CEO their concerns, as soon as practicable.
- Inform each child at the outset of service delivery of their rights to confidentiality and the limits to this confidentially under this Policy. Children s must be informed that in circumstances where they or another person is at serious threat or harm, the employee has a professional duty-of-care to breach that confidentiality and report such matters to the appropriate authorities.

Depending on the circumstances, non-compliance with this child safety policy may constitute a breach of contract of employment or other contractual obligations. Failure to comply with the policy may result in disciplinary action including warnings on their HR profile and, in more serious cases, may result in an internal investigation and/or complaints referred to WA Police and termination of employment. If an internal investigation is required, WHFS reserves the right to delegate their

investigation to external lawyers and/ or Industrial Relations Specialists. The staff member also has the right to have a support person present. If a staff member is terminated from the employment of WHFS after an internal investigation has been conducted, WHFS Board should be informed by the CEO as soon as practicable.

Related Agencies Responsibilities

Agency	*Details*	*Contact*
Department of Child Protection & Family Support (DCPFS)	State Department responsible for the investigation and assessment of the need for statutory intervention and protection of children	Phone 08 9222 2555 Free Call 1800 622 258
Police Department	Responsible for the criminal investigation of serious offences of child abuse and for decisions about the prosecution of perpetrators.	Phone 131 444 (24hr Service) Emergencies Only 000
Perth Childrens Hospital	Medical, nursing, social work and psychiatric employees involved in child protection fulfill many direct care roles for children and their families including, medical care, social assessment, support, and counselling. Perth Childrens Hospital will only examine a child with parental consent unless there is a duty-of-care to the child because of serious medical need or serious risk of harm.	Main 08 6456 2222 Social Work 08 6456 0413 Sexual Assault (24hr Crisis Line) 08 6458 1828 Sexual Assault (24hr Counselling Line) 08 6458 1828 Sexual Assault Free Call 1800 199 888 Child Protection Unit 08 6456 0089 www.health.wa.gov.au

Related Policies and Procedures

Policy for Complaints

Policy for National Police Checks and Working with Children Checks

Policy for Recruitment

Code of Conduct

Incident Form

Policy for Suicide and Self Harm Disclosure, Prevention and Safety Planning

WHFS Policy for Suicide and Self Harm Disclosure, Prevention and Safety Planning

Complaints Policy [needs to be hyperlinked]

Policy for Employee Safety and Duress

References

Australian Privacy Act 1988 (legislation.gov.au)

Children and Community Services Act 2004 WA

Working with Children (Criminal Record Checking) Act 2004 (WA)

Child Protection & Family Support Child Protection (CPFS) Concern Referral Form, link:

[http://det.wa.edu.au/childprotection/detcms/cms-service/download/asset/?asset_id=19457767]

Child Development and Trauma Guide

Risk assessment and initial management of suicidal adolescents 201406Gordon.pdf (racgp.org.au)

Factsheet - What does it mean to be suicidal

Appendix A

National Principles for Child Safe Organisations

1. Child safety and wellbeing is embedded in organisational leadership, governance, and culture.
2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved in promoting child safety and wellbeing.
4. Equity is upheld and diverse needs respected in policy and practice.
5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.
7. Staff and volunteers are equipped with the knowledge, skills, and awareness to keep children and young people safe through ongoing education and training.
8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9. Implementation of the national child safe principles is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children and young people.

Appendix B

Other useful numbers include:
Crisis Care - CAMHS Emergency Service - 1800 048 636
Lifeline - 13 11 14
Kids Helpline - 1800 55 1800
Mensline Australia - 1300 78 99 78
Salvation Army Hope Line for suicide bereavement support - 1300 467 354
The Suicide Call Back Service - 1300 659 467

Appendix C

Additional Child Safety Resources

- United Nations Convention on the Rights of the Child (1989)
- National Framework for Protecting Australia's Children 2009-2020
- Commission for Children and Young People WA
- Department for Communities Child Protection & Family Support
- Department of Health
- Royal Commission into Institutional Responses to Child Sexual Abuse Final Report