

Cura Day Hospitals Group

Child Safety Policy

1.0 Purpose

This Child Safety Policy demonstrates the Cura Day Hospitals Group (hereinafter referred to as '**Cura**' or '**We**' as the context permits) commitment the safety of children and young people who receive care at our Facilities.

2.0 Scope

This policy applies to all Facilities and Workers.

3.0 Definitions/Glossary of Terms

Concerns and Complaints means any issue or possible issue that could impact negatively on the safety and wellbeing of children. A complaint is an expression of dissatisfaction to an organisation related to one or more of the following:

- (i) the organisation's services or dealings with individuals
- (ii) allegations of abuse or misconduct by a staff member, a volunteer or another individual associated with the organisation
- (iii) disclosures of abuse or harm made by a child
- (iv) the conduct of a child at the organisation
- (v) the inadequate handling of a prior concern
- (vi) general concerns about the safety of a group of children or activity.

Cura means Cura Day Hospitals Group Pty Ltd.

Child means a child or young person up to the age of 18 years.

Cultural Rights means the rights of each child (either individually or as part of a group of people) to develop and express their background, customs, social behaviour, language, religion or spirituality, beliefs, and way of living. Aboriginal and Torres Strait Islander and Torres Strait Islander people have distinct cultural rights to enjoy their identity and culture; maintain the use of their language; maintain their kinship ties; and maintain their relationship with the land, waters, and other resources with which they have a connection under traditional laws and customs.

Cultural safety means the positive recognition and celebration of cultures. It is more than just the absence of racism or discrimination and more than 'cultural awareness' and 'cultural sensitivity'. It empowers people and allows them to contribute and feel safe to be themselves.

Culturally and Linguistically Diverse (CALD) means communities with diverse language, ethnic background, nationality, dress, traditions, food, societal structures, art, and religion characteristics. Culturally and linguistically diverse does not usually include Aboriginal and Torres Strait Islander communities and people because of their distinct history and experience as Australia's First Nations people.

Disability means:

- (i) the total or partial loss of a body part or a bodily function (such as mobility, sight, or hearing)
- (ii) the presence in the body of organisms that may cause disease
- (iii) malformation or disfigurement
- (iv) a mental or psychological disease or disorder
- (v) learning difficulties.

Disability may be permanent, non-permanent or an increased chance of developing a disability in future. Disability also includes behaviour that may be a symptom or expression of disability even if that disability is not formally diagnosed.

Disclosure means for the purpose of this policy, the process by which a child conveys or attempts to convey that they are being, or have been, abused. Disclosure can be verbal, non-verbal, or indicated through behaviour. A disclosure may be accidental or intentional, partial, or complete and victims may disclose in different ways to different people throughout their lives. Adults may also convey that they were abused as a child or that they may have perpetrated abuse.

Empowerment means encouraging children and improving their confidence. It involves equipping children with the skills and knowledge to make informed decisions to increase control of their lives.

Equity means state of fairness in which all children are equal and can participate fully and safely in an organisation, regardless of their background, characteristics, or beliefs. This requires that we understand that some children have different needs and may require different supports or assistance to feel safe, well and to participate fully.

Families means people who make up the family unit for a child. Families may be made up of a wide variety of relationships, including those who are related by blood, marriage, adoption, kinship structures or other extended family structures. Families may include people who share in the daily tasks of living or share a very close, personal relationship.

Harm means being physical harm or psychological harm (whether caused by an act or omission) and, includes such harm caused by sexual, physical, mental, or emotional abuse or neglect. Refer to **Appendix 4** for examples/signs of harm.

Human rights mean all the rights of children, including those in the Universal Declaration of Human Rights, the United Nations Convention on the Rights of the Child including a child's right to safety, information, and participation in an organisation.

Inclusive Environment means and environment that:

- (i) value all children
- (ii) respect their rights
- (iii) challenge all forms of discrimination
- (iv) understand and respond to the needs and capabilities of all children and their families, including Aboriginal and Torres Strait Islander children and their families
- (v) adjust their approaches to ensure all children feel safe, welcome and can participate.

Information Sharing Obligations means any legislative obligation for different organisations to share information obligations across Australia.

Mandatory Reporter means individuals who are required to report suspicions of harm or sike of harm to relevant State or Territory agencies.

Mandatory Reporting means any legislation obligation to identify cases of child harm and report the harm to relevant State or Territory agencies. Refer to **Appendix 2** for jurisdictional reporting processes.

Online Environment(s) mean any technological platforms which an organisation uses or controls, such as computers, phones, websites, intranet, social media, and video conference facilities regardless of where such platforms may be accessed by children.

Organisational Culture means a system of shared assumptions, values and beliefs that influence the way people behave in an organisation, and how these factors contribute to the organisational environment.

Participation means opportunities for children to have their say and to inform decision-making. This includes engaging children in conversation where ideas are shared. This requires organisations to listen, to hear and to make appropriate changes based on what children share.

Risk means exposure to the chance for harm or abuse of a child to occur in connection with the Facility as particularised in Appendix 2 of this document.

Risk Management means identifying, preventing, and minimising risk as much as is reasonably possible.

Safety Incidents means any event of harm or abuse of a child and includes incidents that could have caused harm or abuse of a child.

Supervision means in relation to Workers, refers to an Cura's oversight of the conduct of Workers. Supervision may include providing Workers with resources, training and support as well as monitoring their conduct.

Systems means related or coordinated procedures or processes of the organisation, which work together towards preventing, responding to, and reporting of allegations of h child abuse and harm.

Volunteer means any person engaged by or a part of an organisation who provides a service without receiving a financial benefit, regardless of whether their role relates to children and includes foster carers and kinship carers. There is no minimum period of engagement to be considered a volunteer.

Wellbeing means a positive state of physical, mental, and emotional health. It generally means feeling safe, happy, and healthy more than momentarily.

Working With Children Check (WWCC) means a working with children check under relevant State/Territory legislation.

Workers means a person engaged by an organisation as an employee, worker, visiting medical officer (VMO), student, contractor, labour hire worker, officer or office holder, minister of religion or religious or pastoral leader, regardless of whether that person's role relates to children.

4.0 Background

- 4.1 Australia is one of 194 countries that have committed to the **United Nations Convention on the Rights of the Child**. The UN has agreed that everyone is entitled to 'all the rights and freedoms

set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other statuses. Beyond this, however, it also recognises that 'childhood is entitled to special care and assistance'.

- 4.2 Groups of children and young people who are more likely to experience disempowerment, discrimination, harm, or abuse include:
- (i) Aboriginal and Torres Strait Islander and Torres Strait Islander children and young people
 - (ii) those from culturally or linguistically diverse backgrounds, including refugees
 - (iii) those who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+)
 - (iv) those with disability.
- 4.3 The Australian Commission on Safety and Quality in Health Care (the **Commission**) has developed in collaboration with Children's Healthcare Australasia, the *National Safety and Quality Health Service Standards User Guide for Acute and Community Health Service Organisations that Provide Care for Children*.
- 4.4 Effective governance in health service organisations that provide care for children ensures that:
- (i) The rights of children are promoted and protected using the Charter on the Rights of Children and Young People in Healthcare Services in Australia
 - (ii) Children and their families are given opportunities to provide feedback on their experience of care to improve the quality of healthcare services
 - (iii) The workforce has the relevant skills, knowledge, experience, and access to clinical guidelines to provide safe child and family-focused health care
 - (iv) The workforce has access to, and complies with, relevant paediatric clinical guidelines
 - (v) The setting is suited to and safe for children
 - (vi) Environments in which children receive care are safe, and meet their physical, mental, and psychosocial needs.
- 4.5 A set of principles were developed in 2018, endorsed by Commonwealth and State and Territory governments, The National Principles for Child Safe Organisations (**National Principles**) include:
- (i) Child safety and wellbeing is embedded in organisational leadership, governance, and culture.
 - (ii) Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
 - (iii) Families and communities are informed and involved in promoting child safety and wellbeing.
 - (iv) Equity is upheld, and diverse needs respected in policy and practice.
 - (v) People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
 - (vi) Processes to respond to complaints and concerns are child focused.
 - (vii) Staff and volunteers are equipped with the knowledge, skills, and awareness to keep children and young people safe through ongoing education and training.
 - (viii) Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
 - (ix) Implementation of the national child safe principles is regularly reviewed and improved.
 - (x) Policies and procedures document how the organisation is safe for children and young people.

5. CHILD SAFE ENVIRONMENT

- 5.1 Cura is a child safe environment, ensuring that Children, parents/carers and Workers feel confident, empowered, and supported to safely disclose child safety or wellbeing concerns.
- 5.2 Children, parents/carers should feel welcome in any Facility, including feeling safe to express their identity and raise concerns about their own or others' safety. Child safe environments are safe and friendly settings where children and young people are protected and feel respected, valued, and encouraged to reach their full potential. Cura (Facilities) must: -
- (i) take a preventative, proactive and participatory approach on child wellbeing and safety issues
 - (ii) value and embrace the opinions and views of children and young people
 - (iii) assist children and young people to build skills that will assist them to participate in society
 - (iv) are focused, and act on, the protection of children and young people from harm.

6. Policy

- 6.1 We committed to providing a child safe environment where all children and young people are respected, valued, and encouraged to reach their full potential.
- 6.2 We value and respect children and young people and welcome them regardless of their abilities, sex, gender, sexuality, ethnicity, or social economic or cultural background. Bullying and harassment won't be tolerated. Refer to the *Cura Anti-discrimination, Sexual Harassment and Bullying* and *Human Rights Policies*.
- 6.3 We encourage and respect the views of children and young people and involve them in decision making as appropriate. We provide clear age-appropriate or developmentally appropriate explanations to children and young people including their right to safety, their right to be listened to and that they can provide feedback or make a complaint if they have a concern or ask their parent/guardian to do this on their behalf.
- 6.4 All mandated reporters have a legal obligation to report a suspicion that a child or young person has been harmed or is at risk of harm.
- 6.5 All adult workers (even if not a mandated reporter) have a legal obligation to report child sexual abuse to the police and to protect a child from sexual abuse. Failure to meet these obligations may be considered a criminal offense.
- 6.6 We will escalate any concerns regarding possible breaches of this policy and/or the Cura Child Safe Code of Conduct in accordance with Facility reporting lines.
- 6.7 We have a system of governance to achieve the protection, safety, and wellbeing of children that includes ensuring:
- (i) staff comply with mandated reporting requirements. Refer to **Appendix 2** for jurisdictional reporting processes.
 - (ii) all workers will have a current Working With Children Check (or State/Territory equivalent) and are engaged, inducted, supervised and as applicable receive ongoing child safety and welfare training as per the Child Safe Standards.
 - (iii) all new and current employed staff, VMOs, volunteers and students have read, understand the contents of this policy and the Code of Conduct - **Appendix 1**.
 - (iv) the topic of child safety and wellbeing is a regular agenda item for discussion at staff meetings and the various formal governance committees in which VMOs and Consumers are active participants.

- (v) a risk management approach is used to monitor existing and new risks associated with the protection, safety, and wellbeing of children who attend Facilities. Refer to the *Cura Risk Management Policy*.
 - (vi) all concerns and/or incidents are reported and managed as per the *Cura Incident Reporting and Management* and the *Complaints Management Policies* and as necessary reported externally in accordance with **Appendix 2** which outlines the mandatory and general reporting processes for each State/Territory.
 - (vii) regular auditing of compliance with this Policy and other Child Safe activities occurs and the results are discussed at the local Facility and Corporate Governance Committees and where identified, quality improvement activities are undertaken to continually improve our child safe culture.
 - (viii) Confidentiality is maintained as per the *Cura Privacy Procedure* and the *CDHG Code of Ethics & Business Conduct* that all staff are required to read upon commencement and adhere to. Also refer to the *Privacy Act 1988 (Cth)*; and <https://www.oaic.gov.au/privacy/australian-privacy-principles/australian-privacy-principles-guidelines>
- 6.8 We will publicly display the:
- (i) *Charter on the Rights of Children and Young People in Healthcare Services in Australia*
- 6.9 We respect, encourage, support, and empower Aboriginal and Torres Strait Islander children, children from other culturally and/or linguistically diverse backgrounds, who identify as LGBATQ+ and those with a disability in regard to their cultural safety and welfare. Where applicable, resources and information are available for Aboriginal and Torres Strait Islander children and their families regarding their cultural rights. Refer to the following for resources:
- (i) *Empowerment and Participation Guide 22 August (2022): Commission for Children and Young People. Victorian Government*
 - (ii) *Cultural safety for Aboriginal and Torres Strait Islander children: Tip Sheet – Child Safe Organisations*
 - (iii) *Safety of children with a disability: Tip Sheet- Child Safe Organisations*
 - (iv) *Safety of children from culturally and linguistically diverse backgrounds: Tip Sheet – Child Safe Organisations*
 - (v) *Australian Standards of Care and Treatment Guidelines For trans and gender diverse children and adolescent’s version 1.3 (2020): The Royal Children’s Hospital Melbourne, Victorian Government.*
 - (vi) *Cura Policies which include Aboriginal and Torres Strait Islander and Torres Strait Islander Patient Care Guidelines, Statement of Aboriginal and Torres Strait Islander Health Care, What Matters and Patient Engagement*
 - (vii) *CFCA resource sheet which is a directory of key organisations and resources for practitioners and service providers working with families and children from culturally and linguistically diverse (CALD) backgrounds. [Key organisations for working with culturally and linguistically diverse families | Australian Institute of Family Studies \(aifs.gov.au\)](#)*
- 6.10 We will listen to and act upon any complaints or concerns seriously and swiftly, using the principles of fairness and natural justice and all persons involved in any investigation will have their privacy and confidentiality maintained in accordance with the *Privacy Act 1988 (Cth)* and the *Australian Privacy Principles*. Refer to the *Cura Complaints Management Policy*.
- 6.11 Children and their parents/carers will be supported and encouraged to actively participate in consumer activities to improve the services and facilities provided for children. Refer to the *Cura Consumer Participation Policy*.

- 6.12 We will use professional interpreters when communicating with children and their parents/carers when required and children themselves will not be used as interpreters. Refer to the *Cura Interpreter Use Policy*.
- 6.13 We will ensure readily accessible, age and language appropriate information regarding how children and their parents/carers will be supported and empowered to speak up where there is a concern that a child is being exploited whether by a family member/carer or a worker without fear of reprisal. [National Principles for Child Safe Organisations | National Office for Child Safety](#) for the following languages:
- (i) Español (Spanish)
 - (ii) Filipino/Tagalog
 - (iii) Italiano (Italian)
 - (iv) Tiếng Việt (Vietnamese)
 - (v) Ελληνικά (Greek)
 - (vi) العربية (Arabic)
 - (vii) हिन्दी (Hindi)
 - (viii) ਪੰਜਾਬੀ (Punjabi)
 - (ix) 简体中文 (Chinese Simplified)
 - (x) 繁體中文 (Chinese Traditional)
 - (xi) 한국어 (Korean)
- 6.14 When a child or young person discloses that they have experienced harm or are at risk of harm, we will make sure the child or young person feels supported and safe. Refer to **Appendix 3** for Information about how to talk with a child who is raising concerns about their safety.
- 6.15 We will provide open disclosure when necessary to all children and their parents/carers as required. Refer to the *Cura Open Disclosure Policy* and in *Victoria the Duty of Candour Policy*.
- 6.16 Where required, the *Cura Critical Incident Debriefing Policy & Procedure* will be utilised, and staff involved offered support via the Employee Assistance Program.

7. Staff responsibilities

- 7.1 The CEO/DoN of each Facility will be responsible for ensuring that all workers (including Contractors) have provided evidence of a current Working With Children Check (**WWCC**). Refer to each State/Territory legislation for equivalent requirements and the time frame for expiry of the WWCC.
- 7.2 The CEO/DoN will be responsible for ensuring that all staff have read and abide by this policy and the Child Safety Code of Conduct.
- 7.3 All staff will be accountable and responsible for:
- (i) reading, understanding (including discussing further with the CEO/DoN for clarity if required) and fully complying with this policy and the governance system that is in place.

- (ii) providing evidence of a current WWCC prior to employment (or credentialing for VMOs) and ongoing as the existing currency expires (as per State/Territory requirements).
- (iv) not engaging in any unnecessary physical contact with a child
- (vi) not discriminating in any way against any child because of age, gender, cultural background, religion, vulnerability, or sexuality.
- (vii) not developing any form of relationships with children outside of the professional relationship.

8. Reporting

8.1 All staff are responsible for:

- (i) reporting immediately to the Police on 000 and the CEO/DoN or the regional Operations Manager if a child is in immediate danger.
- (ii) complying with mandated reporting requirements for their jurisdiction and reporting immediately to the CEO/DoN or the Operations Manager if they have any concerns or suspicion on reasonable grounds that a child may be at risk of harm or has been abused or neglected. This will include when:
 - a child states they or someone they know has been harmed/harming (noting that sometimes the child may in fact be referring to themselves)
 - behaviour consistent with that of an abuse victim is observed.
 - someone else has raised a suspicion of abuse but is unwilling to report it.
 - observing suspicious behaviour. Refer to Appendix 1 for more detail of what may be observed.
- (iii) Non-mandated reports are encouraged to make voluntary reports about harm or risk of harm to a child or young person.
- (iv) Staff must comply with mandatory reporting requirements where they suspect that a child or young person is, or may be, at risk of sexual abuse by another employee.
- (v) Staff must report to the police, CEO/DoN and/or Operations Manager for their region if they know or suspect that another employee is, has, or is likely to sexually abuse a child. Failure to report suspected child sex abuse, where an employee knows, suspects, or should reasonably have suspected child sex abuse, may be considered a criminal offense.

8.2 Please refer to **Appendix 2** for specific information about mandated reporting requirements for each jurisdiction.

9. Recruitment and human resources

9.1 Our staff recruitment and human resource activities will be as per the *Cura Recruitment Policy & Procedure* and the *Anti-Discrimination, Sexual Harassment and Bullying Policy* and the *Fresenius Global Disciplinary Action Policy*.

10. Staff and Volunteer Training

10.1 Information and education will be provided to current staff and volunteers and new staff upon commencement regarding:

- (i) Policies and procedures regarding child safety
- (ii) Responding to child safety concerns or complaints
- (iii) Creating a culturally safe organisation for all children
- (iv) Indicators of harm to children, including family violence
- (v) How to identify and mitigate child safety risks.
- (iv) Child safety and wellbeing risks in the organisation

11. Other risk mitigation strategies

11.1 Other risk mitigation strategies that we will use where applicable, include:

- (i) During the preadmission/admission phase thoroughly assessing the child for any signs of physical or emotional abuse. i.e., checking skin integrity and how parent/carer and or child reacts when asked to physically check skin integrity, the child's overall confidence or anxiety level – is this just related to the admission and unknown processes or is there something else that could be making the child anxious, the child's appearance – are they excessively thin or obese, what state are their clothes/shoes etc. are in.
- (ii) Accessibility for approved family members to accompany a child, including rooming-in
- (iii) Ensuring spaces for children and their families are culturally safe and appropriate
- (iv) Providing age-appropriate environments that incorporate bright colours and soft edges
- (v) Providing dedicated communal play areas with play equipment that is age and developmentally appropriate, and in good working order
- (vi) Using equipment that meets relevant national or international safety standards and is designed to meet children's needs, including size and developmental age (for example, the height and placement of cots, toilets, sinks and hand sanitiser)
- (vii) Implementing service-specific policies on the requirements for visiting children for employees, visitors, and volunteers to minimise children's exposure to risks
- (viii) Minimising non-essential exposure of children to people not authorised to provide their care – for example, ensuring that the Facilities are secure and that there are processes to approve all visitors
- (ix) Eliminating ligature, strangulation or entrapment risks for smaller bodies and limbs
- (x) Minimising restrictions on movement of children, especially for children with developmental delay or mental illness
- (xi) Designing spaces to prevent adverse events relating to self-harming actions – for example, by installing safety glass
- (xii) Minimising exposure to potentially distressing sights or sounds
- (xiii) Considering lighting requirements, including ensuring good lighting in areas where medications are dispensed and adjustable lighting to consider children's sleeping and resting needs.
- (xiv) Supporting breastfeeding practices
- (xv) Enabling supportive touch from family members during procedures
- (xvi) Enabling families to provide their own meals, toys, clothing, and bedding
- (xvii) Implementing physical screening to promote privacy when possible – for example, screening of bench spaces used for nappy changes
- (xviii) Promoting safe sleeping practices to prevent adverse events, such as – the use of cots and beds that are appropriate to the child's size – ensuring that there are no ligature or entrapment points on beds and cots – educating parents about safe practices – implementing strategies to prevent sudden unexpected death in infancy.
- (xix) Developing as necessary, organisational policies about co-sleeping arrangements based on the best available evidence and guidelines.
- (xx) Promoting children's rights to use electronic devices but balancing this with the risks these devices pose to privacy and safety.
- (xxi) Monitoring staff on-line activities when using Cura electronic equipment. Cura Firewall blocks access to pornographic material.
- (xxii) Ensuring patient health records are kept safe and secure at all times including the safe location and confidentiality of paper health records when in use and once scanned, electronic patient health records are only accessible to approved staff. Refer to the *Cura Medical Record Management, ICT Acceptable Usage and Security, and the Clinical Documentation Policies.*

- (xxiii) Ensuring partner organisations, suppliers, and other contracted organisations confirm that their representatives are suitable and comply with child safety requirements. Refer to the *Cura External Service Providers & Contractors Management*.
- (xxiv) Also refer to the *Cura Suite of Comprehensive Care* and the *Consent to Treatment Policies*.

12. Related policies and guidelines

Cura Day Hospitals Group – Aboriginal and Torres Strait Islander Patient Care Guidelines

Cura Day Hospitals Group – By Laws

Cura Day Hospitals Group – Clinical Governance

Cura Day Hospitals Group – Code of Conduct for Accredited Practitioners

Cura Day Hospitals Group – Cura’s Commitment

Cura Day Hospitals Group – Human Rights policy

Cura Day Hospitals Group – Open Disclosure policy

Cura Day Hospitals Group – Shared Decision Making

Cura Day Hospitals Group – Visitor policy

Cura Day Hospitals Group – What Matters Goals of Care policy

Cura Day Hospitals Group – Anti-Discrimination Sexual Harassment and Bullying policy

Cura Day Hospitals Group – Recruitment Policy & Procedure

Cura Day Hospitals Group – Onboarding Performance Staff Development Training policy

Cura Day Hospitals Group – Risk Management policy

Cura Day Hospitals Group – Incident Near Miss Hazard Reporting and Management policy

Cura Day Hospitals Group – Work Health and Safety policy

Cura Day Hospitals Group – Quality policy

13. References

United Nations. (1989). *Convention on the Rights of the Child*. Geneva: Office of the High Commissioner for Human Rights.

Child Safe Organisations National Principles (2019) : Australian Human Rights Commission
<https://childsafe.humanrights.gov.au/national-principles>

User Guide for Acute and Community Health Service Organisations that Provide Care for Children (2018) Australian Commission on Safety and Quality in HealthCare

Australian child protection legislation (2022) Australian Institute of Family Studies (AIFS) Australian government.

ACT

Children and Young Persons (Care and Protection) Act 1998 (NSW)

Children and Young Persons (Care and Protection) Regulation 2012

Human Rights Act 2004 (ACT)

Human Rights Commission Act 2005 (ACT)

Working with Vulnerable People (Background Checking) Act 2011 (ACT)

NSW

Children and Young Persons (Care and Protection) Act 1998 (NSW)

Children and Young Persons (Care and Protection) Regulation 2012

Child Protection (Working with Children) Act 2012 (NSW)

Child Protection (Working with Children) Regulation 2013

Advocate for Children and Young People Act 2014 (NSW)

Children's Guardian Act 2019 (NSW)

Children's Guardian (Transitional) Regulation 2020

QLD

Child Protection Act 1999 (Qld)

Child Protection Regulation 2011

Working with Children (Risk Management and Screening) Act 2000 (Qld)

Working with Children (Risk Management and Screening) Regulation 2020

SA (see appendix 2 & 7 for additional information)

Child Safety (Prohibited Persons) Act (2016) Version 01.07.2019 Government South Australia

Children and Young People (Safety) Act (2017) Version 22.06.2023: Government South Australia

Reporting suspected harm of children and young people Department for Child Protection Government of South Australia. [Reporting suspected harm of children and young people | Department for Child Protection](#)

Requirements to comply with Child Safety Legislation in SA (2022) Education Standards Board Government of South Australia

Tas

Children, Young Persons and their Families Act 1997 (Tas.)

Anti-Discrimination Act 1998 (Tas.)

Registration to Work with Vulnerable People Act 2013 (Tas.)

Registration to Work with Vulnerable People Regulations 2014

Vic

A Guide for creating a Child Safe Organisation (2019): Review of the Victorian Child Safe Standards, Department of Health and Human Services, Victoria Government

Children Youth and Families Act 2005 (Vic)

Child Wellbeing and Safety Regulations 2017 (Vic)

Victorian Child Safety Standards (2022) <https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards>

Working with Children Act (2005) <https://www.service.vic.gov.au/services/working-with-children>

Police checks Victoria <https://crimecheckaustralia.com.au/police-check-vic>

Charter of Human Rights and Responsibilities Act 2006 (Vic)

Charter of Human Rights and Responsibilities (Public Authorities) Regulations 2013

Charter of Human Rights and Responsibilities (General) Regulations 2017

Worker Screening Act 2020 (Vic)

Worker Screening Regulations 2021

Commission for Children and Young People Act 2012 (Vic.)

WA

Children and Community Services Act 2004 (WA)

Children and Community Services Regulations 2006

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

Working with Children (Criminal Record Checking) Regulations 2005

14.0 APPROVAL(S)

Jeffrey Woods – National Clinical Governance Manager

Cura Day Hospitals Group Executive Management Committee (EMC)

Effective Date: 24 September 2024

Appendix 1

Cura Child Safe Code of Conduct

All Cura Day Hospitals Group (Cura) workers (employees, VMOs, volunteers, students, and contractors) are responsible for the safety and wellbeing of individuals under the age of 18 years (Children and Young People) who receive health services at our Facilities all Workers are expected to act in accordance with this Code of Conduct in their physical and online interactions with Children and Young People.

I will:

- Act in accordance with Cura Child Safety Policy located on CuraConnect at all times.
- Behave respectfully, courteously, and ethically towards children and young people and their families and towards other workers.
- Listen and respond to the views and concerns of children and young people, particularly if they communicate (verbally or non-verbally) that they do not feel safe or well.
- Promote the human rights, safety, and wellbeing of all children and young people who attend Cura Facilities.
- Demonstrate appropriate personal and professional boundaries with children and young people and their families.
- Consider and respect the diverse backgrounds and needs of children and young people.
- Create an environment that promotes and enables the participation of children and young people, and their families, and is welcoming, culturally safe, and inclusive.
- Involve children and young people in making decisions about activities, policies and processes that concern them wherever possible.
- Contribute, where appropriate, to Cura's policies, discussions, learning and reviews about child safety and wellbeing.
- Identify and mitigate risks to the safety and wellbeing of children and young people as required by Cura's risk assessment and management policy or process.
- Respond to any concerns or complaints of child harm or abuse promptly and in line with requirements of Cura's policy and procedure for receiving and responding to complaints.
- Report all suspected or disclosed harm or abuse of children and young people as required by each State/Territory legislation and the Cura Child Safety Policy.
- Comply with the Cura Child Safety Policy on communicating with children and young people.
- Comply with the *Privacy Act 1988* (Cth) and Australian Privacy Principles and the Cura Code of Conduct regarding record keeping and information sharing.

I will NOT:

- Engage in any unlawful activity with or in relation to a child or young person.
- Engage in any activity that is likely to harm a child or young person physically, sexually, or emotionally.
- Unlawfully discriminate against any child, young person, or their family members.
- Be alone with a child or young person unnecessarily.
- Arrange personal contact, including online contact, with children and young people I am working with for a purpose unrelated to Cura activities.
- Disclose personal or sensitive information about a child or young person, including images of a child or young person, unless the child or young person and their parent or legal guardian consent or unless I am required to do so by Cura as per the reporting requirements in the Cura Child Safety Policy.
- Use inappropriate language in the presence of children or young people or show or provide children and young people with access to inappropriate images or material.
- Work with children or young people while under the influence of alcohol, prohibited drugs or any non-prohibited drugs that can cause cognitive/mental impairment.
- Ignore or disregard any suspected or disclosed harm or abuse to a child or young person.

If I think this Code of Conduct has been breached by another person at Cura I will:	<ul style="list-style-type: none">• Act to prioritise the best interests of children and young people.• Take action promptly to ensure that children and young people are safe.• Promptly report any concerns to the relevant Cura Facility Chief Executive Officer (CEO)/Director of Nursing (DoN) or in the case where the concern relates to the CEO/DoN, the Regional Operations Manager.• Follow Cura policies and procedures for receiving and responding to complaints and concerns.• Comply with State Legislation (and where applicable, Commonwealth Legislation) regarding Mandatory Reporting as relevant, and the Cura Child Safety Policy.
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Appendix 2

State/Territory Mandatory Reporting Processes

If you believe a child is in immediate danger, contact the **Police** on **000**

- The following sets out the various mandatory requirements for all Australian jurisdictions: Please note that only persons associated with Cura have been described as Mandatory Reporters for this document. Further details and information about mandatory reporting can be obtained from the relevant statutory child protection authority in each jurisdiction. Contact and other details for each state and territory office, and advice about how to undertake a mandatory report, can be found in the CFCA Resource sheet: [Reporting Abuse and Neglect: State and Territory Departments Responsible for Protecting Children](#) or online at [Mandatory reporting of child abuse and neglect | Australian Institute of Family Studies \(aifs.gov.au\)](#)
- The Australian Health Practitioner Regulation Authority (AHPRA) will also be contacted if there is suspicion of any AHPRA regulated staff being involved in any form of child harm.

State/Territory Act & Reporting Body	Mandatory Reporters	Reasons for <small>Note that all reports should be made as soon as possible after the risk or actual harm is identified</small>	Who and how to contact
<p><u>ACT</u></p> <p>Section 356 of the <i>Children and Young People Act 2008 (ACT)</i></p> <p><u>Child and Youth Protection Services (CYPS)</u></p>	<p>Doctor Dentist RN & EN</p>	<p>A belief, on reasonable grounds, that a child or young person has experienced or is experiencing sexual abuse or non-accidental physical injury; and the reasons for the belief arise from information obtained by the person during the course of, or because of, the person's work (whether paid or unpaid). The report must be made As soon as practicable after forming the belief</p>	<p>Phone: For concerns related to abuse outside of a family context, contact ACT Policing on 131 444.</p> <p>For suspicion a child is at risk of abuse or neglect by a family member or guardian, contact Child and Youth Protection Services on 1300 556 729 (24 hours, 7 days a week) <i>or</i></p> <p>Online: Use the Online portal from the Access Canberra or Community Services Directorate websites to provide information to CYPS.</p> <p>Refer also to https://www.communityservices.act.gov.au/children-and-families/child-and-youth-protection/keeping-children-and-young-people-safe</p>
<p><u>NSW</u></p> <p>Sections 23 and 27 of the <i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i></p> <p><u>Communities and Justice</u></p>	<p>Doctor RN & EN</p>	<p>Has been or is at risk of physical, sexual, emotional/psychological abuse or neglect including domestic violence, absence of medical treatment/support etc.</p>	<p>Phone: Child Protection Helpline on 13 21 11 (24 hours, 7 days a week).</p> <p>Online: Mandatory reporters can also use eReporting.</p> <p>Refer also to the <u>New South Wales Reporting a Child at Risk</u> webpage, a the <u>Mandatory Reporters Guide to selecting a decision tree</u></p>

State/Territory Act & Reporting Body	Mandatory Reporters	Reasons for Note that all reports should be made as soon as possible after the risk or actual harm is identified	Who and how to contact
<p>QLD</p> <p>Part 1AA, section 13E of the <i>Child Protection Act 1999</i> (Qld)</p> <p><u>Child Safety Services</u></p>	<p>Doctor RN</p>	<p>A reasonable suspicion that a child has suffered, is suffering or Unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and may not have a parent able and willing to protect the child from the harm.</p>	<p>Phone: Child Safety Services' Enquires Unit: 1800 811 810. For after hours and weekends, contact the Child Safety After Hours Service Centre on 1800 177 135 (24 hours, 7 days a week).</p> <p>Online: <u>Report child protection concerns to Child Safety form. Also refer to Report child abuse - Department of Child Safety, Seniors and Disability Services (dcssds.qld.gov.au)</u></p>
<p>SA</p> <p>Sections 17, 18, 30 and 31 of the <i>Children and Young People (Safety) Act 2017</i> (SA)</p> <p><u>Department for Child Protection</u></p>	<p>Doctor Dentist RN & EN</p>	<p>Suspicion on reasonable grounds that a child or young person is, or may be, at risk; and the suspicion was formed in the course of the person's employment.</p> <p>Following a report being made to CARL or SAPOL workers must make an internal report to management.</p> <p>The facility management will be guided by the Department for Child Protection and/or SAPOL after a report has been made as to whether we can conduct an internal investigation.</p> <p>If a worker is reported to CARL or SAPOL for causing harm or risk of harm to a child or young person, they will be removed from any role that involves working with any child or young person until authorities have concluded their investigation.</p> <p>Following a report to CARL or SAPOL we will support the child or young person by:</p> <ol style="list-style-type: none"> 1) referring the child, young person or their family to other appropriate services 2) continuing to provide a service to the child, young person and their family and monitor their circumstances. <p>We will document all information received regarding the report and store this securely in a separate file.</p>	<p>Phone: Child Abuse Report Line 13 14 78 (24 hours, 7 days a week).</p> <p>Online: For mandatory reporters, less serious concerns can be reported online via https://my.families.sa.gov.au/.</p>

State/Territory Act & Reporting Body	Mandatory Reporters	Reasons for	Who and how to contact
<u>SA cont.</u>		<p>Note that all reports should be made as soon as possible after the risk or actual harm is identified</p> <p>Section 17 states that a child or young person will be taken to be 'at risk' if: The child or young person has suffered, or is likely to suffer, harm (being harm of a kind against which a child or young person is ordinarily protected).</p> <p>Likelihood a child will be removed from the state (whether by their parent or guardian or by some other person) for the purpose of:</p> <ul style="list-style-type: none"> (i) being subjected to a medical or other procedure that would be unlawful if performed in this state (including female genital mutilation (FGM) or (ii) taking part in a marriage ceremony that would be a void marriage, or otherwise invalid marriage, under the Marriage Act of the Commonwealth; or (iii) enabling the child or young person to take part in an activity, or an action to be taken in respect of the child or young person that would, if it occurred in this state, constitute an offence against the <i>Criminal Law Consolidation Act 1935</i> or Criminal Code of the Commonwealth. <p>The parents or guardians:</p> <ul style="list-style-type: none"> (i) are unable or unwilling to care for the child/young person; (ii) have abandoned the child/young person or cannot after reasonable enquiry be found; (iii) are dead. <p>The child/young person is of no fixed address.</p> <p>Any other circumstances of a kind prescribed by the regulations existing in relation to the child/young person.</p>	

State/Territory Act & Reporting Body	Mandatory Reporters	Reasons for	Who and how to contact
<p>TAS</p> <p>Sections 3, 4 and 14 of the <i>Children, Young Persons and Their Families Act 1997</i> (Tas)</p> <p><u>Department for Education, Children and Young People</u></p>	<p>Doctor RN &EN Dentist Dental Therapist</p>	<p>Note that all reports should be made as soon as possible after the risk or actual harm is identified</p> <p>Belief, suspicion, or knowledge on reasonable grounds, formed in carrying out official duties or in the course of his or her work (whether paid or voluntary) that:</p> <p>a child has been or is being ‘abused’ or ‘neglected’ or is an affected child within the meaning of the <i>Family Violence Act 2004</i> (a child whose safety, psychological wellbeing or interests are affected or likely to be affected by family violence) or there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides.</p> <p>while a woman is pregnant, that there is reasonable likelihood that after the birth of the child: the child will suffer abuse or neglect, or may be killed by a person with whom the child is likely to reside; or that the child will require medical treatment or other intervention as a result of the behaviour of the woman or another person with whom the woman resides or is likely to reside, before the birth of the child.</p> <p>Note: section 3(1) defines ‘abuse or neglect’ as: sexual abuse or physical or emotional injury or other abuse, or neglect, to the extent that the injured, abused, or neglected person has suffered, or is likely to suffer, physical or psychological harm detrimental to the person’s wellbeing or</p> <p>the injured, abused, or neglected person’s physical or psychological development is in jeopardy.</p>	<p>Immediate risk: E.g., know, believe, or suspect that an unborn baby, child, or young person is being abused or neglected contact as soon as possible:</p> <p>Phone: Strong Families Safe Kids Advice and Referral line (ARL) on 1800 000 123</p> <p>Online: <u>Reporting Concerns of Inappropriate Behaviour</u> for via website <u>Strong Families Safe Kids</u></p> <p>Email: publicinterestdisclosure@health.tas.gov.au</p> <p>Historical harm/abuse For concerns relating to suspected/alleged historical abuse or harm: Contact the Strong Families Safe Kids ARL and the Tasmania Police <u>Assistance Line</u> via 131 444 For other concerns: Child Safety Service on 1800 000 123 (24 hours). It is preferred that all contacts are made by phone; however, an online <u>contact form</u> is available.</p>

State/Territory Act & Reporting Body	Mandatory Reporters	Reasons for	Who and how to contact
<p><u>VIC</u></p> <p>Sections 182(1), 184 and 162(1)(c)–(d) of the <i>Children, Youth and Families Act 2005</i> (Vic)</p> <p><u>Department of Families, Fairness and Housing</u></p>	<p>Doctor RN</p>	<p>Note that all reports should be made as soon as possible after the risk or actual harm is identified</p> <p>Belief on reasonable grounds, while working that there is concern of physical or sexual abuse.</p>	<p>Phone: Service that covers the area where the child lives. Business hours are 8:45 am – 5:00 pm (Mon–Fri): North Division 1300 664 977 South Division 1300 655 795 East Division 1300 360 391 West Division – rural and regional 1800 075 599 West Division metropolitan only – 1300 664 977. After Hours Child Protection Emergency Service 13 12 78 (5:00 pm – 9:00 am Mon–Fri, 24 hours on weekends and public holidays). For significant concern for the wellbeing of a child but do not believe they are at risk of significant harm and the immediate safety of the child will not be compromised, contact <u>The Orange Door</u></p>
<p><u>WA</u></p> <p>Sections 124A and 124B of the <i>Children and Community Services Act 2004</i> (WA)</p> <p><u>Department of Communities</u></p>	<p>Doctor RN</p>	<p>Belief on reasonable grounds, formed in the course of the person's work (whether paid or unpaid), that a child has been the subject of sexual abuse that has occurred or is ongoing.</p>	<p>Phone: Central Intake Team 1800 273 889 After hours Crisis Care 1800 199 008, text on 0477 131 114 Online: Professionals can report a concern about a child using via https://mandatoryreportingweb.communities.wa.gov.au Email: If cannot access the form email mrs@communities.wa.gov.au to request a hard copy for completion</p> <p>Mandatory reporters with less serious concerns can use the department's secure <u>Mandatory Reporting Web System</u>.</p>

Appendix 3

Mandatory 11 Victorian Government Child Safe Standards

Standard 1: Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal and Torres Strait Islander children and young people are respected and valued.

Standard 2: Child safety and wellbeing is embedded in organisational leadership, governance, and culture.

Standard 3: Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously.

Standard 4: Families and communities are informed and involved in promoting child safety and wellbeing.

Standard 5: Equity is upheld, and diverse needs respected in policy and practice.

Standard 6: People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.

Standard 7: Processes for complaints and concerns are child focused.

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.

Standard 9: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

Standard 10: Implementation of the Child Safe Standards is regularly reviewed and improved.

Standard 11: Policies and procedures document how the organisation is safe for children and young people.

Appendix 4

Child Harm Information & Signs of Harm Examples

‘Harm’ is damage to the health, safety, or wellbeing of a child, including because of child abuse by adults or the conduct of other children. It includes physical, sexual, emotional, and psychological harm. Harm can arise from a single act or event. It can also be cumulative, that is, arising because of a series of acts or events over a period of time.”

“Child sexual abuse” is when a person(s) uses power or authority over a child to involve them in sexual activity either with or in the presence of the child. It includes a broad range of behaviours such as contact (touching or penetration) or flashing, possessing child abuse material or grooming.

While a child sexual offence will generally include any sexual encounter by an adult that involves a child, in some circumstances conduct by children aged ten years or over can also constitute a sexual offence.

“Grooming” is the use of manipulative and controlling techniques to build trust or normalise sexually harmful behaviour. Grooming behaviours and tactics are often complex and gradual and can involve a range of subtle, drawn out, calculated, controlling and premeditated behaviours either in person or via activities on social media, email, or phone.

Some perpetrators may use their power and authority in an organisation to create the impression that they are trustworthy and to pressure children to prevent disclosure by alienating or creating a barrier between the child and adults that they might otherwise talk to about the abuse or who might see that something is wrong. Perpetrators often blame the child for the abuse or create a shared sense of responsibility with the child. Refer to Appendix 1 for more detailed information.

Sexual misconduct” includes a variety of sexualised behaviours against, with or in the presence of a child and may not meet the definition of a sexual offence but can still pose a significant risk to children. Behaviours could include inappropriate conversations of a sexual nature, comments that express a desire to act in a sexual manner, or in some cases, behaviour that crosses a professional boundary, such as having or seeking to establish an inappropriate or overly personal or intimate relationship with a child.

Physical violence” can occur when a person intentionally or recklessly uses physical force or causes a child to believe that the physical force will be used against, with or in the presence of a child without their consent, which causes, or could cause, the child harm. Physical violence can include hitting, punching, kicking, pushing, or throwing something that strikes a child. It also includes the use of words or gestures that cause a child to believe that they are about to suffer physical violence.

“Emotional or psychological harm” can arise because of experiencing a sexual offence, sexual misconduct, physical violence, or neglect. Emotional and psychological harm may also arise in circumstances that involve persistent verbal abuse, coercive or manipulative behaviour, hostility towards a child, humiliation, belittling or scapegoating, conveying to a child that they are worthless, unloved, inadequate, or rejected, or causing a child to frequently feel frightened or in danger. Serious emotional or psychological harm often decreases a child’s sense of identity, dignity and self-worth, and the impact can be chronic and debilitating.

Emotional harm, a child may show signs of distress, withdrawal, fear, anxiety, anger, or despair. This type of harm may have an impact on emotional health and development, the ability to show emotions and the ability to sustain and develop healthy relationships.

Psychological harm has a longer-term cognitive impact which may affect a child’s conscious and unconscious mind. Psychological harm may not become clear for days, weeks or years after an event. Psychological harm may negatively affect and delay a child’s cognitive development. Psychological harm often takes the form of a diagnosable psychological disorder.

Cultural abuse can cause emotional and psychological harm. Cultural abuse occurs when the culture of a people is ignored, denigrated, or intentionally attacked. It can be overt or covert, for example, a lack of cultural sensitivity or absence of positive images about another culture. Cultural abuse is especially harmful for children 'because it strikes their sense of identity, self-esteem and connectedness to family and community'.

Discrimination can have negative impacts on children. It can cause emotional or psychological harm or constitute neglect of a child. Being treated unfairly because of who you are or what you like can have a negative effect on mental health. Experiencing discrimination can also increase a child's vulnerability to abuse and harm and can mean that children are less likely to ask for help or speak up if they have a concern.

For **emotional or psychological harm** to be **serious**, it must involve an act (or the cumulative effect of many acts) resulting in harm that is more than significant, being either substantial and protracted, or that endangers life.

Neglect is a failure to meet the basic needs of a child (such as their wellbeing and safety). Neglect can arise because of a single event or a combination of different events.

Some neglectful behaviours that can occur in organisations include:

- supervisory neglect (failure to appropriately exercise adequate supervision or control of a child)
- physical neglect (failure to meet a child's physical needs including the provision of adequate and appropriate food, clothing, shelter, or physical hygiene)
- educational neglect (failure to ensure that a child's formal educational needs are being met)
- emotional neglect (failure to provide adequate nurturing, encouragement, and support to a child).

For neglect to be **serious**, it must involve a failure to meet the basic needs of a child that is more than significant, being either substantial and protracted, or that endangers life.

'Serious' refers to the quality of the failure to meet the basic needs of a child, not to the outcome of the neglect. It is not necessary that a child suffered any harm because of the neglect.

Examples of common behavioural indicators of child harm to look out for.

Harm can be hard to spot, and some children show no external signs of abuse.

A child may tell us if they are being harmed, and at other times we will need to look out for changes in behaviour, emotions, or physical appearance.

Common signs across different harm types include:

- unusual or regressive changes in behaviour, like a sudden decline in academic performance, anxiety, withdrawal, hyperactivity, bedwetting, sleep disturbances, drug, or alcohol misuse
- concerning behaviours that may be harmful to themselves or others.
- being extremely sensitive and alert to their surroundings (hypervigilance)
- frequent headaches or stomach pains
- drawings or writing which depict violence or abuse.
- raising a concern about a friend or someone they know
- attempted suicide or self-harm
- unexplained or inconsistent, vague, or unlikely explanations for an injury
- unexplained bruising, fractures, or other physical injuries
- unusual fear of physical contact
- harm to others or animals
- wariness or fear of someone including a parent, carer, other adult or child.
- trying to protect friends or other family members from someone.
- reluctance to go home.

- the child is assessed as having experienced a significant delay in their emotional or intellectual development or that their functioning has been impaired.
- taking on a caring or parental role with siblings prematurely.

A child may be suffering from one or more types of harm. Watch for any changes in the child's general mood. The child may become anxious, irritable, depressed, angry, or show a combination of emotions. However, do not assume that just because you see these signs the child is being harmed. Keep in mind that these signs can apply to a child under stress and may not be related to child harm.

Recognising grooming

Recognising the signs of grooming can be difficult. Grooming behaviours can often look like normal caring behaviours. Anyone can groom a child, including people involved with your organisation.

People engaging in grooming behaviour may use social media, the internet, and mobile phones to interact with children and ask the child to keep the interaction secret. This could continue for months before the offender arranges a physical meeting. There may be no online element to the grooming.

Some signs of grooming include a child:

- having unexplained gifts or money and not wanting to talk about where they came from
- not wanting to talk about what they've been doing or lying about it.
- 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
- developing an unusually close connection with an older person
- not wanting others around when they're with particular friends or adults.
- Groomers may also try to gain the trust of a child's family or carers including:
 - offering to take the child to activities (such as sports) or babysit.
 - offering to mentor or coach the child individually
 - buying gifts or doing things for the family (such as repairs)
 - complimenting the family and parenting. More information about recognising the signs of grooming can be found at the raising children website.

Appendix 5

Determining Risk of Harm Description

1. A child or young person will be taken to be at risk if:
 - a. the child or young person has suffered harm (being harm of a kind against which a child or young person is ordinarily protected); or
 - b. there is a likelihood that the child or young person will suffer harm (being harm of a kind against which a child or young person is ordinarily protected); or
 - c. there is a likelihood that the child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of:
 - (i) being subjected to a medical or other procedure that would be unlawful if performed in this State (including, to avoid doubt, female genital mutilation); or
 - (ii) taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the Marriage Act 1961 of the Commonwealth; or
 - (iii) enabling the child or young person to take part in an activity, or an action to be taken in respect of the child or young person, that would, if it occurred in this State, constitute an offence against the Criminal Law Consolidation Act 1935 or the Criminal Code of the Commonwealth; or
 - d. the parents or guardians of the child or young person:
 - (i) are unable or unwilling to care for the child or young person; or
 - (ii) have abandoned the child or young person, or cannot, after reasonable inquiry, be found; or
 - (iii) are dead; or
 - e. the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or
 - f. the child or young person is of no fixed address; or
 - g. any other circumstances of a kind prescribed by the regulations exist in relation to the child or young person.

Appendix 6

How to engage with a Child or Young Person who is raising concerns.

1. During and/or after a child or young person has made a disclosure about being harmed, or being at risk of harm show care and concern by:
 - a. remembering the child or young person may be experiencing a crisis
 - b. listening carefully
 - c. controlling your own expressions of panic or shock
 - d. taking what the child or young person says seriously
 - e. using the child or young person's own words
 - f. telling the child or young person that this has happened to other children and young people and that some adults do wrong things
 - g. reassuring the child or young person that they have done the right thing by telling you
 - h. telling the child or young person you will do your best to support them but do not make promises you may not be able to keep
 - i. explaining to the child or young person that you need to tell someone who can help them.
2. Clarify the situation by using open ended questions:
 - a. Tell me more about...
 - b. How did it happen?
 - c. What happened?
 - d. And then what happened?
 - e. Who was there?
 - f. How do you feel about it?
 - g. How often has it happened?
 - h. How does the other person react?
 - i. Tell me about your relationship with...
 - j. How do you see your future?
 - k. Who are the children or young people in this photograph? Tell me about them.
3. Do not use leading questions as this implies or contains its own answer. It subtly prompts the respondent to answer in a particular way. Leading questions can lead a disclosure off track, prompting the respondent to answer in the way they think you want to hear or are comfortable with rather than what they want to share.

Appendix 7

South Australia

Recruitment

To ensure we engage the most suitable people to work with children and young people we have the following recruitment practices in place:

- face-to-face interviews that use behavioural questions to determine the applicant's knowledge of child safeguarding
- at least 2 referee checks and qualification checks.

In accordance with the Child Safety (Prohibited Persons) Act 2016, our organisation is registered with the DHS Screening Unit, and we link all Working with Children Checks (WWCC). In health organisations, all workers over the age of 14 years must hold a current, not prohibited WWCC issued by the Screening Unit of the Department of Human Services if they are working in a role with children or have contact with children. A person will be taken to have contact with a child if:

- the person has physical contact with the child; or
- is in close physical proximity to the child; or
- communicates with the child (whether orally or by written, electronic or other means).

Evidence of a valid WWCC must be provided prior to employment and renewed every 5 years. We will verify the accuracy of all WWCCs in the DHS Screening Unit portal as required by law.

We will immediately contact the Department of Human Services Screening Unit when we become aware of assessable information regarding any person involved with our organisation, including any serious criminal offence, child protection information, or disciplinary or misconduct information.

Training

We have strategies in place to supervise, train and support workers to understand our organisation's child safe policy, their mandatory reporting obligations, how to build culturally safe environments and their responsibilities to create a child safe and friendly environment. Our strategies include:

- Training:
 - as part of their induction, ensure all workers read and understand the Mandatory Reporting Information Booklet available at:
https://dhs.sa.gov.au/__data/assets/pdf_file/0003/103179/CSE-Mandatory-notification-information-booklet.PDF

Reporting And Responding to General Complaints or Feedback

Providing opportunities for complaints and feedback ensures that children, young people and their families feel valued and respected and enables us to improve the quality of our service. Children, young people and their families are informed that they can provide feedback or make a complaint as part of their welcome pack when they join the organisation

Compliments, complaints or feedback can be provided verbally to any worker or direct to management via the contact us form on the hospital website [Adelaide Day Surgery \(curagroup.com.au\)](https://www.adelaideday.com.au) or via email at reception@adelaidedaysurgery.com

We will deal with all complaints and feedback received promptly, sensitively and fairly. We will:

- listen to the complaint/feedback
- the person receiving the complaint will make a record of it if received verbally
- advise of the time expected for an outcome
- if a worker receives a complaint, they must forward it to management as soon as possible
- management will respond to the complainant with an outcome in a timely manner
- clearly document and securely store decisions and actions taken in response to complaints and feedback
- make sure that procedural fairness is always followed.

If the child, young person or their family is not happy with the outcome from the complaints process they can contact:

- Health and Community Services Complaints Commissioner 8226 8666
- Australian Health Practitioners Regulation Agency 1300 419 495
- Australian Human Rights Commission Online: www.humanrights.gov.au Tel: 1300 656 419
- South Australian Equal Opportunities Commission (for complaints relating to discrimination)
Online: www.eoc.sa.gov.au Tel: 08 8207 1977.

Risk Management

Identified risk	Actions to minimise risk
Physical contact	<ul style="list-style-type: none"> any physical contact must be appropriate to the delivery of services being provided where physical contact is required, this is undertaken in a safe way by explaining why contact is required and what will happen, and asking the child/young person for their permission (or their family if this is more appropriate) before proceeding unnecessary physical contact is not allowed
Online communications	<ul style="list-style-type: none"> cyber safety and social media guidelines are in place and provided to all workers appropriate supervision is provided for all online activities workers must not communicate with children or young people via social media
Transport of children and young people	<ul style="list-style-type: none"> workers must not transport a child or young person unless specifically approved parents/guardians must provide consent before transporting a child or young person worker must have a valid, unrestricted driver's license vehicle must be registered, insured and in roadworthy condition worker must not be alone in a vehicle with a child or young person
Supervision	<ul style="list-style-type: none"> children and young people are to be supervised by parents/guardians at all times if child/young person not collected by parent/guardian at end of consult/procedure, two adults are to stay with child/young person until they are collected if providing one to one consultation with a child or young person, it will be in line of sight of another adult
Taking images of children and young people	<ul style="list-style-type: none"> consent of child young person and their parent/guardian required disclosure will be made as to how the image is to be used and consent must be provided by the child, young person and parent/guardian images must be presented in a way that de-identifies the child or young person
Physical environment	<ul style="list-style-type: none"> maintain a risk register that is reviewed annually to ensure effectiveness conduct risk assessments for all activities ensure all equipment is in good working order
Privacy and confidentiality	<ul style="list-style-type: none"> all documents containing confidential information will be stored privately in a locked filing cabinet (or similar place with restricted access) digital files containing confidential information shall be protected electronically by restricting the access to only those requiring it to perform their duties workers must not disclose information regarding any child or young person without written consent of the child, young person and their parent/guardian
Overnight stay	<ul style="list-style-type: none"> consent of parent or guardian must be given privacy when children or young people are bathing, toileting and dressing must be provided children and young people will not be left under the supervision of unauthorised persons sleeping arrangements will not compromise the safety of children or young people such as unsupervised sleeping arrangements, or children or young people sharing a bed or an adult sleeping in the same bed as a child or young person children and young people have the right to contact their parents, or another adult, if they feel unsafe, uncomfortable, or distressed during the stay
Changing room requirements	<ul style="list-style-type: none"> a minimum of two adults of the same gender as the children or young people must be present supervision will be provided ensuring the child or young person's right to privacy adults must not shower or change whilst supervising children or young people phones, cameras and recording devices must not be used in the same room

Policy Review

Cura will also review this policy when:

- new or added risks are identified for children or young people, which may require a change in the policy or procedures
- a critical incident where a child or young person has experienced harm through involvement in the organisation
- concerns are raised by anyone involved in your organisation about child safety or welfare in the organisation
- awareness or compliance to the child safe policy and/or procedures is low
- legislative changes/requirements.

Cura will lodge a new child safe environments compliance statement with the Department of Human Services each time we review and update this policy.