

1.5.3 Working with Children Policy and Procedure – Victoria

1.5.3.1 Purpose

Nepean Centre recognises the participant's right to feel safe and live in an environment that protects from assault, neglect, exploitation, or any other form of abuse. This policy specifically looks at the requirements when working with participants under eighteen years.

As part of our risk strategy, this policy has been devised to ensure that Nepean Centre is compliant with Commonwealth and Victorian state requirements and linked to the United Nations Declaration on the Rights of Disabled Person, the United Nations Convention on the Rights of the Child, and the National Principles for Child Safe Organisations.

1.5.3.2 Scope

This policy applies to all staff and positions identified in our Risk-assessed Role Register. These procedures and policy requirements encompass employees, volunteers, and subcontractors. The Working with Children Check is for working directly with children in work specified as child-related work or in a designated role as stated in the state legislation.

1.5.3.3 Policy

Nepean Centre complies with the Victorian Government's Safety Screening Policy. Nepean Centre verifies that support worker safety screening is current and in compliance with NDIS worker screening and the Department of Health and Human Services requirements. All staff and subcontractors' roles are risk-assessed to determine employees required to hold relevant clearances, i.e., working with children checks. Nepean Centre are aware of and comply with the Commission for Children and Young People's [Child Safe Standards](#).

Nepean Centre will encourage and support any person who has witnessed the abuse of a participant or suspects that abuse has occurred to make a report and be confident of doing so without fear of retribution.

As a mandatory reporting body, Nepean Centre is required to report any indicators.

Nepean Centre acknowledges that prevention is the best protection from abuse and neglect and recognises their duty of care obligations to implement prevention strategies. Staff are required to read and be trained in working and protecting children and young people and must sign a Code of Conduct (Appendix B) kept in their personnel file.

A legislative requirement is that staff engaged in a risk-assessed role have Victorian clearance checks. Safety screening will verify that the worker's name is not on the Disability Worker Exclusion List (DWEL). Before employment, staff must undergo the NDIS worker screening process, and results are recorded in their personnel file.

Nepean Centre will maintain a record of employee \ Working with Children Checks to ensure they are current (valid for five years). The Disability Support Manager will confirm employees' WWCC status using the [Working With Children Check Victoria online portal](#).

Within 21 days of commencement with Nepean Centre, new employees must inform Working with Children Check Victoria that they are now working for Nepean Centre. Nepean Centre will file the confirmation letter and a photocopy of the worker's card in the employee's personnel file.

Nepean Centre will access and check all required staff through the Disability Worker Exclusion Scheme via the Department of Health and Human Services online portal on the [DWES website](#).

Staff will guide children who require assistance to **Kids Helpline on 1800 55 1800** for support.

1.5.3.4 Procedure

1.5.3.4.1 When to report an abusive situation

Nepean Centre will report a possible abusive situation if we reasonably believe (see below 4.1.1) that a child is harmed or at risk of harm. It is important to always search for the cause of a change in a participant's behaviour or unexplained physical symptoms. If a participant shows one or more of the possible signs of abuse, the Disability Support Manager will report it immediately, even though Nepean Centre understands that this does not automatically mean abuse has occurred.

1.5.3.4.2 Reasonable belief

A reasonable belief is formed if a reasonable person doing the same work would form the same belief on those grounds based on the same information. Grounds for forming a belief are matters that the person has become aware of and opinions concerning those matters. For example, a 'reasonable belief' might be formed when:

- a child state that they have been physically or sexually abused.
- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves).
- someone who knows the child informs Nepean Centre that the child has been physically or sexually abused.
- professional observations of the child's physical condition, behaviour or development leads a professional to form a belief that the child has been physically or sexually abused.
- signs of physical or sexual abuse led to the belief that the child has been physically or sexually abused.
- other circumstances lead Nepean Centre to suspect that a child has been abused.

Failure to report an abusive situation may result in a criminal offence.

1.5.3.4.3 How to report

The Disability Support Manager will use their professional understanding and knowledge of child protection to determine when to contact the **Child Protection Intake Service**.

To make a report, the Disability Support Manager will contact the Child Protection Intake Service covering the local government area (LGA) where the child normally resides.

- During business hours, Monday to Friday (8.45 am - 5.00 pm), call:
 - North Division intake: 1300 664 977
 - South Division intake: 1300 655 795
 - East Division intake: 1300 360 391
 - West Division intake - metropolitan: 1300 664 977
 - West Division intake - rural and regional: 1800 075 599
- Outside of business hours, Nepean Centre will contact:
 - Child Protection Emergency Service: on 13 12 78.
 -

1.5.3.4.4 Details to provide

The Disability Support Manager will provide the following information to the child abuse report line:

- child's name, age, date of birth and address
- description of injury, abuse and neglect (outline current and previous)
- child's current situation
- location of the child, parent or caregiver and alleged perpetrator
- when and how the manager found out about the abuse.

1.5.3.4.5 Child identification details and context

Nepean Centre will need to provide enough detail to identify the child or young person and give context to the report, including:

- child's full name
- date of birth or age
- current address
- contact numbers
- school/kindergarten/childcare centre
- ethnicity, i.e., cultural background, aboriginal kinship group, non-English speaking (Who are the parents? Do they all live in the same house? Are siblings in the house?)
- alleged perpetrator's name, age, address, relationships to the child and current whereabouts
- current whereabouts of the child of concern
- details of when the next expected contact with the alleged perpetrator will occur
- If in place, family court orders, apprehended violence orders, and domestic violence orders.

1.5.3.4.5 Defining child maltreatment, abuse and neglect

Child maltreatment is the abuse and neglect that occurs to children under 18. It includes all types of physical and emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual

or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust or power.

The following descriptors are from "*Protect – Identifying and Responding to All Forms of Abuse in Victorian Schools*" and are used by Nepean Centre to guide.

1.5.3.4.5.1 Physical abuse indicators

Physical indicators include (but are not limited to):

- bruises or welts on facial areas and other areas of the body, e.g. back, bottom, legs, arms and inner thighs
- bruises or welts in unusual configurations or those that look like the object used to make the injury, e.g. fingerprints, handprints, buckles, iron or teeth
- burns from boiling water, oil or flames or burns that show the shape of the object used to make them, e.g. iron, grill, cigarette
- fractures of the skull, jaw, nose and limbs (especially those not consistent with the explanation offered or the type of injury possible at the child's age of development)
- cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia
- bald patches where hair has been pulled out
- multiple injuries, old and new
- effects of poisoning
- internal injuries.

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

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

1.5.3.4.5.2 Psychological and emotional abuse indicators

Indicators may include (but are not limited to):

- speech disorders such as language delay, stuttering, or selectively being mute (only speaking with certain people or in certain situations)
- delays in emotional, mental, or physical development.

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

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

1.5.3.4.5.3 Sexual abuse indicators

Indicators of sexual abuse include (but are not limited to):

- knowing more about sexual activities than other children their age,
- playing sexually,
- masturbating more than what's typical for their age and stage of development,
- refusing to undress for activities or wear additional layers of clothing,
- having bruising, bleeding, swelling, tears or cuts on their genitals or anus,
- having unusual vaginal odour or discharge,
- having an itch or pain in the genital area,
- difficulty going to the toilet, walking, or sitting, having a sexually transmitted disease or urinary tract infection,
- having torn, stained or bloody clothing, especially underwear,
- being afraid of being alone with a particular person or going to a particular place,
- becoming withdrawn, unusually reactive or begins displaying high-risk behaviours (including substance misuse),
- being frequently depressed, feeling suicidal or attempting suicide,
- creating stories, poems, or artwork about abuse,
- Having problems sleeping or starts having nightmares,
- Starting to wet the bed or soil themselves.

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

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

1.5.3.4.5.4 Neglect indicators

Indicators of neglect include (but are not limited to):

- appearing consistently dirty and unwashed
- being consistently inappropriately dressed for weather conditions
- being at risk of injury or harm due to a consistent lack of adequate supervision from parents
- being consistently hungry, tired, and listless
- having unattended health problems and lack of routine medical care
- having inadequate shelter and unsafe or unsanitary conditions.

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

- gorging when food is available or inability to eat when extremely hungry
- begging for or stealing food
- appearing withdrawn, listless, pale, and weak
- aggressive behaviour, irritability
- involvement in criminal activity
- little positive interaction with a parent, carer or guardian
- poor socialising habits
- excessive friendliness toward strangers
- indiscriminate acts of affection
- poor, irregular or non-attendance at school
- staying at school for long hours and refusing or being reluctant to go home
- self-destructive behaviour

- taking on the adult role of caring for a parent.

1.5.3.4.5.5 Family violence indicators

Indicators of family violence in children include (but are not limited to):

- speech disorders
- delays in physical development
- failure to thrive (without an organic cause)
- bruises, cuts or welts on facial areas and other parts of the body, including the back, bottom, legs, arms and inner thighs
- any bruises or welts (old or new) in unusual configurations or those that look like the object used to make the injury (e.g. fingerprints, handprints, buckles, iron or teeth)
- fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- poisoning
- internal injuries.

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

- violent/aggressive behaviour and language
- depression and anxiety, and suicidal thoughts
- appearing nervous and withdrawn, including wariness or distrust of adults
- difficulty adjusting to change
- psychosomatic illness
- bedwetting and sleeping disorders
- acting out, e.g. cruelty to animals
- extremely demanding, attention-seeking behaviour
- participating in dangerous risk-taking behaviours to impress peers
- overly compliant, shy, withdrawn, passive and uncommunicative behaviour
- taking on a caretaker role prematurely, trying to protect other family members
- embarrassment about family
- demonstrated fear of parents, carers or guardians and of going home
- disengagement from school (absenteeism, lateness or school refusal) or poor academic outcomes
- parent-child conflict
- wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injuries
- becoming fearful when other children cry or shout
- being excessively friendly to strangers.

1.5.3.4.5.6 Grooming

- Being very secretive about how they're spending their time, including when online,
- having money or new things like clothes and mobile phones that they can't or won't explain,
- depression and or anxiety,
- underage drinking or drug taking
 - *Causes:* Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.

1.5.3.5 Related documents

- Child and Young People Handbook
- Incident Investigation Form
- Incident Register
- Participant Notes
- Risk Assessment Form
- Risk Assessed Role Register
- Risk-assessed Employee Register
- Risk Management Plan Register
- Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- NDIS Worker Screening and Risk-assessed Roles Policy and Procedure

1.5.3.6 References

- Child Safe Standards
- Child Well-being and Safety Act 2005 (VIC)
- Children, Youth and Families Act 2005 (VIC)

- Department of Health and Human Services [DEWS Portal](#)
- [Protect – Identifying and Responding to All Forms of Abuse in Victorian Schools](#)
- United Nations Convention on the Rights of the Child
- United Nations Declaration on the Rights of Disabled Persons
- National Principles for Child Safe Organisations
- Department of Health and Human Services Mandatory Reporting website: www.providers.dhhs.vic.gov.au
- Department of Health and Human Services - [Safety Screening Policy](#)
- Working with Children Act 2005
- Working with Children Check [website](#)
- Commission for Children and Young People's [Child Safe Standards](#)

Appendix A Child Safe Standards

Child Safe Standard 1 – Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued

Our organisation will ensure the following:

- A child's ability to express their culture and enjoy cultural rights is encouraged and actively supported.
- We embed strategies that equip all members to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the well-being and safety of Aboriginal children and young people.
- Adoption measures to ensure racism within the organisation is identified, confronted and not tolerated. Any instances of racism are addressed with appropriate consequences.
- Active support and facilitation, participation and inclusion among Aboriginal children, young people and their families.
- Our policies, procedures, systems and processes create a culturally safe and inclusive environment and meet the needs of Aboriginal children, young people and their families.

Child Safe Standard 2 – Child safety and well-being is embedded in organisational leadership, governance and culture

Our organisation will ensure the following:

- Our information has a public commitment to child safety.
- A child-safe culture is championed and modelled at all organisation levels, from the top down and bottom up.
- Governance arrangements facilitate the implementation of the child safety and well-being policy at all levels.
- The Code of Conduct provides guidelines for staff and volunteers on expected behavioural standards and responsibilities. Staff working with children are required to read and sign the Code of Conduct (Appendix B)
- Risk management strategies focus on preventing, identifying, and mitigating risks to children and young people.
- Staff and volunteers understand their obligations to information sharing and recordkeeping.

Child Safe Standard 3 – Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously

Our organisation will ensure the following:

- Children and young people are informed about their rights, including safety, information, and participation (*See Children and Young People Handbook*).
- The recognition, encouragement and support of peer friendships assist children and young people feel safe and less isolated.
- Where relevant to the setting or context, children and young people are offered access to sexual abuse prevention programs and relevant related information in an age-appropriate way.
- Staff and volunteers are attuned to signs of harm and facilitate child-friendly ways for children and young people to express their views, participate in decision-making and raise their concerns.
- Strategies are in place to develop a culture that facilitates participation and is responsive to the input of children and young people.
- Opportunities for children and young people to participate and are responsive to their contributions, thereby strengthening confidence and engagement.

Child Safe Standard 4 – Families and communities are informed and involved in promoting child safety and well-being

Our organisation will ensure the following:

- Families/Carers participate in decisions affecting their children.
- We engage and openly communicate with families/carers and the community about its child-safe approach, making relevant information accessible.
- Families/Carers and communities have a say in developing and reviewing the organisation's policies and practices.
- Families/Carers and the community are informed about the organisation's operations and governance.

Child Safe Standard 5 – Equity is upheld, and diverse needs respected in policy and practice

Our organisation will ensure the following:

- All staff and volunteers understand children and young people's diverse circumstances and provide support and respond to those who are vulnerable.
- Children and young people have access to information, support and complaints processes in ways that are culturally safe, accessible, and easy to understand.
- We pay particular attention to the needs of children and young people with disability, children, and young people from culturally and linguistically diverse backgrounds, those unable to live at home, and lesbian, gay, bisexual, transgender and intersex children, and young people.
- We pay particular attention to the needs of Aboriginal and Torres Strait Islander children and young people and provide/promote a culturally safe environment.

Child Safe Standard 6 – People working with children and young people are suitable and supported to reflect child safety and well-being values in practice

Our organisation will ensure the following:

- Recruitment, including advertising, referee checks, staff, and volunteer pre-employment screening, emphasise child safety and well-being.
- Relevant staff and volunteers work with children's or equivalent background checks.
- All staff and volunteers receive appropriate induction and know their responsibilities to children and young people, including record keeping, information sharing and reporting obligations.
- Ongoing supervision and people management are focused on child safety and well-being.

Child Safe Standard 7 – Processes for complaints and concerns are child-focused

Our organisation will ensure the following:

- an accessible, child-focused complaint-handling policy outlines the roles and responsibilities of leadership, staff, and volunteers, approaches to dealing with complaints, breaches of relevant policies or the Code of Conduct and obligations to act and report.
- Effective complaint-handling processes are understood by children and young people, families/carers, staff, and volunteers and are culturally safe.
- Complaints are taken seriously and responded to promptly and thoroughly.
- Policies and procedures address complaints and concerns to relevant authorities, whether the law requires reporting or not, and co-operates with law enforcement.
- Reporting, privacy, and employment law obligations are met.

Child Safe Standard 8 – Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

Our organisation will ensure the following:

- Staff and volunteers are trained and supported to implement the organisation's child safety and well-being policy effectively.
- Staff and volunteers receive training and information to recognise indicators of child harm, including harm caused by other children and young people.
- Staff and volunteers receive training and information to respond effectively to child safety and well-being issues and support colleagues who disclose harm.
- Staff and volunteers receive training and information on building culturally safe environments for children and young people.

Child Safe Standard 9 – Physical and online environments promote safety and well-being while minimising the opportunity for children and young people to be harmed

Our organisation will ensure the following:

- Staff and volunteers identify and mitigate risks in the online and physical environments without compromising a child's right to privacy, access to information, social connections and learning opportunities.
- The online environment is used following the organisation's Code of Conduct and child safety and well-being policy and practices.
- Risk management plans consider risks posed by organisational settings, activities, and the physical environment.
- Organisations that contract facilities and services from third parties have procurement policies that ensure the safety of children and young people.

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

Our organisation will ensure the following:

- Regular reviews (annual), evaluation and improvements in child-safe practices.
- Complaints, concerns and safety incidents are analysed to identify causes and systemic failures to inform continuous improvement.
- reports on the findings of relevant reviews to staff and volunteers, community and families and children and young people.

Child Safe Standard 11 – Policies and procedures document how the organisation is safe for children and young people

Our Organisation will ensure the following:

- Policies and procedures address all Child Safe Standards.
- Policies and procedures are documented and easy to understand.
- Best practice models and stakeholder consultation informs policies and procedures development.
- Leaders will champion and model compliance with policies and procedures.
- Staff and volunteers understand and implement policies and procedures.