

INTRODUCTION

The Working with Children (Risk Management and Screening) Act 2000 (the Act) and the Working with Children (Risk Management and Screening) Regulation 2011 require regulated organisations and businesses to develop and implement a child and youth risk-management strategy which aims to keep children and young people safe.

To comply with the legislative framework, a child and youth risk-management strategy must include eight minimum requirements, grouped under the headings of commitment, capability, concern, and consistency. These eight requirements are addressed below.

SECTION 1: COMMITMENT

1.1 STATEMENT OF COMMITMENT

All About Kids Australia Pty Ltd (AAK) is committed to providing services to children and young people to assist them to meet their potential via a diverse allied health approach with speech, occupational therapy and mental health. All health practitioners are independent contractors registered with the relevant professional bodies and maintain the highest standards as set by their profession.

AAK and its officers recognise that the health and safety of all children and young people are vital to the success of our business. The following values reflect the culture that we are committed to promoting within our organisation:

Diversity We value diversity in listening and creating health solutions for children and young people

Collaboration We support children and young people from a multi-disciplinary focus to include the support for all members of the family

Integrity We respect each other and will always act in the best interest of children and young people. The practitioners also uphold the values stipulated by their professional bodies at all times.

1.2 CODE OF CONDUCT

In order to promote safety and wellbeing of children and young people, set out below is the code of conduct which is applicable to any person who is engaged by AAK including our contractors, permanent and casual employees, volunteers and placement students as well as visitors who enter our service environment:

LANGUAGE

Visitors, AAK staff and contractors shall behave with civility within the service environment. Rudeness will not be permitted.

SUPERVISION OF CHILDREN

The practitioners ensure adequate supervision of a child or young person during a session as prescribed by the code of conduct of their professional body.

A child may wait in the waiting room under the supervision of a parent or guardian which includes a grandparent, family friend or older sibling.

In the event that a private discussion of sensitive material(s) between the practitioner and a parent is necessary and the parent feels that the child or young person is able to wait in the waiting room alone, a staff member of AAK shall supervise the child or young person at all times. The parent of the child or young person has the duty and obligation to ensure that his/her child is able to wait without his/her presence.

PHYSICAL CONTACT

AAK has zero tolerance for child harm in all forms and stands in opposition to all child maltreatment. All staff and practitioners hold a current 'Working with Children Check' and/or valid exemptions prescribed by Blue Card Services which are relevant to their role.

All staff and contractors must not initiate unnecessary physical contact with children or young people or do things of a personal nature that children or young people can do for themselves. The following are list of some of the instances when physical contact with children or young people is permitted:

- Rendering first aid;
- Demonstrate a skill or for instructional purpose as part of an activity during clinical sessions;
- Protecting from physical harm; or
- Escorting a child to the toilet by holding his/her hand.

RELATIONSHIPS

All our contractors are bound by their professional body's code of conduct in relation to engaging relationships with children and young people.

The following are list of some of the prohibited conduct with children and young people imposed on our independent contractors and staff:

- exchange personal contact details such as phone number, social networking site or email addresses with children or young people;
- have unauthorised contact with children or young people online or by phone; and
- contact any child or young person at this clinic by any form of social media.

TOILETS

Where possible, a child or young person is to be accompanied by his/her parent or guardian to the toilet within any of the premises at all times. A staff or independent contractor may accompany a child or young person to the toilet with the consent of the parent or guardian.

MANAGING INJURIES

Wherever possible, AAK aims to prevent any incident or injury from occurring to children and/or young people in the workplace. However, where an incident, injury or near hit/miss does occur, proper records of these are kept in our *Incident Report Form* and *First Aid Treatment Log / Register of Injuries* files. All staff and independent contractors are made aware of location of first aid facilities in the service environment during their induction process.

VISITOR POLICY

In order to protect the interest and safety of children and young people, friends and family of staff and independent contractors are not permitted to be in the workplace, unless approved in advance by management, due to an emergency or for genuine business reasons.

PHOTOGRAPHY POLICY

Photographs of children and families can only be used with the explicit agreement of the parents or guardians.

USE OF TECHNOLOGY AND SOCIAL MEDIA

All registered health practitioners shall adhere to the Social Media Policy set by their professional body.

All staff and independent contractors adhere to a strict social media policy of not placing any work related issue or material that could identify a child or young person as a customer/client on any social networking site unless authorised by AAK and a child or young person's parents or guardians.

SMOKING, ALCOHOL CONSUMPTION AND THE USE OF MEDICATION AND DRUGS

AAK has a zero tolerance policy with regard to drugs and alcohol in the workplace. Staff, contractors and visitors must not be adversely affected by drugs or alcohol at our service environment. Smoking on the premises is not permitted.

ORGANISATION STANDARDS

All staff and contractors are required to comply with the guidelines stipulated in the independent contractors' onboarding guide or Employee Handbook (for other paid employees).

All staff and contractors also adhere to various professional standards as AAK is an allied health provider which includes (but not limited to) to the National Disability Insurance Scheme (NDIS) Code of Conduct as a registered NDIS Provider and standards set by Medicare, Department of Social Services, Primary Health Networks (PHNs) and private health funds.

AAK contractors adhere to the conduct of conduct set by their professional bodies as registered health practitioners.

CONFIDENTIALITY

All staff shall not use or disclose confidential information concerning AAK, our clients, or colleagues in compliance with Commonwealth and State and Territory privacy laws unless authorised to do so. This obligation continues after the staffs have left the organisation.

SECTION 2: CAPABILITY

2.1 RECRUITMENT AND SELECTION

AAK has recruitment and selection processes in place which allow us to ascertain a candidate's suitability for working with children and young people. We use carefully worded position descriptions and job advertisements when advertising positions to ensure suitable applicants are attracted and unsuitable applicants are deterred. Candidates will then be screened against our selection criteria and will undergo interviews and referee checks prior to granting of offer.

2.2 TRAINING AND MANAGEMENT

All staff and contractors are required to hold a current blue card or have a pending application in process unless relevant exemption stipulated by Blue Card Services applies. We have ongoing staff training and professional development in place. Independent health practitioners must undergo a number of professional development courses as required by their professional body.

We have an induction session for each new employees and new independent contractors to cover the Child and Youth Risk Management Strategy and other internal policies. We have management structures in place that keep lines of communication open and all staff are accountable for their actions.

SECTION 3: CONCERNS AND REPORTING GUIDELINES

3.1 DISCLOSURE AND SUSPICIONS – POLICIES AND PROCEDURES

POLICY AND PROCEDURES FOR HANDLING DISCLOSURES OR SUSPICIONS OF HARM

The following policy and procedures will ensure that staff respond as quickly as possible and in the best interests of the child or young person under 18, when disclosures or suspicions of harm are received. AAK recognises that children and young people are vulnerable members of the community and that extra measures must be taken to protect and support them.

In addition, the independent contractors, as health practitioners are required to report to 'Child Safety' a reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect under the Child Protection Act 1999.

POLICY

All staff will report disclosed or suspected harm to Practice Manager who will alert the Director, who will then report the suspicion/disclosure to the relevant agency, i.e. the Queensland Police Service and Department of Communities, Child Safety and Disability Services

This policy applies to any person engaged by AAK including but not limited to employees, volunteers and contractors.

DEFINING HARM

Harm is defined as 'any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing'. Harm can be caused by physical, psychological, or emotional abuse or neglect; or sexual abuse or exploitation (section 9 of the Child Protection Act 1999).

IDENTIFYING HARM

Harm may be categorised into the following types:

- physical abuse, for example: beating; shaking; burning; biting; causing bruise or fractures by inappropriate discipline; giving children alcohol, drugs or inappropriate medication.
- emotional or psychological abuse, for example: constant yelling, insults, swearing, criticism, bullying, not giving children positive support and encouragement.
- neglect for example: not giving children sufficient food, clothing, enough sleep, hygiene, medical care, leaving children alone, or children missing school.
- sexual abuse or exploitation, for example: sexual jokes or touching, exposing children to sexual acts or pornography, or having sexual intercourse with a child or young person under 16 years of age (even if the child appears to have consented).

DISCLOSURE OF HARM

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened or is likely to happen. Disclosures of harm may start with:

- "I think I saw..."
- "Somebody told me that..."
- "Just think you should know..."
- "I'm not sure what I want you to do, but..."

SUSPICION OF HARM

AAK employees or volunteers may have 'reasonable grounds' to suspect harm if:

- a child or young person informs AAK employee or volunteer that they have been harmed;
- someone else, for example, a parent or guardian or another child informs AAK employees or volunteers that harm has occurred or is likely to occur;

- a child or young person informs AAK employees or volunteers they know someone who has been harmed. It is possible the child may be referring to themselves;
- you are concerned at significant changes in the behaviour of a child or young person, or the presence of new unexplained and suspicious injuries; or
- you see the harm happening.

PROCEDURES FOR MANAGING AND RECORDING A SUSPICION OR DISCLOSURE OF HARM

In relation to suspicion of harm, our staff minimizes harm to children and young people by:

- remaining alert to any warning signs or indicators;
- making sure that children know that it is their right to feel safe at all times;
- taking anything a child or young person says seriously and following up their concerns; or
- listening to children and young people and letting them know that staff are available for them if they have any concerns.

When receiving a disclosure of harm, all staff should:

- remain calm and find a private place to talk;
- don't promise that you will keep a secret;
- only ask enough questions to confirm the need to report the matter; probing questions could cause distress, confusion, and interfere with any later enquiries;
- do not attempt to conduct your own investigation or mediate an outcome between the parties involved; and
- inform the Practice Manager or Director immediately.

DOCUMENTING DISCLOSURE OF SUSPICION AND/OR DISCLOSURE OF HARM

AAK employees or contractors must immediately document a disclosure or suspicion of harm in the *Incident Report Form* to be filed by the Practice Manager.

REPORTING DISCLOSURE OF SUSPICION AND/OR DISCLOSURE OF HARM

As soon as possible, the employee/contractor must notify the Practice Manager who will alert the Director, who will then report the suspicion/disclosure to the relevant agency:

- the Queensland Police Service on 131 444; or
- Department of Communities, Child Safety and Disability Services on freecall 1800 811 810.

Where the person alleged to have committed the harm to a child is a AAK contractor or employee, please follow the process outlined in the Whistle Blowers Policy found in the independent contractors' onboarding guide or Employee Handbook (for other paid employees).

REVIEW PROCEDURES

AAK's policy and procedures for handling disclosures or suspicions of harm will be reviewed and assessed regularly to ensure that our organisation is continuing to provide a safe and supportive service environment.

3.2 MANAGING BREACHES

PLAN FOR MANAGING BREACHES

This plan outlines the steps to be taken following a breach of the child and youth risk-management strategy in order to address the breach in a fair and supportive manner.

A breach is any action or inaction by any stakeholders, including children and young people, that fails to comply with any part of the strategy. This includes any breach in relation to:

- statement of commitment to the safety and wellbeing of children and the protection of children from harm
- code of conduct for interacting with children and young people;
- procedures for recruiting, selecting, training, and managing paid employees and volunteers
- policies and procedures for handling disclosures or suspicions of harm, including reporting guidelines
- policies and procedures for implementing and reviewing the children and youth risk-management strategy and maintaining an employee register
- risk-management plans for high-risk activities and special events
- strategies for communication and support

All stakeholders are to be made aware of the actions or inactions that form a breach, as well as the potential outcomes of breaching the child and youth risk-management strategy.

Who must comply with this plan?

- employees, volunteers and contractors
- management
- work experience students/students on placement
- parents and guardians
- children and young people

PROCESSES TO MANAGE A BREACH OF THE CHILD AND YOUTH RISK-MANAGEMENT STRATEGY

Breaches will be managed in a fair, unbiased, and supportive manner. The following will occur:

- all people concerned will be advised of the process
- all people concerned will be able to provide their version of events
- the details of the breach, including the versions of all parties and the outcome, will be recorded
- matters discussed in relation to the breach will be kept confidential
- an appropriate outcome will be decided

Depending on the nature of the breach, outcomes may include:

- emphasising the relevant component of the child and youth risk-management strategy, for example, the code of conduct;
- providing closer supervision (if relevant);
- further training;
- mediating between those involved in the incident (where appropriate);
- disciplinary procedures (if necessary); or
- reviewing current policies and procedures and developing new policies and procedures (if necessary).

3.3 HIGH-RISK ACTIVITIES & SPECIAL EVENTS

AAK does not currently conduct any high-risk activities involving children and young people. In the event we conduct a high risk activity, we will devise a risk-management plan for high-risk or special events will document a number of steps as follows.

Step 1 – Describe the activity

Step 2 – Identify risks

Step 3 – Analyse the risk

Step 4 – Evaluate the risk

Step 5 – Manage the risk

Step 6 – Review

SECTION 4: CONSISTENCY

4.1 BLUE CARD COMPLIANCE

PROCEDURES FOR REVIEWING THE CHILD AND YOUTH RISK-MANAGEMENT STRATEGY

To ensure that the child and youth risk-management strategy remains current and effective in identifying and minimising risks of harm to children, this strategy will be monitored and reviewed. This strategy will be reviewed annually in accordance with the legislation. In the event that the organisation identifies concerns, particularly following an incident, the child and youth risk-management strategy will be reviewed.

Employees and contractors, parents and guardians, children and young people, and other stakeholders will be involved in the review of the child and youth risk-management strategy, where necessary. The child and youth risk-management strategy will be reviewed in its entirety. The date of the review, where the review took place, who was present, and what was discussed will be recorded. Issues to be considered in the review include:

- whether stakeholders adhered to the policies and procedures
- the incidents relating to the protection of children or young people from harm and the outcome of these incidents
- the effectiveness of policies and procedures in preventing or minimising harm to children and young people

Stakeholders will be advised of any changes to policies and procedures, and training to all staff will be provided if necessary.

BLUE CARD REGISTER

AAK maintains a confidential register containing the personal details and Blue Card details of all existing employees, contractors and volunteers or placement students. This register includes detail regarding:

- when the person applied and/or the date of issue of the positive notice and blue card;
- whether an exemption stipulated by Blue Card Services applies;
- the expiry date of the blue card, and
- the renewal date (this will be set at least 28 business days before expiry to allow employees to continue working in child-related employment).

The organisation will regularly review and update the employee register and submit a '*Link an applicant/cardholder to this organization*' form for new employees.

NOTIFYING BLUE CARD SERVICES

Where an employee, contractor or volunteer holding a blue card advises that there has been a change in their police information, AAK is to be informed and will advise Blue Card Services immediately through submitting a '*Change in Police Information Notification*' form. AAK must not continue to employ the

employee or contractor until the form has been submitted. The employee or contractor is not required to disclose the specific nature of the change, only that a change has occurred.

Where an employee or contractor stops being employed, AAK will also submit a 'No Longer with Organisation' form.

4.2 STRATEGIES FOR COMMUNICATION AND SUPPORT

We strive to communicate effectively with all AAK stakeholders. All parents are welcome to discuss concerns with our practitioners, Director or Practice Manager at our contact details provided on the AAK website. Clients may complete a client satisfaction survey on AAK website (with anonymous function) at <https://www.allaboutkids.com.au/home/policies-and-forms>.

Our child and youth risk-management strategy is publicly available on our website. All staff and contractors are provided with a copy on employment and is reminded of its existence, where appropriate, during professional development and training or by email.