



ST JOSEPH'S PRIMARY SCHOOL

CHILD SAFE POLICY

1.0 INTRODUCTION

The dignity of the human person, who is created in the image and likeness of God, is the foundation of Catholic Social Teaching. This Catholic anthropology leads us to afford all people, but especially children, young people and the most vulnerable, the highest respect. Within this context, St Joseph's Primary Schools provides a child safe, supportive and secure environment that promotes respect and care and values diversity. The mental, physical, spiritual and emotional wellbeing of children and young people are essential preconditions for successful learning. These qualities cannot be developed for individuals in isolation from the health and wellbeing of the school community as a whole. St Joseph's Primary School operates in accordance with the principles as stated in the United Nation Convention on the Rights of the Child (refer to Appendix 1)

2.0 VISION

Our Commitment to child safety means that all students enrolled, and any child visiting, has a right to feel safe and be safe. The wellbeing of children in our care will always be our first priority and we have zero tolerance to child abuse. We aim to create a child safe and child friendly environment where children feel safe and are free to enjoy life to the full without any concern for their safety.

3.0 RATIONALE

This policy was written to demonstrate the strong commitment of the whole school community of St Joseph Primary School, leaders, staff, volunteers, students, their families, to child safety and to provide an outline of the policies and procedures developed to keep everyone safe from harm, including all forms of abuse.

4.0 POLICY STATEMENT

4.1 Children's rights to safety and participation

The staff and volunteers of St Joseph Primary School encourage students to express their views. We listen to their suggestions, especially on matters that directly affect them. We actively encourage all students to openly express their views and feel comfortable about giving voice to the things that are important to them.

We teach students about what they can do if they feel unsafe. We listen to and act on any concerns students, their parents or carers, raise with us. (Refer to Student Empowerment and Participation Policy and Procedure).

4.2 Valuing diversity and inclusion

We value and celebrate diversity, especially cultural diversity, and we do not tolerate discriminatory practices. To achieve this we:

- Promote the cultural safety, participation and empowerment of Aboriginal students and their families
- Promote the cultural safety, participation and empowerment from culturally and/or linguistically diverse backgrounds (CALD) and their families
- Promote the personal safety, participation and empowerment of students with a disability and make them feel welcome and part of all aspects of school life

4.3 Recruiting staff and volunteers

St Joseph Primary School will apply the most thorough and rigorous standards in the recruitment and screening of staff and volunteers. We interview and conduct referee checks on all staff and volunteers and require police checks and Working With Children Checks (WWCC) for all staff and volunteers. Our commitment to Child Safety and our screening requirements are included in all advertisements for staff and volunteer positions. (Refer to Recruitment and Employment of Staff and Volunteers Policy and Procedure)

4.4 Supporting staff and volunteers

St Joseph's Primary School provides support and supervision to all staff and volunteers so people feel valued, respected, affirmed in their work and fairly treated. We have a Code of Conduct to provide guidance to our staff and volunteers, all of whom receive training on the requirements of the Code. (Refer to Code of Conduct).

4.5 Reporting a child safety concern or complaint

St Joseph Primary School records all child safety complaints, disclosures or concerns including breaches of the Code of Conduct, and stores the records in accordance with security and privacy requirements. Our policies and procedures in relation to complaints, disclosure or concerns including breaches of conduct are outlined and detailed in the following policies and procedures.

(Refer to Responding to Incidents, Allegations, disclosures and Suspicions of Child Abuse)

Child Safety Officer has been appointed with specific responsibility for responding to any incidences, allegations and suspicions made by student, staff, volunteers or parents or s in relation to Child Safety. (Refer to Staff Handbook)

4.6 Risk Management

Risk management is an approach that minimises the potential for child abuse or harm to occur. Our Risk Management Plan (Refer to Risk Management Plan and Child Safe Risk Assessment) outlines and details all aspects of risk across our whole school environment (on site and off site school activities) with specific activity risk assessments. In addition to our general Occupational Health and Safety (OH&S) risks, we proactively manage risks of abuse and harm to our students. (Refer to Risk Management Plan –St Joseph's Website: 4.1 Care Safety and Wellbeing of Students)

5.0 DEFINITIONS

The definition of child abuse and indicators of harm are detailed in Appendix 11

6.0 RELATED DOCUMENTS

This policy should be read in conjunction with the other policies and procedures of St Joseph Primary School concerned with Child Safety and Pastoral Wellbeing:

- Child Protection – Failure to Protect Policy
- Child Protection – Grooming Policy
- Child Protection – Mandatory Reporting Policy
- Child Protection – Working with Children Policy
- Recruitment and Employment of Staff and Volunteers Policy and Procedures
- Student Empowerment and Participation Policy and Procedure
- Code of Conduct
- Risk Management Plan and Child Safe Risk Assessment
- Student Supervision on site and off site
- Positive Behaviour Education Policy and Procedure
- Attendance Policy and Procedures
- *Social Media and Digital Citizenship Policy and Procedures*
- *Complaints and Grievances Policy and Procedures*
- *Charter of Sandhurst School Improvement- CoSSi*

7.0 REFERENCES

- DEECD and DHS 2010, *Protecting the Safety and Wellbeing of Children and Young People, A joint protocol of the Department of Human Services Child Protection*, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools.
- Victorian Parliamentary Inquiry into the Handling of Child Sexual Abuse by Religious and Other Non-Government Organisations, Final Report, *Betrayal of Trust*, November 2013.
- Integrity in the Service of the Church, online, <https://www.catholic.org.au/documents/1345-integrity-in-service-of-the-church-1>
* A Guide for Creating A Child Safe Organisation, Version 2.0 December 2015, Commission for Children and Young People, State Government Victoria

8.0 REVIEW

This policy is reviewed every three years and we undertake to seek feedback from students, parents, carers, staff and volunteers.

Policy Ratified: April 2016
Next Review date: March 2018

9.0 APPENDIX

Appendix 1

United Nations Convention on the Rights of the Child

Highlights of the convention

- Every child has the inherent right to life, and states shall ensure to the maximum child survival and development.
- Every child has the right to a name and nationality from birth.
- Children shall not be separated from their parents, except by competent authorities for their wellbeing.
- States shall facilitate reunification of families by permitting travel into, or out of their territories.
- Parents have the primary responsibility for a child's upbringing, but states shall provide them with appropriate
- Assistance and develop childcare institutions.
- States shall protect children from physical or mental harm and neglect, including sexual abuse or exploitation.
- States shall provide parentless children with suitable alternative care. The adoption process shall be carefully
- Regulated and international agreements should be sought to provide safeguards and assure legal validity if and when
- Adoptive parents intend to move a child from his or her country of birth.
- Disabled children shall have the right to special treatment, education and care.
- Children are entitled to the highest attainable standard of health. States shall ensure that health care is provided
- To all children, placing emphasis on preventive measures, health education and reduction of infant mortality.
- Primary education shall be free and compulsory. Discipline in schools shall respect the child's dignity. Education
- Should prepare the child for life in a spirit of understanding, peace and tolerance.
- Children shall have time to rest and play and equal opportunities for cultural and artistic activities.
- States shall protect children from economic exploitation and from work that may interfere with their education
- Or be harmful to their health or wellbeing.
- States shall protect children from the illegal use of drugs and involvement in drug production or trafficking.
- All efforts shall be made to eliminate the abduction and trafficking of children.
- Capital punishment or life imprisonment shall not be imposed for crimes committed before the age of '18.
- Children in detention shall be separated from adults; they must not be tortured or suffer cruel or degrading treatment.
- No child under 15 shall take any part in hostilities; children exposed to armed conflict shall receive special protection.
- Children of minority and indigenous populations shall freely enjoy their own culture, religion and language-
- Children who have suffered mistreatment, neglect or exploitation shall receive appropriate treatment or
- Training for recovery and rehabilitation.
- Children involved in infringements of the penal law shall be treated in a way that promotes their sense of dignity
- And worth and aims at reintegrating them into society.
- States shall make the rights set out in the convention widely known to both adults and children.

COMMISSION FOR CHILDREN AND YOUNG PEOPLE - A
GUIDE FOR CREATING A CHILD SAFE ORGANISATION

Appendix 2: Definitions of child abuse and indicators of harm

The following definitions are provided to assist licensed children’s services and school staff to decide if abuse is occurring and to assist them in deciding whether the impact warrants a report to Child Protection, a referral to Child FIRST services or whether another action is required. Physical abuse Physical abuse consists of any non-accidental form of injury or serious physical harm inflicted on a child or young person by any person. Physical abuse does not mean reasonable discipline, though it may result from excessive or inappropriate discipline. Physical abuse can include beating, shaking, burning and assault with implements. Physical injury and significant harm to a child or young person may also result from the failure of a parent or caregiver to adequately ensure the safety of a child, exposing the child to extremely dangerous or life threatening situations. Physical abuse also includes fabricated illness syndrome (previously known as Munchausen’s syndrome by proxy) and female genital mutilation (FGM). FGM comprises all procedures that involve partial or total removal of the female external genitalia and /or injury to the female organs for cultural or any non-therapeutic reasons.

Physical abuse - Possible Indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations, or those that look like the object used to make the injury, for example, fingerprints or handprints, buckles, iron, teeth • Burns that show the shape of the object used to make them, such as an iron, grill, cigarette; or burns from boiling water, oil or flames • Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child’s age and development • Cuts and grazes to the mouth, lips, gums, eye area, ears, and external genitalia • Human bite marks • Bald patches where hair has been pulled out • Multiple injuries, old and new • Poisoning • Internal injuries 	<ul style="list-style-type: none"> • The child or young person states that an injury has been inflicted by someone else (caregiver or other), or offers and inconsistent or unlikely explanation or can’t remember the cause of injury • Unusual fear of physical contact with adults (for example, flinches if unexpectedly touched) • Wearing clothes unsuitable for weather conditions (such as long sleeved tops) to hide injuries • Wariness or fear of a parent/caregiver; reluctance to go home • No reaction or little emotion displayed when hurt • Little or no fear when threatened • Habitual absences from school without explanations (the caregiver may be keeping the child or young person away until signs of injury have disappeared) • Overly compliant, shy, withdrawn, passive and uncommunicative • Fearfulness when other children cry or shout • Unusually nervous or hyperactive, aggressive, disruptive and destructive to self and/or others • Excessively friendly with strangers • Regressive behaviour, such as bed wetting or soiling • Poor sleeping patterns, fear of dark, nightmares • Sadness and frequent crying • Drug or alcohol misuse • Poor memory and concentration • Suicide attempts

Sexual abuse

A child is sexually abused when any person uses their authority or power over the child or young person to engage in sexual activity. Child sexual abuse involves a wide range of sexual activity and may include fondling genitals, masturbation, oral sex, vaginal or anal penetration by finger, penis or any other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution.

Sexual abuse – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">• Injury to the genital or rectal area, such as bruising or bleeding• Vaginal or anal bleeding or discharge• Discomfort in urinating or defecating• Presence of foreign bodies in vagina and/or rectum• Inflammation and infection of genital area• Sexually transmitted diseases• Pregnancy, especially in very young adolescents• Bruising and other injury to breast, buttocks and thighs• Anxiety related illnesses such as anorexia or bulimia• Frequent urinary tract infections	<ul style="list-style-type: none">• The child or young person discloses sexual abuse• Persistent and age inappropriate sexual activity, including excessive masturbation, masturbation with objects; rubbing genitals against adults, playing games that act out a sexually abusive event• Drawings or descriptions in stories that are sexually explicit and not age appropriate• A fear of home, a specific place, a particular adult; excessive fear of men or of women• Poor or deteriorating relationships with adults and peers• Poor self care/personal hygiene• Arriving early at school and leaving late• Complaining of headaches, stomach pains or nausea without physiological basis• Frequent rocking, sucking or biting• Sleeping difficulties• Reluctance to participate in physical or recreational activities• Regressive behaviour, such as bedwetting or speech loss• Sudden accumulation of money or gifts• Truancy or running away from home• Delinquent or aggressive behaviour• Depression• Self –injurious behaviour, including drug/alcohol abuse, prostitution, self-mutilation, attempted suicide• Sudden decline in academic performance, poor memory and concentration• Wearing of provocative clothing, or layers of clothes to hide injuries• Promiscuity

Emotional abuse

Emotional abuse occurs when a child or young person is repeatedly rejected, isolated or frightened by threats or witnessing of family violence. It also includes hostility, derogatory name-calling and put-downs, or persistent coldness from a person, to the extent where the behaviour of the child or young person is disturbed or their emotional development is at serious risk of being impaired. Psychological or emotional abuse may occur with or

without other forms of abuse. The child or young person may develop personality or behavioural disorders, or become filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are few physical indicators, although emotional abuse may cause delays in emotional, or mental or even physical development.

Emotional abuse – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Speech disorders • Delays in physical development • Failure to thrive (without an organic cause) 	<ul style="list-style-type: none"> • Overly compliant, passive and undemanding behaviour • Extremely demanding, aggressive, attention seeking behaviour • Anti-social, destructive behaviour • Low tolerance or frustration • Poor self-image • Unexplained mood swings • Behaviours that are not age appropriate for example, overly adult (parenting of other children), or overly infantile (thumb sucking, rocking, wetting or soiling) • Mental or emotional delays • Fear of failure, overly high standards, and excessive neatness • Depression, suicidal • Running away • Violent drawings or writing • Contact with other children forbidden

Neglect

Neglect includes a failure to provide the child or young person with an adequate standard of nutrition, medical care, clothing shelter or supervision to the extent where the health or development of the child is significantly impaired or placed at serious risk. A child is neglected if they are left uncared for over long periods of time or abandoned. Two types of neglect are discussed below.

Serious neglect

Serious neglect includes situations where a parent has consistently failed to meet the child’s basic needs for food, shelter, hygiene or adequate supervision to the extent that the consequences for the child are severe. For example where:

- the child’s home environment is filthy or hazardous in the extreme and poses a threat to the child’s immediate safety or development and is characterised by the presence of animal or human faeces or urine, decomposing food, syringes or other dangerous paraphernalia
- the child is provided with consistently insufficient or inadequate food or nourishment for the child’s healthy development
- the child has a serious medical condition for which the parent has consistently failed to obtain treatment or dispense prescribed medication 7
- Parent consistently leaves the child unattended, exposed to or in the care of strangers who may harm the child.

Medical neglect

Neglect of medical care refers to a situation where a parent's refusal of, or failure to seek, treatment or agree to a certain medical procedure leads to an unacceptable deprivation of the child's basic rights to life or health.

Neglect – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">• Consistently dirty and unwashed• Consistently inappropriately dressed for weather conditions• Consistently without adequate supervision and at risk of injury or harm• Consistently hungry, tired and listless, falling asleep in class• Unattended health problems and lack of routine medical care • Inadequate shelter and unsafe or unsanitary conditions• Abandonment by parents• Failure to thrive	<ul style="list-style-type: none">• Begging or stealing food• Gorging when food is available• Inability to eat when extremely hungry• Alienated from peers; withdrawn, listless, pale, and thin• Aggressive behaviour• Delinquent acts, for example, vandalism, drug and alcohol abuse• Little positive interaction with parent/caregiver• Appearing miserable or irritable• Poor socialising habits• Poor evidence of bonding, little stranger anxiety• Indiscriminate with affection• Poor, irregular or non-attendance at school or kindergarten/child care• Staying at school long hours• Self –destructive• Dropping out of school• Taking on an adult role of caring for parent

Family violence

Family violence is defined as violence (either actual or threatened) which occurs within a family including physical, verbal, emotional, psychological, sexual, financial or social abuse. Where there are strong indicators that incidents of family violence are placing children at significant risk or danger, Child Protection must be informed. Family violence is a criminal offence and can be liable to prosecution.

Family violence – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">• Speech disorders• Delays in physical development• Failure to thrive (without an organic cause)• Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations, or those that look like the object used to make the injury, for example, fingerprints or handprints, buckles, iron, teeth• Fractures of the skull, jaw, nose and limbs, especially those not consistent with the	<ul style="list-style-type: none">• Overly compliant, shy, withdrawn, passive and uncommunicative• Extremely demanding, aggressive, attention seeking behaviour• Anti-social, destructive behaviour• Low tolerance or frustration• Showing wariness or distrust of adults• Demonstrated fear of parents and of going home• Becoming very passive and compliant• Depression• Anxiety

<p>explanation offered or with the type of injury probable/possible at the child's age and development</p> <ul style="list-style-type: none"> • Cuts and grazes to the mouth, lips, gums, eye area, ears, and external genitalia • Multiple injuries, old and new • Internal injuries 	
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Other reports to Child Protection

Risk-taking behaviour

While risk-taking behaviour in adolescence is a normal aspect of healthy development, some behaviour may require attention from Child Protection when they carry potentially severe or life threatening consequences. Examples include severe alcohol or drug use; unsafe sexual activity including prostitution; solvent abuse and chroming; and violent or dangerous peer group activity (for example, train surfing). There are community services that work with young people and their families where children are engaged in risk taking behaviours. Parents or guardians can contact the local Government to find these services or may wish to contact the Police where the risk taking activity is illegal and extreme in nature or poses a high risk to the child or young person.

Female Genital Mutilation (FGM)

There are an increasing number of migrants and refugees settling in Victoria for whom female genital mutilation (FGM) is a cultural practice. It is important to remember that while FGM is not perceived by these communities as harming or abusing a child or young person this practice is illegal in Australia and can have very significant physical and psychological repercussions upon a child. See definitions of physical abuse section for more information.

Unborn Child

The CYFA (s.29-30) allows Child Protection to receive and respond to reports about an unborn child. These reports provide an important opportunity for earlier intervention and prevention. Prenatal reports may be particularly helpful to the unborn child in family violence situations, or where there are mental health concerns or drug or alcohol misuse during pregnancy. It is also appropriate to consider prenatal reporting where a parent has previously demonstrated an inability to safely parent. Child Protection will take the lead in engaging the mother and planning and facilitating supports where the risks to the child following birth are more serious.

Child or young person exhibiting sexually abusive behaviours

Child Protection can receive reports from the police or the public, or referrals from the criminal division of the Children's Court, about a child over 10 years and under 15 years exhibiting sexually abusive behaviours. Child Protection's role is to assess the child or young person's circumstances and behaviour, determining the need for therapeutic treatment and identification of any other protective concerns. In some cases the parents, carers or guardians of the child or young person may not permit or enable the child to access or engage in these support services. In such cases, Child Protection may apply to the Children's Court for a Therapeutic Treatment Order and, if needed, an associated placement order. The Children's Court may make these orders if it is satisfied that the child or young person has exhibited sexually abusive behaviours and that an order is necessary to ensure the child's access to and attendance at an appropriate therapeutic program. 9 The goal of therapeutic treatment for children who exhibit sexually abusive behaviours is to ensure that early intervention services are provided to prevent ongoing and more serious sexual offences in adulthood.

Sexually Abusive Behaviour Treatment Services

Below is a list of Sexually Abusive Behaviour Treatment Services (SABTS) provider.

DHHS Child Protection

East Division – Phone: 1300 360 391

After Hours, Weekends and Public Holidays – Phone: 13 12 78

Police

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Local Station

Cobram

William Street

(03) 5871 1977

Barooga

1 Golf Course Road

(03) 5873 4760

Child First

Moira Contact: Referrals 1300 854 944

www.dhs.vic.gov.au

Operates from Family Care Phone: (03) 5871 3247

DET Security Services Unit

(03) 9589 6299

Student Incident and Recovery Unit

(03) 9367 2934

Employee Conduct Branch

(03) 9637 2595

Diocesan Office

Bendigo: (03) 5443 2377