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This Pastoral Policies booklet was prepared by John Hendry, Director of Student Welfare, in conjunction with Professor Fergus Cameron, Chief Medical Officer, with the assistance of senior staff, students and external experts, including Geelong Grammar School psychologists and medical staff.
This philosophy that underpins Geelong Grammar School’s understanding of Exceptional Education is manifest in our purpose, spirit, focus, character and beliefs.

Our Purpose is to inspire our students and community to flourish and make a positive difference through our unique and transformational education adventures

Our spirit is making a positive difference. Our focus is learning to flourish.

Our character is to be authentic, courageous, dedicated, forgiving, inquiring, loving, optimistic, passionate, resilient and trusting

We believe
- our rigorous academic programmes create wonder, curiosity and a desire to learn
- boarding and co-education provide valuable life skills
- Positive Education enhances wellbeing and enables individuals to flourish
- our exceptional staff bring character and richness to the life of the School
- partnerships between our parents, staff and students provide the best learning outcomes
- in nurturing strong relationships
- in fostering spirituality and celebrating our Anglican tradition
- in serving others and building social responsibility
- in growing our heritage through innovation

Our challenge is to demonstrate that Positive Education enhances student wellbeing and to lead in establishing wellbeing as an essential component of a thriving educational system
KINDNESS, FORGIVENESS & REPARATION

People live in relationships. When people live and work together disputes are inevitable and errors are made. Relationships are tested. The intimacy of a school community is such that effective dispute resolution is essential if people are to live in relationships where individuals and the community flourish. Disputes can be resolved if the disputing parties accept the need for and believe the reparation process will be transparent, fair and provide an opportunity to develop a shared understanding of the issues. The process can succeed if the parties feel they have been well treated, there is no residual resentment and there is a mechanism for restoring trust, honesty, integrity, compassion and hope. To do this, forgiveness must be exercised by all parties. The aim is to restore dignity to relationships.

Geelong Grammar School wishes to foster a community based on trust. When harmful behaviour or conflict occurs, we emphasise repairing the damage caused to relationships and finding mutually acceptable ways forward. This practical philosophy can transform the way community members think, feel and act towards each other.

Forgiveness underpins the School approach to dealing with mistakes. Many mistakes are made by young people through lack of careful attention to others or to rules. Often there is no intention to harm, and when harm is intended, the young involved may have little real understanding of the effects of their harmful actions. Actions impact on others and these must be understood for the safety of all.

Geelong Grammar School’s approach to relationships is based on moral precepts which value both the individual and the community. Our pastoral principles and behaviour management practice promote wholesome transformative relationships and eschew intimidation, fear or overt exercise of authority. The relationship reparation practices we use to resolve disputes encourage people to rethink, to learn, to appreciate, to understand, value and respect others. Our approach recognises and attends to difference, and is fundamentally educative. Parties grow through this approach to recognise mistakes, to understand that mistakes have to be addressed, and so better understand life. Parties recognise that relationships have been disturbed and need repair requiring a co-created positive approach.

The quality of a relationship has many determinants but fundamentally five present as being significant. They determinants are 1. Trust, 2. Forgiveness, 3. Integrity, 4. Optimism (hope), and 5. Compassion. The notion of a relational living world underpins how we live together. Error is of course how we learn and error must be managed positively in a relational sense. Resilience is about recognising an error and being able to repair in every sense the impact of the relationships resulting from the error. This is complex for the error has to be recognised, accepted, fully understood in its impact and then the error maker must accept the pivotal role to begin to repair the relationships disturbed. This of course begins with acceptance, then forgiveness of self for making the error and dislocating relationships and perhaps causing hurt and a sense of loss. Those relational “partners” who have felt that the relationship has been harmed also must accept and acknowledge the error, understand the error circumstance, forgive the error maker and then work “with” the error maker to co-jointly work to repair the relationship damaged. The co-creation of the repair process is essential for although the “heavy lifting” is substantially done by the error maker the damaged party share a responsibility to repair the relationship to the best that is possible. The obligations exist and the process requires all the 5 determinants of a relationship to be addressed individually and in concert. This process is determined by the relational “partners” involved. The object is to repair and to restore peace. The “heavy lifting” aspect of the relationship repairing process is the consequence associated with the mistake.

"The quality of a community (individual relationships, family, community, nation) is not to be judged on its successes but rather on the humane and constructive approach it employs to the management of mistake." – John Hendry

"Forgiveness gives us the capacity to make a new start... And forgiveness is the grace by which you enable the other person to get up, and get up with dignity, to begin anew... In the act of forgiveness we are declaring our faith in the future of a relationship and in the capacity of the wrongdoer to change." – Archbishop Desmond Tutu
PASTORAL PRINCIPLES

OUR OBJECTIVE

Staff of Geelong Grammar School promote a strong community of strong individuals. Our ideal is a safe, non-threatening school environment that supports individuals to:

- act with honour and integrity;
- give voice to their ideas;
- achieve personal excellence;
- cooperate;
- form positive relationships based on empathy;
- accept and respect diversity and difference,
- promote kindness and forgiveness

We hold that individuals develop resilience and “authentic happiness” when they can make a positive contribution, and thereby demonstrate concern for a community that demonstrates concern for them. We wish students to live meaningful lives.

RULES

We maintain our guiding values and standards when individuals respect the school community and the community respects them.

The School will respond to any actions and events that harm individuals and/or the school community. This includes any action or event that:

- harms an individual (with words or deeds);
- damages property;
- introduces destructive products into the school community;
- and/or in other ways undermines trust in the school community.

PROCESSES

The School will balance transparency and confidentiality in its formal responses to harmful actions or events. The School employs several processes to respond to harm. These responses have in common that they:

- deal with each situation in its context;
- seek a constructive and positive resolution within that context;
- involve those affected (Stakeholders), as far as possible, in reaching resolution.
RELATIONSHIP MANAGEMENT POLICY

GUIDING PRINCIPLE

Through respect for ourselves and for others, we create a friendly, safe and welcoming school environment. Geelong Grammar is committed to ensuring that the working and learning environment is fostering positive relationships free from unlawful discrimination, harassment and bullying.

Our Aims
- to foster positive relationships within the School
- to foster an environment where all members of the School community are treated with kindness, dignity, courtesy and respect
- to create an atmosphere where students, teachers and others feel safe and are safe
- to promote appropriate standards of conduct at all times
- to encourage the reporting of inappropriate behaviour
- to provide an effective procedure for resolving complaints in a sensitive, fair and timely manner
- to employ forgiveness

What is harassment and bullying?
Harassment and bullying dislocate relationships. When a person is subjected to unwelcome and uninvited behaviour, which is offensive, humiliating, embarrassing or intimidating and occurs more than once relationships are dislocated. People can be hurt. A single incident will be dealt with seriously but is not bullying. Harassment and bullying complaints rely on the perception of the complainant, rather than the respondent. This behaviour may be planned or spontaneous.
- Bullying or any form of harassment is unacceptable and should not occur.
- Bullying and harassment result in an unhappy, unsafe and unproductive working environment
- Bullying and harassment can affect students, staff and other members of the School community including parents, visitors and workplace participants at the School.
- Harassment may occur between student/student, student/staff, staff/student, staff/staff, parent/student, student/parent, parent/staff and staff parent.
- to treat all reports of harassment and bullying seriously, promptly and discreetly
- to take all reasonable steps to prevent harassment and bullying from occurring in any context directly related to School, including behaviour that occurs while travelling to and from School, during co-curricular activities, camps and other School functions.
- to ensure that complainants and those involved in the complaint processes do not suffer further disadvantage, retaliation or threats.
- to offer support/counselling to complainant and respondent
- to raise awareness of the Harassment Policy and the effects of bullying or relationships via promotional material, curriculum and workshops/tutorials or seminars for staff, parents and students.

Actions that dislocate relationships
Verbal
- putting 'people down' through comments, jokes or mimicking
- name calling
- teasing about another’s appearance or beliefs
- derogatory comments made on the basis of race, culture, sexuality, socio-economic status or any other individual difference
- intimidation or verbal abuse directed towards a person with different abilities
- intimidating or harassing telephone calls
- practical jokes which may be hurtful
Visual/Physical
• non-verbal gestures which are designed to intimidate eg. negative body language
• displaying offensive materials, pictures or objects
• writing offensive notes, letters and graffiti
• cyberbullying: offensive use of email, mobile phone, internet or other technology
• pushing, hitting, pinching, kicking and other unwelcome physical contact used intentionally to intimidate or hurt someone
• unwelcome touching or brushing against another
• damaging, stealing, hiding or destroying another’s property or possessions
• disrespect for, or invasion of, personal space and property eg. going through personal belongings eating food purchased by an individual for their own consumption, borrowing without permission, listening into phone conversations, etc.

Relational
• hurting others by damaging or manipulating relationships eg, spreading rumours that cause individuals to be rejected by others
• social exclusion by deliberately excluding another from a group of friends
• writing, sending or delivering harassing notes
• telling others not to associate with or like someone

Involving Extortion
• pressuring and intimidating others to act against their will eg giving up possessions, money, buying food and drink for bribery purposes, doing work for others or committing minor offences for them.

Options for dealing with harassment and bullying
Geelong Grammar School is committed to ensuring that all staff, students and members of the School community are treated with dignity, courtesy and respect. We therefore request that any person with a concern or complaint provides the School with an opportunity to resolve the matter. You are encouraged to take one of the following approaches
• speak directly to the person(s) causing the offence and inform them that it is unwelcome and that it should cease
• talk to a friend or family member who is understanding, for support or advice
• inform a staff member or parent so that the unacceptable behaviour can be addressed
• talk to the teacher, House Tutor, Head of House, Director of Student Welfare or Head of Campus
• talk to the Chaplain or School Counsellor
• staff can speak to any of the above staff members and can also access the employee assistance programme through the HR department.

Please note: Parents should contact the relevant Head of House, Head of Campus or Director of Student Welfare. (The Principal and parents may need to be involved.)

What Then?
These support people, listed above, will take into consideration the nature of the situation and may respond as follows:
• listen and understand
• help you to see if there is anything you can do yourself to help the situation
• speak with people concerned and advise the offender/s that this behaviour is unacceptable (they may feel this is necessary, or you may want them to do this)
• offer counselling and support to those involved
• involve parents, students or other members of staff where appropriate
• advise the offender of likely consequences should the harassment continue
• take action where it is deemed appropriate

The School will deal with complaints promptly, confidentially and with discretion. Reports of harassment and bullying will be investigated and documented. The School will properly investigate any allegation of discrimination or harassment.
ACTION PLAN

(STEPS TO TAKE) FOR A STUDENT TO FOLLOW IF HARMED IN ANY WAY

CONFIDENTIALITY OF ALL PARTIES MUST BE PROTECTED AT ALL TIMES DURING THIS PROCESS. THE STUDENT HARMED, OR THE PERSON TO WHOM THE REPORT HAS BEEN MADE, MUST MENTION THE CIRCUMSTANCE ONLY TO AN APPROPRIATE AUTHORITY (HEAD OF HOUSE, DIRECTOR OF STUDENT WELFARE, HEAD OF CAMPUS, DEPUTY PRINCIPAL, PRINCIPAL).

1. REPORT THE CIRCUMSTANCE TO A STAFF MEMBER IMMEDIATELY (OR A HOUSE/SCHOOL PREFECT OR A RESPONSIBLE STUDENT, WHO WILL TAKE YOU TO A STAFF MEMBER YOU ELECT TO BE TOLD OR WILL INFORM THIS STAFF MEMBER UNDER YOUR INSTRUCTION). EVERYTHING WILL BE KEPT CONFIDENTIAL. The staff member will raise your issue with the/an appropriate authority immediately and action will be taken within 24 hours to secure further information and to begin careful investigation. CONFIDENTIAL

2. IF THE STUDENT HAS NOT HEARD FROM ANYONE IN "AUTHORITY" WITHIN 24 HOURS, THE STUDENT SHOULD CONTACT THE STAFF MEMBER (OR TRUSTED STUDENT) TO WHOM THE STUDENT HAS REPORTED THE CIRCUMSTANCE TO DISCOVER ACTION TAKEN (NORMALLY, THE STUDENT WILL BE CONTACTED WITHIN 24 HOURS TO OUTLINE ACTION TAKEN). CONFIDENTIAL
THE SCHOOL’S HEALTH AND BEHAVIOURAL POLICY ON DRUGS AND CONSCIOUSNESS ALTERING SUBSTANCES, ALCOHOL AND SMOKING

DRUG PROGRAMME

The health and wellbeing of students is a primary concern of Geelong Grammar School. We are attempting to ensure that all students are safe and that they live their lives positively. We realise that choice challenges the young and we are mindful that at times young people do make mistakes in judgement. The decisions they make are sometimes unwise or careless. They can be seduced by circumstance to engage in activities that place health and safety in jeopardy and also place normal living at risk. Illicit drug taking is something the young will be tempted to experience. They know that there are risks associated with engaging, however, at times, being rational is not to the fore and mistakes are made. Consequently, some find themselves absorbed into illicit activities where control is not always possible. The impact of this is not healthy in any way and disturbs the effective management and honesty of their lives.

Unfortunately, deception underpins drug and consciousness altering substance use and this is a strategy no school or parent wants to develop in the young. Geelong Grammar School has a Drug Programme which is health based. The object is to assist Students manage the challenges before them and to attempt to correct mistakes in a constructive way. Students who engage in illicit drug or consciousness altering substance use place their position in the school in jeopardy. The School cannot have students who are so behaving, and who may, through situation alone, be influencing others to so engage. Contagion is a feature of drug taking and is a serious issue which the School must address.

Peer pressure and situation pressure is almost insurmountable for some people and can be especially so for the young. Unfortunately this is a reality the School needs to address and the Drug Policy is constructed to assist if it can, in the first instance, those who do engage in such activity. Drugs vary in impact and health effect and the Australian Drug Foundation has classified illicit drugs and consciousness altering substances in reference to health and behaviour impact. Geelong Grammar School recognises this and is mindful of the issues relating to the immediate and long term health and behaviour impact on individuals. The School, within the drug policy, treats specific drug taking differently given the classification of the drug or consciousness altering substance.

The School is also mindful of the improper use of illicit drugs, including prescription drugs and the “new and emerging” synthetic and other consciousness altering substances that may be legal, and needs to address this if and when it presents. The School must also recognise the instances when a student may expose other students to illicit drug use or other consciousness altering substances and understand all circumstances relating to this when approaching this additional dimension in the mistake made.
PREVENTION AND INTERVENTION

The use and abuse of alcohol, cigarettes, other substances (such as performance enhancing drugs, consciousness altering substances, prescription drugs when not taken pursuant to an individual’s medical practitioner’s prescribed regime) and use of illicit drugs is common amongst adolescents in Australia. Geelong Grammar School, in common with other schools, has a particular responsibility towards addressing this circumstance, especially as the School has responsibility for Boarders, Day Boarders and Day Students on behalf of their parents.

PREVENTION

The School’s objectives are:

1. To encourage a culture of healthy behaviour both at school and at home.

   This is achieved through several initiatives:

   • A firm and clear policy on illicit drug use, the use of consciousness altering substances and performance enhancing drugs. The School policy is that students may not use these when in the duty of care of the School. This policy also applies to smoking and alcohol, but is particularly aimed at illicit drugs such as marijuana, ecstasy and substances that alter consciousness and behaviour.

   • Education about personal health at all levels of schooling in reference to substance use.

   • An educative and constructive response in a health and life management sense to the use of illicit drugs, consciousness altering substances and performance enhancing drugs, alcohol and smoking.

   • Establishment of support structures for students.

   • Establishment of support structures to work with parents in this common objective regarding their children's use of such substances that impact on personal health and wellbeing.

INTERVENTION

1. Impact

   The School’s recognises that the student’s use of illicit drugs and the use of consciousness altering substances impacts on other students and threatens the rights of other students and the welfare of the whole school community. It is a fundamental condition of the contract between the School on the one hand, and the student and the student's parents on the other hand, that the parents agree to comply with the School’s Health and Behavioural Policy on Drugs and consciousness altering substances, alcohol and smoking. A failure to comply with this School policy may result in the expulsion of the student at the absolute discretion of the School.

   Early intervention and identification greatly assists the likelihood of students not becoming more involved with this behaviour.

2. Alcohol

   Alcohol abuse can be a serious problem, and complicating the matter is the fact that alcohol is widely advertised, socially acceptable and readily available. The School’s policy is that students may not consume alcohol at school or at any school function except the House Valedictory Dinner. Parent permission must be given for alcohol to be consumed at these valedictory dinners. Please note Victorian State laws about alcohol and young people.
Alcohol and young people – the law

As of 1 November 2011 it is against Victorian law to serve alcohol in a private home to anyone under 18, unless their parents or guardians have given permission.

Adults who break the new law face fines of more than $7,000 – the same amount a licensee would be fined for selling alcohol to a minor. The law still allows parents and guardians to serve alcohol to their own underage children in a private home.

The new law will be a part of the Liquor Control Reform Act 1998 (The LCRA), which also regulates the sale of alcohol in all licensed premises such as bottle shops, pubs and clubs to people under 18. The part of the law that covers the sale of alcohol to minors by licensees will not change.

The LCRA prohibits the supply of alcohol to minors in most circumstances. Minors are also prohibited from possessing and consuming alcohol in most circumstances.

Why change the law?
The new law governing the supply of alcohol to minors in private homes is designed to give parents and guardians greater control over when, where and whether their children drink alcohol. It also responds directly to community concerns about the substantial harm that alcohol causes to young Victorians and their families every year.

In fact, a 2009 Vic Health survey revealed 87 per cent of Victorians support the new law, and parents and guardians were even more likely to agree with the law (91 percent).

This change is just one of the number of policy and legislative initiatives being introduced by the Victorian Government designed to reduce harmful alcohol consumption in Victoria.

How will this be enforced?
The law will be enforced where the police have evidence that it has been broken. It’s important to remember that the laws about minors and alcohol are complicated. Often, situations in which the laws may have been broken are emotional and tense, such as after a minor has been injured as a result of alcohol consumption.

Getting permission from parents and guardians
Anyone who plans to supply alcohol to a minor in their home will need to get permission from the young person’s parent or legal guardian.

Permission can be given verbally or in writing – but the person who will supply the alcohol needs to be very confident that they have the permission they need from the parent responsible. This is because if there is a question about whether permission had been given, the person who supplied the alcohol will need to prove that they had permission.

And even when adults have permission from other parents or guardians to supply alcohol, other obligations – such as their legal duty of care – still mean that they must supply alcohol responsibly.


Consequences for the use of alcohol at School (depending on the circumstances) begin with substantial labour detentions and/or suspensions. Failure to respond appropriately to these may ultimately result in expulsion. In all circumstances students will be given appropriate counselling - for example in the case of binge drinking, which is potentially very damaging to health, the School will undertake an active response.

The School reserves the right to require students to submit to a breathalyser test.

Three factors influence the action to be taken by the School:

i. School rules and effect on other students
ii. Health of the student
iii. Safety of the student

1. It is policy that if a student returns to School or is at School, under the influence of alcohol (testing above ‘O’ on a breath test), whether adversely affected by it or not, their parent or guardian would be contacted and asked to take the student home. Return to School would be dependent on the decision of the School.
2. If the student is severely affected by alcohol (e.g. grossly disorientated, depressed conscious state) and has a high breath alcohol test, they should be referred to the emergency department of the Geelong Hospital, preferably accompanied by their parent or guardian when available. It should be noted that many young people combine alcohol with drugs and the combination may be dangerous.

If the student has a pre-existing medical disorder (e.g. diabetes) this should be assessed and treated if needed.

It is unlikely that a student affected by alcohol would be admitted to Hospital but after a period of assessment and observation in emergency department, would be discharged. The parent or guardian should be responsible for further care. If this is not possible, (as a last resort) the student should be admitted to Kennedy.

3. If the student is adversely affected by alcohol (eg. vomiting) but not in danger, and cannot return home, they should be admitted to Kennedy for observation.

4. If the student is unable to return home and does not need medical attention or observation, consideration should be given to returning to their House but obliged to sleep in a designated sick bay and not return to their dormitory or shared study.

5. If this is not possible, admitting to Kennedy overnight but not requiring nursing supervision should be considered. Sleeping in the day area with formal admission to a bed might be a preferable option so that any ill students are not disturbed.

3. Tobacco

Students detected smoking when in School care will be required to complete an anti-smoking/health promotion course. Smoking offenders may also be required to complete community service.

4. Illicit Drugs and other consciousness altering substance and performance enhancing drugs

Geelong Grammar School takes very seriously its responsibility to the students under its care and, after careful consideration, has developed a policy on illicit drugs and other consciousness altering substances and performance enhancing drugs. When a problem is found to exist, the policy allows the School, affected students and their parents to work together in the best interests of the student.

The Policy provides that students who are thought to be using drugs or other harmful substances may be required at the sole discretion of the Principal or the respective Head of Campus to submit to a urine test. At such time the Principal (or Head of Campus) may also cause a search to be carried out of any student’s possessions or room.

Should these tests prove positive to the use of substances, the Principal may decide to expel the student from the School. However in most circumstances, the Principal will allow the student to remain at the School provided that he/she participates in a programme of rehabilitation.

The School, when making a decision upon whether a student should be allowed to continue at the School, will consider a host of factors, including his or her past history at the School, his or her potential for rehabilitation and the cost to the community of such rehabilitation. Assisting the Principal in making such a decision will be the School’s psychologist/counsellor and Medical Staff who will conduct an initial assessment of the student’s risk in consultation with the School, the parents and the student.
This programme to prevent further use will include:

1. The development of an individual programme devised by the School’s Medical Staff, again in consultation with the School, the parents and the student. It may include the arrangement, where appropriate, of professional care, either at school or outside of it.

2. Monitoring to ensure the student is substance free. The student and parents must agree to regular screening for a period of time, to be determined by the School and after recommendation from the School Medical Staff and Director of Student Welfare. Urine samples will be taken at random times. If students tests positively, they will place their position in the School in serious jeopardy.

3. The possibility of the student being suspended from school for a period of time.

4. An acceptance of the extra financial costs of the student’s testing and rehabilitation programme being borne by the parents concerned.

The student:

1. Will see a medical doctor
2. Will see a School Counsellor
3. Will see the Director of Student Welfare/Head of Campus (possibly with parent or guardian)
4. Will be placed on the Drug Programme for a period determined by the School in conjunction with the medical and counselling staff, usually this would be for a minimum period of 6 months.
5. Will see the School Counsellor following each “drug test”.
6. Must see the School doctor should the test be positive, for a consultation and health review.
7. Will see the School doctor who will determine the reason for the positive reading and report this to the Director of Student Welfare and/or Head of Campus.
8. Will meet the Head of Campus and/or The Director of Student Welfare once a term while on the Programme.

Students who traffic in illegal drugs will be expelled.
DUTY OF CARE

Introduction and meaning of “Duty of Care”
While they are at school, parents entrust their children to the care of teachers and other staff at the school. At school, students are beyond the control and protection of parents and are placed under the control of a teacher who is “in a position to exercise over them and afford them, in the service of reasonable care, protection from injury” (Schools, Courts and The Law; Stewart. D; 2002; p.21).

This is a legal responsibility and is called “Duty of Care”. It is associated with the physical welfare as well as the moral, intellectual and social wellbeing of students.

Who this applies to
In general this responsibility extends to all service providers at GGS who come into contact with the students. This includes teachers, assistants, non-teaching staff, contractors and volunteers.

Expectation of parents and guardians
Parents are entitled to expect school staff to exercise their duty of care and to protect their children from harm. The degree of supervision needed by a child will diminish with age and maturity, and neither parents nor school staff can supervise a school-aged child every moment of the day, especially at teenage. What parents can expect is that school policies and rules designed to provide for the care of their children are clearly understood and followed both by staff and students.

The principle of trust
In any interaction, both students and staff are potentially at risk, but students are particularly vulnerable because of their age and level of maturity, and the position of authority of staff. Students trust teachers to take good care of them, and a position of trust between staff and students provides for an ideal relationship

Aspects of care
1. Protection from harassment or discrimination
   Any perceived forms of harassment, discrimination or bullying will not be tolerated. If students are aware of bullying they should be expected to report this to staff who would take the report seriously and respond appropriately.

2. Keeping them safe
   In any activity there is an element of risk, whether it is from physical or emotional harm or to health. In supervising an activity, the teacher should take into account the risks and the actions needed to minimise these risks.

   In the event of an incident, there may be a legal response. In law, teachers are expected to act carefully as the “reasonable” teacher would. This means taking the following into account, when deciding whether sufficient care has been exercised:
   - Was that particular incident foreseeable?
   - The age and capacity of the students.
   - Known behaviour of that group and the individuals within it.
   - Assessing the risk against the cost of removing the damage
   - Severity of the risk.
   - Can the risk be justified on educational grounds?

3. Protection of their health
   The physical and emotional health of students is paramount at all times. The school is expected to act appropriately if there is a perceived risk to health of students, and to respond appropriately if a student’s health appears affected.
4. Avoiding any actions that may be or appear to be of a sexual nature

Allegations that a GGS staff member has engaged in improper conduct of a sexual nature with a student during or outside school hours, will result in an investigation and if proven, be grounds for summary dismissal, suspension or other serious disciplinary action. Such conduct includes but is not limited to:

- Sexual abuse of a child
- Sexual activities with a student
- Sexual exhibitionism
- Inappropriate conversations or discussions of a sexual nature with a student
- Exposure of students to pornographic material
- Deliberate exposure of students to the sexual behaviour of others
- Obscene language of a sexual nature

5. Inappropriate physical contact

- As a general principle, staff should not make physical contact with students, and in particular, no member of staff or those working at the school should have any physical contact with a student either as punishment or for sexual pleasure.
- It is recognised however that occasionally some physical contact is appropriate. This includes, for example, hand shaking as greeting or congratulation, and for coaches training students in sport, though this should be only in public during group or team training.
- There will be times when a member of staff may feel it is appropriate to comfort a student who has come to them in distress, such as extreme homesickness or on hearing very sad news from home. In such circumstances, a hand lightly placed on the student’s back or shoulder may be both kindly and appropriate. It is never appropriate to touch the chest area in girls, or below the chest in either sex.
- Staff should be aware that students may occasionally misinterpret what is intended to be a kindly gesture as having some sexual connotation, particularly if the student has experienced sexual abuse in the past. For the protection of both student and member of staff, it is undesirable for a staff member ever to be alone with a student in a closed room unless there is clear vision possible through a window or glass door panel.
- Physical contact is often required to assist an injured student or care for a sick student. Those staff providing health care will clearly need to have physical contact with a student at times, but as a guiding principle, all physical contact must be done with the informed consent of the student (unless it is in a life-saving situation) and in a manner as if a parent or guardian were present.

6. Reasonable punishment

Discipline and rules for behaviour are needed by children, whether it is within the family or in the school community. Students should be aware of school rules and there need to be clear consequences when school rules are broken. If this involved punishment, students should understand these consequences and recognise them as fair and appropriate.

7. A balance of responsibility for each student individually and for the whole school community.

Each student should be cared for and recognised in their own right. In meeting the needs of an individual student however, there may be times when this must be balanced by the needs of the whole school community, particularly the other students. Staff have a responsibility both towards each student in their care and to the student community.

8. Relation to other policies and guidelines of care.

Appropriate relationships within the School are further prescribed by:

- Guidelines for Response to a Claim of Sexual Assault
- Workplace Behaviour Policy
- Self Harm Policy
- Eating Disorders
- Grievance Policy
EATING DISORDERS

There are a number of different types of eating disorders that have affect on young people in our society. The two most common are anorexia nervosa and bulimia nervosa, and may start during late childhood and early adolescence. About 50% get better within 6 months, particularly if identified and cared for early, but for the rest, there is strong risk of the disorder becoming entrenched and leading to chronic illness and disability.

Anorexia Nervosa is characterised by

- Refusal to maintain a normal body weight and intense fear of gaining weight, even though underweight.
- A false perception of their body shape, considering themselves fat even when clearly undernourished.
- A preoccupation with measures such as restricted eating and excessive physical activity to achieve their weight loss.
- In girls, loss of menstruation as weight loss progresses.

Bulimia Nervosa is characterised by

- Recurrent episodes of binge eating with a feeling of loss of control over their eating
- Recurrent episodes of inappropriate behaviours such as self-induced vomiting and misuse of laxatives to prevent weight gain.
- Undue concern for their body shape or weight.

There are several variations of these behaviours and it is not uncommon, for example, for people with anorexia to have self-induced vomiting, or for those with bulimia to have a normal body weight. Not all binge-eaters vomit.

Young people with eating disorders have much in common.

Young people with eating disorders can become obsessed with weight, with calories, fat avoidance (and recently, carbohydrate avoidance). They have usually made a study of food composition and are often very knowledgeable about the composition of foods. They tend not to follow dietetic advice. They are often very anxious about any direction to change their eating behaviour

They often start with a “healthy” eating pattern and are praised by their parents and envied by their friends for doing so. They lose weight, but as this progresses, they may cover themselves with baggy clothes to disguise this. They can be quite deceptive about their eating habits, and although school friends are seldom taken in, parents are often deceived. They tend to excessive exercise, often deceptively, with running, power walking, exercising in private or in the shower. They tend to feel the cold, even on warm days, and this further increases energy expenditure to keep up body temperature. In cold weather they may be at risk for dropping core body temperature to dangerous levels. So desperate may they become that even basically honest and cooperative young people may become deceitful and manipulative, playing one person against another and strenuously denying there is a problem with their health. There is seldom an underlying psychological cause, but perhaps a personality risk.

Many children who develop eating disorders are intelligent, driven, high achieving and socially successful, previously well-adjusted and from caring families. The notion that there is a preceding psychological illness underlying the disorder is almost entirely unsupported in scientific literature. They
do, however, frequently develop secondary psychological problems, especially depression and anxiety, obsessive-compulsive disorders, disturbed body image. These are usually secondary to the eating disorders, not the cause, but may then provide a formidable barrier to recovery.

Ideal management usually involves the family.

Conventional management strategies usually include dietetic advice, psychological intervention (counselling or formal psychotherapy) and physical monitoring. Most paediatricians treating eating disorders in young people consider that it is essential to involve the family, particularly to support them and assist them to eat appropriately. This may make it difficult, if not inappropriate, for a student to be boarding away from her family.

Eating disorders may start slowly and deceptively, with identifiable stages in their development.

**Stage I** - It is common for a person to start eating what they regard as healthy foods, often supported by her/his family. They may eat more fruit and vegetables; reject food with fat and "junk food". They are encouraged by feeling good and losing weight. At this stage most young people soon give up and revert to normal eating patterns, but a small number go to stage II.

**Stage II** - The person at risk for anorexia persists in their pursuit for a better body shape. Their search for a healthy eating pattern extends to increasing physical activity to enhance wellbeing and accelerate weight loss. At this stage such young people can often be instructed to resume eating normally, provided there is consistent and firm advice. In a boarding house however, it is hard to maintain the necessary supervision and there is a risk that the developing anorexic behaviour influences others in their house who may start showing similar behaviour.

**Stage III** - The next stage is that they gradually exclude all fat and most carbohydrates from their diet. They usually announce that they have become vegetarian. They are losing weight at an accelerated rate, but feel determined not to go back to their old weight or "unhealthy" eating habits. They may announce that they can't tolerate dairy products and may drastically reduce their protein intake. Any sugar is poison. They drink lots of water, perhaps several litres a day (in line with the current fashion and because it may satisfy the urge to eat).

They are incensed that anyone should criticise them (especially a caring teacher), and they become adept at concealing unhealthy eating habits and excessive exercise from family and others. Friends start worrying about them but don't know what to do. Often they start wearing baggy clothes to conceal their thin bodies which they are convinced are fat. Be aware of the girl who wears thick jumpers on a hot day.

At this stage the pattern has usually become entrenched and will require professional intervention.

**Stage IV** - If this continues, the young person will continue losing weight even though they have become very thin, feel cold, may feel dizzy on standing up. They will stop menstruating, develop increased body hair and look pale and unwell. Despite this they are often able to maintain inappropriate levels of physical activity, they assure everyone that they feel fine and resist all advice to change. Eventually they may become physically ill and need hospital care, with low body temperature, low blood pressure, slow pulse rate and emaciation. At this stage rational thought processes are impaired, although formal school work may be maintained.
**Bulimia**

Bulimia often starts with a determination to reduce food intake to lose weight. The young person cuts out breakfast and has little lunch. By late afternoon the craving for food may become irresistible leading to loss of control and excessive eating. This is followed by feeling bloated and anxious, only relieved by vomiting.

As this becomes more frequent it establishes a vicious cycle from which it is very difficult to escape, and indeed many girls say that they do not want intervention. It does however have social implications with potential damage to teeth and general health.

*In summary, eating disorders are potentially serious and management is usually more appropriate within the family and with the family’s involvement, so it is usually not appropriate for a child with an eating disorder to be a boarder.*

*Early intervention is important to minimize the risk that the disorder does not become entrenched.*

*It is also important that other students in their Boarding House or Timbertop are not adversely affected, either by copy-cat dieting or through anxiety about the health and safety of their friend.*
SCHOOL POLICY ON BOARDING FOR STUDENTS WHO MAY HAVE AN EATING DISORDER

1 Students who have an established eating disorder that may affect their own health or relationships with other students should not board at school until a full assessment has been made. This assessment should be made by the Health Team supporting the student in consultation with those caring for the student, including parents, the treating doctor, school counsellor and other relevant health professionals, the Director of Student Welfare and, in the case of existing students with the Head of House / Unit.

2 Parents should be informed of the school policy on eating Disorders.

3 If a student boarding at the School develops significant weight loss, the best care of that student should be discussed with the parents. Normally a student should return home until full assessment has been made.

4 The School has the right to seek medical assessment for any student who appears to have adopted inappropriate behaviour directed to weight loss, including restricted eating habits or vomiting. This applies to any student who appears to have lost weight inappropriately and when the School has reason to be concerned for her or his health.

5 The School and Head of House/Unit need to be confident that the duty of care in relation to the assessed student can be fully managed on a day to day basis. The issue of trust is paramount.

6 The final decision on whether a child should board at the school must rest with the School and should be made after consultation with Health Professional supporting the student and after assessment, the Director of Student Welfare and the Head of House / Unit. The School Counsellor will manage the returning student and liaise with all external professionals involved in the student’s treatment.
GUIDELINES FOR MANAGEMENT OF STUDENTS WHO MAY HAVE AN EATING DISORDER

Action to be observed if a Head of House / Unit becomes aware that a student may be developing an eating disorder.

Prompt response to Head of House or Unit’s concern
If there are any concerns about a student’s loss of weight, restricted eating habits or possibility of vomiting, this should be followed up promptly. Head of House should contact Kennedy for an appointment; without informing child as to why. Kennedy staff should then advise Head of House/Unit as to how best to proceed.

Record of weight loss
If it appears from school measurements that a student has lost excessive weight (e.g. when weighed during the year at Timbertop), the student should be referred for assessment.

Confront student
The student should be told of the concerns and if necessary confronted with the information provided by staff or other students.

Inform parents
Parents should be informed of the school’s concerns. They may deny it is a problem, particularly if their child tells them a different story. They should be told that it is necessary for their child to have a medical assessment in view of the school’s concerns for her wellbeing.

Medical assessment
Medical assessment as outlined in the Policy statement should be made if the Head of House or Campus or Director of Pastoral Care considers it warranted.

Management of students who have been accepted for boarding or who return to boarding after assessment.

The Head of House at Corio and Head of Campus and Unit at Timbertop are primarily responsible for the care of students, and their involvement in the care provided for a student with a health problem, particularly an eating disorder that may affect other students, is central.

There should be a meeting when the student starts or resumes boarding between those concerned, specifically, the Head of House, the doctor concerned, the counsellor, the parents if possible and the student. At this meeting a plan of care should be agreed on, the elements of the plan to include:

- Identification of a case manager (normally the medical officer)
- A meal plan
- A physical activity plan
- Regular medical monitoring, including regular weighing.
- Psychological/counselling management either at school or outside the school if considered appropriate.
- Agreed communication on a regular basis between those providing health care and the Head of House.
- Agreed criteria for determining whether the student can stay at school or should return home, based on (1) the physical condition of the student and (2) the concern of the Head of House or Head of Timbertop, both for the student’s welfare and the welfare of other students.
GRIEVANCE POLICY

Living in a community in which the majority of our students are either full or day boarders can be an intense experience. The importance of developing strong and respectful relationships with all members of the community cannot be underestimated. There will of course be times when we do not agree with the behaviour or the views of others. At these times it is important that we are able to identify an appropriate approach or forum in which we can state our grievances and not put at risk our place in the community. Ultimately, each student should draw any grievances to the attention of their parents and ask for their assistance in determining through which avenue of the school they should direct their concerns.

For many day-to-day minor issues students are able to seek wise counsel from their peers or the senior students in the House. Students frequently seek out Prefects and the House Captain to assist them in understanding how issues within the House might be resolved without causing any ongoing concerns. Prefects have received some basic training in ways in which they might be able to mediate and support a student who is feeling concerned that they have been misunderstood, or if they are just not feeling as connected to the House or their peers as they would like. Prefects are encouraged to draw any and all issues with which they are assisting younger students or their peers to the attention of the Head of House, who is then better able to assist them to support their fellow students. This process also allows the Head of House to be mindful of when an issue is likely to require the input of an adult member of the community. Prefects are not expected to handle, nor should they attempt to handle, any matter beyond minor day-to-day issues.

For matters that are beyond the ability of a fellow student to assist in resolving, students are encouraged to speak to their tutor or their Head of House or any other adult member of staff whom they trust. At Geelong Grammar School the pastoral care structure is deemed to be the most appropriate for supporting students.

- Each student is assigned to a House and within the House they are matched with a tutor. Students and tutors meet regularly to discuss life at school in general, as well as educational goals, happiness and other more routine or social issues. The tutor is the first point of call for a student who has a grievance or if they are feeling troubled by any aspect in their life.
- The Head of House will become involved if the matter is deemed to be of a serious nature or if the student would rather discuss a grievance with them.
- In the event that the matter is personal and the student wishes to gain some greater insight into the issue by talking with somebody in a confidential setting they will be encouraged to talk the matter through with a counsellor. Appointments with the counsellors can be made at the reception of the medical facility.
- The approach to resolving grievances between members of the community is documented in the Behavioural Policy.
- If the adult approached is not a member of the House pastoral team they will encourage the student to approach their Head of House or their tutor so that they are aware of any grievances that might exist.
- Should the student not wish to discuss the grievance with the Head of House or tutor then the student should be directed to take the matter to the appropriate person with responsibility for pastoral care (such as Director of Student Welfare, Head of Campus etc). The adult member of staff may accompany the student in order to assist them in raising their grievances.

Should the matter be of a more serious nature, or if the grievance should exist with the Head of House, then the student is able to make an appointment to meet with the Director of Student Welfare for Senior School Students, or the Head of Middle School for Middle School Students. Ordinarily matters would not need to exceed beyond this point, although matters of a serious nature would be drawn to the attention of the Head of Corio, the Vice-Principal and the Principal. Any student who does not feel as though their grievance has been attended to in an appropriate manner has the right to take the matter to the Head of Corio, the Vice-Principal or the Principal.

If an overseas student and the School find it difficult to resolve an issue between them, an independent party is available to act as conciliator.
GUIDELINES FOR MANAGEMENT OF SELF HARM

Young people may attempt self harm in a number of ways. The commonest way is to make cuts or scratches on the forearm, usually in a number of cross cuts which may draw blood but are usually not deep nor need suturing. These seldom represent an attempt on life. This is most common in girls, and is often disguised, but boys may do this also, and also burn themselves with cigarettes or cigarette lighters.

Girls, and less often boys, may endanger their life with drug overdose. The common drugs used include panadol (paracetamol), sleeping tablets or whatever they can find or accumulate. Often the student will tell a friend or someone else that they have taken the drug, indicating they want help. Whereas attempts of self harm are commoner in girls, when boys attempt suicide, they are at greater risk of succeeding, especially with hanging.

Children who hurt themselves deliberately may do so for a number of reasons. Some of these relate to despair and depression, with the attendant risk of suicide then or later. Most incidents that involve cutting or small amounts of drug overdose do not represent a serious attempt to end their life, however desperate they may have felt at the time. Sometimes it is an expression of anger; sometimes it seems to follow other students who have also self harmed.

The school's response however in the first instance should normally be on the basis that it may have had serious intent.

In general, the school's response should be the same whether the incident took place on or off campus.

Response

The school's response to an incident of self harm depends on the following critical considerations:

- Well being of fellow students: Reassuring and supportive.
- Involving the family: Appropriate communication and request to cooperate
- Assessment of risk of further attempts of self harm
- Assessment of student's state of mind that led to the incident of self harm.

In the event that a student has self harmed

1. The student should be removed to Kennedy Centre if at Corio or the San at Timbertop for assessment and immediate care. The initial assessment is to ascertain if the student's life or health is at risk, and whether medical intervention is needed. Nurses at both Corio and Timbertop would have this responsibility, with the assistance of the doctor at Corio or Mansfield who is on call for the school. They would make the assessment in conjunction with other school staff, including Head of House or Head of Unit, the Director of Student Welfare, the counsellor who has known the student and others. The secondary assessment is to judge if the student appears to be at risk for further attempts at self harm.

If the incident was potentially life threatening, the student must be kept under observation, and in most cases admitted to hospital until taken home by his or her parents. A decision for transfer to hospital would be made largely on the basis of where the student can best be watched and cared for, especially overnight, and whether investigation for drug overdose or resuscitation is needed.

If the incident was not life threatening and on assessment it was considered that there was minimal risk of serious consequences, and the student appeared safe, he or she would ordinarily be admitted to Kennedy or the Timbertop San overnight until parents can take the student home.

If the incident of self harm was not serious and occurred some days before coming to the notice of staff, so any crisis at the time is over, it may not, on assessment, be necessary for the student to be admitted
to Kennedy Centre or the Timbertop San. The incident however must be treated seriously and the student is required to see the nurse and counsellor for review.

2. Parents will be informed and maybe requested to take their child home so that an assessment and management plan can be made. This assessment should be made by a health professional ideally experienced in adolescent health and preferably one who has some understanding of boarding schools. If the student has been seen previously by a psychiatrist or psychologist, it would be expected that contact be made with that person.

3. Assessment of the impact the incident may have had on the student’s friends and others should be made. This would be usually done by the Head of House in consultation with others at Corio or Head of Campus or Unit at Timbertop, and may include some sessions of discussion and explanation.

4. It is essential that early and full communication is made between all concerned with the welfare of the student, including Head of Timbertop and Head of Corio.

Return to school

Return to school should be based on three considerations.

1. Advice from the parents that includes professional opinion that the child is ready to return and considered safe to do so. The Senior Medical Officer is available to assist in this if required.

2. Consideration on whether fellow students feel comfortable about his or her return. This would be by the Director of Student Welfare and the student’s Head of House at Corio and Head of Campus and Head of Unit at Timbertop.

3. A written plan by a health professional (usually the Senior Medical Officer will do this or arrange for it) that clearly outlines what is to be done to ensure the safety and well being of the student when she/he returns.

Day students

The same considerations apply to day students, whether the incident of self harm occurred at home or at school. It would normally be the parents’ responsibility to keep their child safe at home and decide what professional help they need.

It should be understood by parents that although they may be able to keep their child safe at home when out of school, and although at school their child’s welfare is paramount, the school also has a responsibility towards other students who may have been distressed by an incident of self harm in a fellow student.

Potential risk of self harm

Occasionally a student who has not actually self harmed may be considered at risk of doing so. This may happen when the student talks to fellow students about the wish to hurt or kill him or her self, or when a student’s behaviour is of concern to students or staff.

Staff, both teaching and health professional, should understand that although confidentiality is respected and is important to maintain a student’s trust, if there appears any risk to the student’s life or safety, this must be discussed with those responsible for them; Director of Student Welfare, Head of Corio, Head of House at Corio, Head of Campus and Head of Unit at Timbertop.

All students should be encouraged to discuss concerns they may have about a fellow student with Head of House or Head of Unit or nurse or a staff member they trust. Students should understand that although their support and help to fellow students in distress is very important, they should share their concerns with staff.

The same procedures outlined above for those who have self harmed should be followed for those considered to be at risk, though assessment may indicate that removal from the school to their parents’ care is not needed.
OBLIGATION TO DISCLOSE SEXUAL OFFENCE COMMITTED AGAINST A CHILD

Obligation to Disclose Information
All adults who have information that leads them to form a reasonable belief that a sexual offence has been committed in Victoria by another adult against a child under the age of 16 years must disclose that information to the police as soon as it is practicable to do so.

It is important that adults recognise that children under the age of 16 must be protected. Adults under law must notify police if they have formed a reasonable belief that a sexual offence has been committed. The offence does not concern rumour or speculation about another person or a small piece of information that may be relevant. The offence is concerned about the failure of an adult to disclose information of a sufficient quality which would lead that adult to form a reasonable belief that a relevant sexual offence has been committed.

Unless the adult has a reasonable excuse for not doing so, it is an offence under the Crimes Act 1958 to fail to make such a disclosure to the police. The offence carries a maximum imprisonment term of 3 years.

School staff who, in the course of their employment with the School, become aware of information that may lead them to form a reasonable belief that a sexual offence has been committed against one of our students in a place outside Victoria, should always inform the relevant Head of School. Each State or country outside Victoria may well have laws that impose similar obligations.

What is a Sexual Offence?
A sexual offence for the purposes of the reporting obligation includes the following offences committed against a child under the age of 16 by an adult and also includes:
- any attempt to commit any of these offences
- an assault with intent to commit any of these offences.

The offences include:
- rape
- indecent assault
- sexual penetration of a child under the age of 16
- indecent act with a child under the age of 16
- administration of a drug with the intention of rendering the child incapable of resistance to enable a person to take part in an act of sexual penetration or commit an act of indecency with the child.

If you are uncertain whether you have information in relation to a relevant sexual offence, you should speak to your Head of Campus as soon as possible so that assistance can be provided to you.

What is a Reasonable Excuse for NOT Making a Report?
The circumstances in which an adult will have a reasonable excuse for failing to disclose information to the police include the following:
- Where the adult may reasonably fear for their safety, or the safety of the child or another person (other than the alleged offender), if the offender was to find out that the offence had been disclosed to the police and the failure to disclose the information was a reasonable response in the circumstances.
- Where the adult believes on reasonable grounds that the information has already been disclosed to the police and the adult has no further information to add.
- The victim, now being over 16 years of age, requests that the information not be disclosed to the police (unless the victim has an intellectual disability and does not have the capacity to make an informed decision).
If you have concerns about whether you are required to disclose information to the police you should speak to your Head of Campus as soon as possible so that assistance can be provided to you in relation to your obligations.

Protection for Making a Disclosure
A disclosure to the police that is made in good faith does not constitute unprofessional conduct or a breach of professional ethics and the person making the disclosure will not be liable in any way for doing so. Further, the person's identity will be confidential unless they disclose their identity themselves, they consent to it being disclosed or a Court considers it necessary for them to be identified.

Managing a Disclosure
As a staff member of Geelong Grammar School, or an adult working on any School Campus, it is requested that you report any concerns or information to the Head of Campus. The Head of Campus will either report the information you have to the Police and inform you of such action, or assist you to manage the necessary reporting obligations and ensure that it is undertaken in accordance with the Act and support you in that process.

However, because the obligation to disclose relevant information to the police rests with the individual who forms the belief, that person must personally ensure that the police are notified (either by the Head of Campus or by themselves).
MANDATORY REPORTING POLICY

This policy has been developed to ensure the wellbeing of Geelong Grammar School (GGS) students and to protect them from child abuse. All members of the School community share a responsibility to ensure the welfare of all students.

Teachers are legally required to notify protective services if they form a belief, based on reasonable grounds, that a child has suffered, or is likely to suffer, harm as a result of physical injury or sexual abuse, or if the child's parents or guardians have not protected or are unlikely to protect the child from harm of that type.

The School assists teaching staff in meeting its obligations under the mandatory reporting of child abuse legislation, Children, Youth and Families Act 2005 (Vic) (CYFA).

While non-teaching members of staff are not mandated legally, they should follow the processes set out in this policy, specifically those procedures in Forming of a Belief.

Scope
The scope of this policy extends to all permanent, fixed term and casual employees of GGS, whether teaching or non-teaching.

Responsibilities

Employee Responsibility
An employee has the responsibility to:
- Become familiar with the policy
- Conduct him/herself in an appropriate manner at all times in adherence to this policy

School's Responsibility
The Principal and Heads of Campus have a responsibility to:
- Ensure all employees are aware of the policy
- Intervene promptly and appropriately when they become aware of a breach of the policy
- Ensure that all employees have access to and understand the policy
- Comply with legislated requirements

Definitions
For the purpose of the relevant parts of the Children, Youth and Families Act 2005 (Vic), a child is any person 17 years of age or younger.

Child FIRST: The Family Information Referral Support Team run by a registered community service in a local area.

Child Protection Services: Government Authority which takes responsibility for the protection of children and to whom reports are made.

DHS: Department of Human Services.

Mandatory Notifier: In the context of GGS, this is a VIT registered teacher.

Mandatory Reporting: Requirement to report to government authorities, by law, in the event that a teacher becomes aware that a child has suffered, or is likely to suffer, significant harm as a result of physical or sexual abuse.

Teacher: a qualified teacher with VIT registration.
Procedures

Forming of a Belief
A requirement of the Children, Youth and Families Act 2005 (Vic) (CYFA) is that when a registered teacher forms a reasonable belief that a child is in need of protection from physical injury or sexual abuse, he/she must make a report to Child Protection Services as soon as practicable.

A reasonable belief that a child is in need of protection is likely to be formed in circumstances where:

- A child discloses that he or she has suffered or is suffering non-accidental physical injury or sexual abuse
- A relative, friend or acquaintance states that a child has been sexually abused or non-accidentally injured
- Professional observations of the child's physical condition or behaviours lead to a reasonable belief that the child has suffered or is suffering non-accidental physical injury or sexual abuse

The concerns and observations regarding the suspected physical injury or sexual abuse of a child must be discussed with the Principal, Vice Principal or respective Head of Campus.

Teachers must make every effort to contact the Principal, Vice Principal or Head of Campus as soon as possible to ensure there is no delay in contacting Child Protective Services.

If a teacher suspects that a child is in need of protection, it is essential that he/she documents all concerns and observations in a confidential file. This process of documentation may occur over a period of time.

Information about child abuse must remain confidential and the teacher must not discuss this information with anyone other than the Principal, Vice Principal or respective Head of Campus and Child Protection Services.

Non-teaching staff members who have concerns about suspected physical or sexual abuse of a child must discuss these concerns and observations with the Principal, Vice Principal or respective Head of Campus.

Reporting a Belief
If the teacher believes in good faith that a child is in need of protection, then he/she must make a report to Child Protection Services. It is suggested that the Principal, Vice Principal or respective Head of Campus are notified in advance.

Child Protection Services is a Victorian Government agency, provided by the Department of Human Services that protects children at risk of significant harm.

Heads of Campus and teachers can share information and make a referral to Child FIRST when they have significant concern for a child's wellbeing, but do not believe that the child needs immediate protection.

Child FIRST is the Family Information Referral Support Team run by a registered community service in a local area that can receive confidential referrals about a child of concern. It may be accessed for concerns of an emotional, psychological or social nature. It does not have any statutory powers to protect a child but can refer matters to DHS.

The teacher does not have to be able to prove that the child has been abused before notifying Child Protection Services.

After a Report is Made
Child Protection/Child FIRST will make a decision, on the basis of information provided to them, whether or not the child's situation should be formally investigated.
If a report is accepted for investigation, Child Protection Services workers/Child FIRST workers will undertake an assessment of the child and their family, with the aim of ensuring that the child is safe. The Victoria Police may become involved if it appears an offence may have been committed.

If the report is not investigated, the Child Protection Services worker will explain to the School or the teacher who reported it, why an investigation is not taking place at this time.

Under the legislation, if Child Protection believes the child is not at risk of immediate and/or significant harm but that the child or their family may benefit from support services, they may refer the case to Child FIRST.

If School procedures are followed and a report is not made, but a staff member still believes there is significant harm for the child, then it is their responsibility to report it to Child Protection Services.

The Limits of a Teacher’s Responsibility
A mandated notifier acting in good faith is both legally and professionally protected. That means he/she cannot be successfully sued or subjected to any legal liability, nor can he/she be disciplined for unprofessional conduct by their professional body or the School. Moreover, he/she is able to share information, without legal or professional consequences, with family services such as Child FIRST and Child Protection Services to help protect vulnerable children.

Under the legislation, teachers can, without the knowledge or consent of the children or families concerned, consult with Child FIRST teams when they have concerns about vulnerable children.

The legislation states that mandated professionals are legally required to make a report when they are carrying out the duties of their office or profession. That is, staff are not legally required to report abuse when they are not working. For example, a teacher does not legally have to report concerns they may have about a neighbour’s child, although they may feel morally obliged to do so.

For all situations in which School staff may be concerned about the wellbeing of a child or their family, they are asked to consult with their Head of Campus in the first instance.

Confidentiality
Confidentiality is provided for anyone who makes a report (reporter) under the CYFA. The CYFA prevents disclosure of the name or any information likely to lead to the identification of a person who has made a report in accordance with legislation, except in specific circumstances.

The identity of a reporter, which can be the School, must remain confidential unless:

- The reporter chooses to inform the child, young person or family of the report
- The reporter consents in writing to their identity being disclosed
- A court or tribunal decides that it is necessary for the identity of the reporter to be disclosed to ensure the safety and wellbeing of the child
- A court or tribunal decides that, in the interest of justice, the reporter is required to attend court to provide evidence

Information provided during a protective investigation may be used in a court report, if the risks to the child or young person require the case to proceed to court. In these circumstances, the source of the information may be required to provide evidence to the court.

In addition, Child FIRST and Child Protection can consult Victorian teachers and principals when they are deciding how best to respond to a referral or a report they have received. The legislation allows the teacher to share relevant information with family services about a vulnerable child, without needing to be concerned about legal or professional consequences, provided the teacher does so in good faith. However, any information provided should be directly related to the teacher’s concerns about the child and not based on second-hand information.
Definitions of Child Abuse and Indicators of Harm

Child abuse includes the following:

- Physical injury which results from abuse or neglect
- Sexual abuse which refers to a situation in which a person uses power or authority over a child to involve the child in sexual activity, and the child's parent or caregiver has not protected the child
- Emotional abuse which involves a parent or caregiver repeatedly rejecting the child or using threats to frighten the child
- Neglect which occurs when a parent or caregiver fails to provide the child with the basic necessities of life, food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed

You have reasonable grounds to notify when:

- A child tells you they have been physically or sexually abused
- A child tells you that they know someone who has been physically or sexually abused
- When someone else tells you, such as a relative, friend, acquaintance, sibling of the child, that they know or believe that the child has been physically or sexually abused
- Your observations of the child's behaviour or development leads you to believe the child has been physically or sexually abused
- You observe physical signs of physical or sexual abuse
- You observe physical signs or behaviours indicative of neglect

Reporting Child Abuse – Contact Details
To report concerns that are life threatening call Victoria Police 000.

To report concerns about the immediate safety of a child within their family unit, call the Child Protection Crisis Line 13 12 78 (24 hours, 7 days a week, toll free within Victoria).

Applicable Legislation
Children, Youth and Families Act 2005 (Vic)

Related Policies and Documents

Breaches of this Policy
The School expects that any employees who become aware of a breach of these instructions and policy by another employee will advise the relevant Principal, Vice Principal or respective Head of Campus without delay.

Further Information
Further information concerning any aspect of this policy may be directed to the Vice Principal or Head of Campus.
GUIDELINES FOR RESPONSE TO A CLAIM OF SEXUAL ASSAULT

1. What do we understand by “Sexual assault”?
2. Principles guiding response
3. The person first approached by the student
4. The formal interview
5. Actions to follow the first notification
6. The person alleged to have made the assault.
7. Documentation
8. Issues of confidentiality and privacy
9. Legal aspects
10. Responsibility to the school
11. Risk of adverse outcomes of the alleged assault (emotional, STD, pregnancy, loss of trust, damaged reputation)
12. Police involvement
13. Mandatory reporting
14. Parents: Their need to be informed, their expectations of the school and duty of care.
15. School policies on sexual behaviour at the school
16. Active promotion of appropriate sexual behaviour and respect for others
1. What do we understand by “Sexual assault”?

The community’s understanding of the term varies widely, but many people consider that if a person thinks they have been sexually assaulted, they have been. There are however instances of false accusations, or situations where the interaction of the person alleged to have been assaulted and the person alleged to be the perpetrator is complex and not entirely one sided. The passage of time between the event and the notification may lead to altered memory. Thus it is wise to keep an open mind when listening to allegations, but always taking them seriously.

Instances of sexual assault may include:

- Sexual behaviour that is offensive to another person
- Unwanted touching or exposure
- Verbal harassment of a sexual nature
- Being made to look at pornographic material
- Continuing a physical or sexual encounter, which may have started as consensual, after request to stop
- Physical injury or restraint involving sexual activity
- Forced or attempted sexual penetration against the wishes of the other person.
- Any sexual activity between a person and a minor in whom the age gap is greater than 2 years.

2. Principles guiding response to notification of assault

There are several possible situations where a student may reveal an incident of sexual abuse. The response may be different according to the circumstances in which the student reveals the sexual abuse and the experience and school status of the person to whom the student confides. Although the following principles apply, the form of the discussion, whether it is part of a student first bringing the matter up to someone they trust, or whether it is in the form of a formal interview or part of a health professional consultation, will determine the way the discussion or interview should proceed.

1. Take the notification seriously, even if you feel that there is doubt about the veracity, or the allegation may seem frivolous.
2. Listen to the student - as long as it takes!
3. Clarify matters of confidentiality and consent to disclose to a senior staff member and parents.
4. If appropriate, ask the student if they are comfortable with the interviewer (e.g. if a girl approaches a male staff member). A student should be given the opportunity of having a same sex staff member present when disclosing very sensitive sexual matters.
5. If practicable, ask the student if they would like a parent to be present during the interview. This could be important for younger students and day students.
6. It is desirable in most cases to have two staff members present when it is clear that sexual assault is involved. Consider involving another staff member in the interview whether the student requests this or not, especially if a girl notifies a male member of staff or the staff member feels inexperienced.
7. Record details of the allegation contemporaneously, as soon after the discussion as possible. In a formal interview, it may be wise for the student to read what is documented and have the opportunity of altering or commenting on the record. Explain the privacy nature of the document.
8. Decide the extent that the student is at immediate risk, including self harm or retribution by others. The risk of physical consequences of sexual contact must be considered.
9. If the student is making a disclosure and the interview is a formal response to this, ensure the student understands the processes that may follow a disclosure, including possible legal consequence, and in the case of rape, of criminal action.
10. The notification information must be shared with an appropriate senior staff member who has responsibility for well being of the student.
11. The student’s parents need to be informed promptly of the incident and the school’s proposed response. If a student at the school is the person alleged to have caused the assault, his or her parents need to be informed promptly, but only after discussion with the student.
3. The person first approached by the student

Position of trust. The person whom the student has first approached has special responsibility to the student who has chosen them to disclose the information in a spirit of trust and in most cases great distress. Often the information will come up without prior indication that the student wants to disclose sexual abuse, and in this case it is usually best to allow the discussion to proceed. The member of staff however will at some stage need to consider whether someone else should be present, especially if a girl approaches a male staff member.

This brief guideline statement is to assist someone who is approached by a student to discuss a concern that turns out to be one of sexual abuse.

Be prepared to listen to the student, even if you feel uncomfortable in doing so. You may think it is not appropriate for you to hear what they are trying to tell you, but you will need to help the student talk to someone more appropriate.

Do not give an absolute undertaking not to tell anyone else about what the student tells you, even though they may implore you to tell no-one. As soon as it is clear that the student wants to tell you some very sensitive information and begs you to tell nobody, especially their parents, you will have to make your position clear so as not to break trust. You may say something along the lines of “I will respect your confidentiality, but I would have to tell someone if I think you or someone else could be at any risk. In that case I would let you know what I was going to say and whom I would tell, and it would then be in confidence with a senior member of the staff on how to help you.”

When it is clear that the matter the student wants to reveal may be a question of sexual abuse, you should look for an opportunity to suggest that the matter is so important that you would like to involve another staff member to hear about it and help. Remember that sometimes a person may reveal something that is very worrying for them, or something for which they feel ashamed, but having told someone, regrets it and is reluctant to go over it again with someone else. For this reason, it is usually wise to involve a more senior or experienced staff member early rather than late in the process. It may be appropriate to discuss whether the student would prefer a male or female person to be involved. If medical examination is required, it is usual for the student to have the choice of doctor, unless it is out of normal hours and it is an emergency.

When a person reveals a very sensitive matter such as sexual abuse, even if the incident may seem relatively minor, they usually experience very strong emotions about it. This needs to be respected. Providing comfort and support is an important first response, and often the most important way to help the student. It is usually not helpful for the staff member to express their own feelings about what they are told.

Sometimes it may appear that the interaction between the student and the person whom they talked to is sufficient to help the student. It is not however appropriate for a staff member to conclude this without further discussion with an experienced senior member of staff. Even what seems to have been a relatively minor event may lead later to deeply felt emotions.

Offer to facilitate referral for counselling if the student would like this.

Make notes of the discussion as soon as possible afterwards. These should be included in the confidential student file. It may be important if later you are called to describe what took place if a parent or the student challenge the way the school handled the matter. It could be helpful also if an adult was involved in the sexual abuse and the matter goes to court.

Student responsibility. If the disclosure is to another student, it is essential that a staff member is involved as soon as possible. The student body should be informed about this and their responsibility, including that of the “bystander”.


4. The formal interview

**Timing of interview.** The formal interview should normally be as soon as possible after the student makes the disclosure, even if inconvenient and they should not be asked to come back later. If the incident was some time ago the student may ask for a suitable time to discuss it, but sometimes the courage to disclose doesn’t last long, or the student may be talked out of revealing the incident by friends or the alleged perpetrator.

**Confidentiality and privacy.** The student should be told about the question of confidentiality and privacy, but recognising that there must be further discussion in confidence with another staff member, particularly if there is any question of the student being at risk. Later in the interview the question of informing parents will need to be discussed.

**Risk assessment.** It is important for the staff member to attempt some assessment of the risk to the student making the disclosure. Risks include self harm, running away, harassment from other students and health risks from the incident.

**Medical examination.** If there has been sexual penetration, it is essential to arrange a doctor to examine and if necessary carry out tests for STDs. This would normally be done by a doctor (a female doctor if the student is a girl) from the practice serving the school campus, but the student’s choice of doctor (e.g. her usual GP) should be respected.

**Documentation.** The interview must be well documented at the time, recognising that the documentation should be kept in a secure area and not included in the student’s medical or school file. A brief notation alluding to the presence of this documentation should however be made in these files. The student should have the opportunity of reading the documentation and commenting on it and requesting alterations. It should be signed by the staff member making the documentation.

**Informing Senior Staff.** The staff member(s) who have interviewed the student should discuss the matter with the Head of Campus, and normally with the student’s Head of House at Corio, and Head of Unit if at Timbertop.

**Reassuring the student.** The student must feel reassured that he/she is being taken seriously and that there will be an outcome from the disclosure. This involves making it clear that the student is believed and that there will be prompt follow up

5. Actions to follow the first notification

The staff responsible for the care of the student should ensure:

- The student is safe and supervised with provision made for immediate care by a member of staff or nurse until the matter has been resolved.
- Referral for medical examination if sexual penetration. This should be at once if there has been sexual penetration shortly before disclosure, otherwise as soon as possible.
- The student feels safe.
- The student has access to formal counselling if this seems appropriate and desired by the student.
- Parents are informed, normally by the Head of Campus.
- Documentation is complete. There is a need to make notes as an aide memoire in many cases, or in case there is enquiry into the school’s actions and duty of care. (See below). Staff should use the form relating to significant incidents.
- Senior school staff are informed.
- A plan for further action is formulated.
6. The person alleged to have made the assault.

- If the person alleged to have assaulted the student is a student at the school, the Head of the student’s House and Head of Campus should be informed, one or both of whom would normally interview the student.

- The student should be interviewed as soon as possible.

- The student should be given an opportunity to discuss privacy and confidentiality.

- The student should be supervised in case there are recriminations, or the student attempts to run away.

- This interview should be documented and the student given the opportunity to read the documentation and comment on it.

- The student should be listened to and his/her account respected until shown to be clearly incorrect. It should be recognized that investigation can show that the allegation is a result of misunderstanding or is mischievous.

- Parents should be informed of the allegation after discussing this with the student.

- If there has been sexual penetration, medical examination for STD may be required.

- The student may be referred for counselling if this seems appropriate and requested by the student.

7. Documentation

- Documentation should be made in the interests of the student and to assist those caring for him or her. It is however possible that the file will be required for medico-legal, litigation or criminal action, and should therefore be written contemporaneously in a style suitable for this. This includes legible writing, unambiguous language that could not be misconstrued by a third party, a statement of who was present at the interview and dated and signed. Even rough notes should be kept, but could be subpoenaed if there was legal action or sought under freedom of information.

- Full documentation should be made and the file kept secure and separate from the student’s medical or school file.

- There should be a brief note placed in the student’s school and medical file stating that there is a separate secure file. In the event that there has been physical or medical examination or concerns about the health of the student, it is essential that there is some note in the medical file. There should also be a note if the student has received counselling.

- Students should always be given the opportunity to read the file recorded about them, unless it is deemed that it could be detrimental to their mental health to read their file.
8. Issues of confidentiality and privacy

The student should always be offered confidentiality with the proviso that if he or she is considered at risk of serious consequence of the incident, confidentiality cannot be promised as it may not be in their interests.

It is a matter of natural justice that a person who is being accused of sexual assault, and who may have to answer for it, should have the opportunity of hearing the accusation and to respond to it. This may then impact on the right of confidentiality of the student who alleges to have been assaulted.

The student should be informed that the school stands in duty of care of all students and in this is responsible to the students’ parents.

In almost all instances, parents of both the person alleging sexual assault and of the person alleged to have made the assault should be informed as soon as possible. Very occasionally the school may not consider it in the student’s best interest to inform his/her parents. This decision however needs full discussion with those involved and takes into account the rights of the student to demand confidentiality from parents, and the parents’ expectations of the school.

Under current legislation, parents do not have an automatic right to see their mature adolescent child’s medical file without the permission of the child. Every effort should however be made to inform parents fully about any sexual assault alleged to have been made on their child.

9. Legal aspects

The people responsible for caring for the student who alleges sexual assault should be aware that there may be legal consequences. These may include criminal prosecution of the offender, litigation on behalf of the student, usually directed to the school and related to duty of care. In general, consideration should be given to informing the school’s insurers.

10. Responsibility to the school

The school is expected to have a duty of care towards all students and thus must take some responsibility if sexual assault occurs while the student is in the care of the school. It is far more likely that the school, rather than the perpetrator, would be held responsible if litigation was considered by parents or student. This may occur many years after the incident in relation to mental illness caused by the incident or perceived neglect by the school to protect him or her.

It is for these reasons, and also to ensure that the student receives all the care they need, that a senior staff member be informed and that full documentation is made.

11. Risk of adverse outcomes of the alleged assault

In formulating a plan of response to allegations of sexual abuse or assault, the possible adverse outcomes for the student should be considered. These include the following:

- Physical injury
- Sexually transmitted disease
- Pregnancy
- Loss of trust
- Fear of reprisal from other students
- Loss of reputation.
- Emotional distress
- Long term mental illness.
12. Police involvement

If the assault has been by an adult, a report to police should be considered. It is not necessary to involve police if an incident is between students and the school and/or parents are taking appropriate action.

13. Mandatory reporting

State law demands that teachers, nurses and doctors report a child under the age of 17 who may be at risk of sexual or physical abuse and is not protected adequately from this. If a staff member considers that he or she should make a report under mandatory reporting, this should be done after discussion with the Head of Campus and Senior Medical Officer as per the School’s Mandatory Reporting Policy.

14. Parents: Their Need to be informed. Their expectations of the school and duty of care

The school should inform parents of any incident of alleged sexual activity or sexual assault on their child, particularly if this occurred while the student is in the care of the school, whether on campus or not. The parents of the student alleged to have made the assault should also be informed.

The question of what action to take if the student demands that her/his parents not be informed of their alleged assault requires discussion with Senior school staff and with the student. Factors that may influence the school in considering the student’s request to respect confidentiality and not tell their parents include: the age and maturity of the student, the nature and seriousness of the alleged assault, parents expectations and the need for the school to meet its responsibility to parents.

15. School policies on sexual behaviour at the school.

No sexual activity may take place on School campus or at school functions or activities, camps, excursions or trips.

16. Active promotion of appropriate sexual behaviour and respect for others

Any school policy about sexual behaviour and assault should be proactive and promote respect for others and the school community’s expectations and wellbeing.
INITIAL RESPONSE OF STAFF TO A STUDENT REPORTING OR ALLEGING SEXUAL ASSAULT

A brief summary of the School’s expectations of staff. This applies to all staff including teaching and non-teaching staff, volunteers and health staff.

Compulsory Management Steps to Follow

1. Treat report seriously and without delay
   All reports or allegations of sexual assault, whether by students or staff, MUST be taken seriously. This applies whether the alleged assault took place while the student/staff member is under the care of the school (on or off campus) or not.
   The person to whom the student/staff member reveals an alleged sexual assault MUST respond at once without any delay.

2. Inform a Senior Staff member
   The staff member initially involved MUST report the allegation to a Senior Staff member (Head of Campus and Director of Student Welfare) as a matter of urgency. The Senior Staff member MUST investigate the allegations within the first 24 hours of it being reported. The Senior Staff member will report the allegations to the families concerned if it is deemed appropriate.

3. Medical involvement.
   If the sexual assault has been recent and penetration took place, urgent referral for medical advice must occur in case of risk of pregnancy and/or STD or physical injury. An examination may also be required for medico-legal purposes.

4. Document all information and action taken
   The person to whom the student has revealed sexual assault, and those subsequently involved in the care of the student MUST record the information and action taken contemporaneously. This is to assist in the ongoing care of the student/staff member and also for possible legal action. The original document or signed copy should be lodged in a secure file held by the Head of Campus or Vice Principal.

Important Factors to Consider:

1. Respect confidentiality
   At all times the student/staff member should be assured of confidentiality, but informed that a senior staff member and Head of House need to know. The need to inform parents should be discussed with the student, particularly in the case of a mature student who might expect that their right for confidentiality should extend to their parents. In all serious allegations however, particularly in a minor (under the age of 18), parents should be informed as early as possible unless there are exceptional circumstances. The student must be given the opportunity to nominate an adult of their choice to be present at the interview. A second adult should be present at all interviews conducted by the School following initial reporting of allegation. A female adult is strongly recommended if interviewing a female student.

2. Question of mandatory reporting
   If the student is under the age of 17 and is considered at ongoing risk for further abuse, mandatory reporting to the Department of Human Services should be considered after discussion with the Head of Campus. This applies particularly if there are allegations that the sexual assault took place outside the school and the parents were unable to protect their child.

3. School policies and guidelines.
   Staff must follow School Guidelines for response to claim of sexual assault.
STUDENT MEDICATIONS AND REMEDIES

Background

- Some medications need to be carried by a student at all times (e.g. asthma puffer, epipen)
- Some medications need to be taken regularly and should be the responsibility of the student (e.g. insulin for a diabetic)
- Some medications could be embarrassing for a student to seek from a staff member (e.g. contraceptive pill)
- Some “medications” are demanded by parents as supplements (e.g. herbal remedies and vitamins)
- Some medications are considered by students and parents to be the right of the student to self administer (e.g. panadol for a headache)
- Some overseas students come from countries where a different culture exists in relation to self medication (e.g. antibiotics obtained over the counter)
- Students at Corio often complain about the difficulty in having their regular medication when their house House Assistant is off duty (two days a week), or can’t be found.
- Some medications have been misused when in the possession of a student (e.g. dexamphetamine for ADHD)
- Some medications have been used for self harm (e.g. panadol overdose).
- Medications are sometimes supplied to a student by a parent without informing the school, either on the medical form or telling the Head of House or Campus.
- Some students can be relied on to take medication responsibly and reliably, but many students cannot. This particularly relates to age and maturity, but also to personal attributes of the student.

Principles

1. It is essential that both staff at Kennedy or Timbertop San and the student’s Head of House at Corio or Head of Unit at Timbertop be aware of any medication taken by a student. It should be recorded in the medical file.
2. Principles of privacy and confidentiality must be respected.
3. Parents should be aware of school policy on medication taken at school.
4. School policy should in general be the same for day students and day boarders as for full boarders.
5. It is not in general the responsibility of teaching staff to administer medication unless deputed to do so by Head of House in relation to the staff duties in pastoral care in the House or at Timbertop by Head of Campus. Exceptions include emergency administration of life saving drugs, supervision of medication when the student is off campus in the care of staff.
6. If a student has a serious medical condition that requires either regular medication or rapid administration of a drug in an emergency, there should be an individual action plan for care available for any staff member responsible for the care of the student.
7. Students should not have any medication in their possession without the approval of their Head of House or Head of Campus. This may be facilitated by discussion with staff at Kennedy at Corio or the San at Timbertop.
Specific situations

Prescribed medication

E.g. Antibiotics, antidepressants, medication for ADHD, medication for acne.

This should ordinarily be administered by the house House Assistant or nurse at Kennedy, the medication kept by the House Assistant or at Kennedy at Corio and the San at Timbertop.

Regular and essential medication for a chronic condition when the student is considered responsible and reliable.

E.g. Insulin for diabetes, Asthma medication, contraceptive pill.

In most cases this is best kept by the student with the approval of the student’s Head of House after discussion with Kennedy. At Timbertop it should have the approval of the Head of Campus after discussion with the San.

Medications that are not medically essential but which a parent or student considers safe for the student to keep.

E.g. Paracetamol, nurofen, other “pain killers”.

These should be considered on an individual basis, but the risk to the other students (from misuse or overdose) should be taken into account, and in general all potentially harmful medications, even the above, should not be in the care of the student, except in the quantity needed for the next day or so. Students should be discouraged from storing up unused medications.

Complementary, alternative treatment, herbal remedies and vitamin or mineral supplements.

Eg Vitamin supplements, so called “natural remedies” or herbal preparations, whether prescribed by a medical practitioner, Chinese practitioner or herbalist, or merely purchased by the student or parent from a supermarket, pharmacy or health store.

If the remedy has been prescribed by a doctor or registered Chinese practitioner, it is reasonable for the medication to be treated as any other medication, i.e. given by the house House Assistant or kept by the student with Head of House approval at Corio or nurse at Timbertop.

If the remedy or preparation has not been prescribed, opinion could be sought from Kennedy or Timbertop San (usually by the nurse after discussion with SMO or visiting doctor) as to whether the preparation is likely to be safe. Not all herbal remedies are safe, and some interact with prescribed medication. It is not reasonable to expect a House Assistant or other staff member to administer any preparation for which there is any doubt re safety, nor is it wise to do so for medical legal reasons. If the remedy is considered to be safe, then the Head of House may consider if reasonable for the student to keep the preparation and to take responsibility for their own use. It must be made clear that supplying any preparation to another student would be in serious breach of school rules.
SCHOOL POLICY ON CARE OF STUDENTS WITH ALLERGIES AND AT RISK OF ANAPHYLAXIS

Allergy and Anaphylaxis Management Policy: An Allergy Aware School

INTRODUCTION

Geelong Grammar School has implemented an Allergy Aware policy to ensure that students, staff and parents are familiar with some common, serious allergies and know how to manage an allergic reaction. While this policy indicates that every effort is made to reduce the risks associated with allergies, it cannot be guaranteed that the School is ‘free’ of any particular product.

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (eg cashews), cow’s milk, fish & shellfish, wheat, soy, sesame, latex, certain insect stings and medication. The key to prevention of anaphylaxis at the School is knowledge of those students who have been diagnosed, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnerships between the School and parents are important in ensuring that certain foods or items are kept away from the School while students are at school. The School has also implemented an Action Plan which outlines strategies to minimise the risk to those students affected.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

The purpose of this policy is to:

- Implement the requirements as stipulated in the Ministerial Order 706: Anaphylaxis Management in Schools and the associated guidelines.
- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.
- Raise awareness about anaphylaxis and the School’s anaphylaxis management policy in the School community.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School’s policy and procedures in responding to an anaphylactic reaction.
INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an individual management plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student’s enrolment, and where possible before his or her first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  - Sets out the emergency procedures to be taken in the event of an allergic reaction;
  - Is signed by a medical practitioner;
  - Includes an up to date photograph of the student.

Note: The red and blue ‘ASCIA Action Plan’ is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.

The student’s individual management plan will be reviewed, in consultation with the student’s parents/carers:
- Annually and as applicable,
- If the student’s condition changes, or
- Immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:
- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the School if his or her child’s medical condition changes and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan).
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the School and when it is reviewed.

COMMUNICATION PLAN

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the School's anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, within the Campus grounds, on school excursions, on school camps and special event days.

Volunteers and casual relief staff will be informed by the Head of Campus or nominee which students are at risk of anaphylaxis and will be told how to respond to a student in their care having an anaphylactic reaction.

All staff will be briefed every 6 months by a staff member who has up to date anaphylaxis management training on:
• The School’s anaphylaxis management policy,
• The causes, symptoms and treatment of anaphylaxis,
• The identities of students diagnosed at risk of anaphylaxis and where their medication is located,
• How to use an auto-adrenaline injecting device and
• The School’s first aid and emergency response procedures.

A letter outlining the School’s requirements of parents is communicated late in the year, prior to a student at risk of an allergy attending the School, by the Senior Medical Officer.

**STAFF TRAINING AND EMERGENCY RESPONSE**

Teachers and other school staff who conduct classes which contain students at risk of anaphylaxis, or give instruction to students at risk of anaphylaxis, must have up to date training in an anaphylaxis management training course.

At other times, while the student is under the care or supervision of the School, including excursions, within the Campus grounds, camps and special event days, the Principal must ensure that there is a sufficient number of staff with up to date training in an anaphylaxis management training course to cover the excursion etc.

Based upon risk assessment, Geelong Grammar School undertakes anaphylaxis management training for all teaching staff via accredited First Aid training at least every 3 years.

The School’s first aid procedures and student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

In the event of an anaphylactic incident this must be recorded on the anaphylaxis event record document to enable thorough investigation and outcomes from the incident.
PORNOGRAPHY

A Statement by Mr J M Hendry, Director of Student Welfare,
Geelong Grammar School

Pornography is not welcome in this school. And those bringing it to the School or spending time watching pornography, or sharing it, will place their position in the school at certain risk.

Pornography does construct gender identity. It clearly describes how boys/girls and men/women, must/should/can relate. Sexual activity is now based on learned activity from soft and hard core pornography. Males and females have been inculturated by this “industry”.

The availability of pornography, and the effect it has on the construct of values about intimate relationships, is now universal and “legitimate”. The technologies of pornography are ever more dynamic. Pornography is omnipresent. Magazines, film, video, DVD, computer games, the internet (and web porn), the „adult” channels on free to air TV and pay TV, the mobile phone, music video industry, present pornography „legitimately” (and illegitimately) to some. The industry is in excess of $56 billion globally (Dines 2003). “The commercialization” of this pernicious activity has made it legitimate. It is BIG BUSINESS. “Bottom line” logic rules. What sells on the market is legitimate.

We do not want the young people in our care to be seduced by this „trade”. We recognise the challenge and understand the difficulties associated with our stand. However, we believe we must for each student and family, reject any acceptance position.

We ask all parents and guardians to assist the School. Please understand that this is necessary. Please do not „turn a blind eye”, do not purchase magazines you know are suspect, do not encourage the viewing of pornography, do not enable young people to explore pornography through technology. There is a direct link between pornography and gender construction, gender behaviour and how we perceive one another. Understand that masculinity and femininity presentation has been directly influence by soft and hard core pornography.

Much sexual activity is now driven by pornographic standards. Pornography now provides the template. The young are engaged. We are concerned about relationships, drug use, parties and the consequences of not being serious when caring about what is happening to the young as they grow to understand themselves, understand others and how they should relate. We are obliged to help the young in our care to better manage these pernicious challenges. To do nothing (but accept the situation) is being complicit with the profiteers. We owe young people more.

Those addicted to pornography are hostages of their own preoccupation. They are on the path to sex addiction. Every passerby, every relationship, and every introduction to someone passes through the sexually obsessive filter. People become objects to be scrutinized. (Deception rules.) The eventual loss of control over sexual expression presents. The addiction surfaces in the addict’s inability to manage his/her life. Procrastination becomes the daily nemesis of the addict’s life. Pornography and sex take over. One of the worst consequences of the addiction is the addict’s isolation. They become alienated from parents, friends, with all those close to them.

One addictive behaviour usually leads to other addictions. Emotional illnesses flourish. Depression, bipolar disorders, suicide, obsessive-compulsive behaviour, and post-traumatic stress disorder are frequent companions to addiction.
Adolescents struggle with the intensity of their emerging sexuality. Adolescent sexual expression is a key conflict area between peer support and parental (teacher) proscription. Experimentation and exploration are part of identity formation. Learning from youthful enthusiasm is part of internalizing appropriate rules and boundaries. In that sense, adolescence does parallel the “middle sense” search for self. Thus, episodes of sexual excess may only indicate changing life circumstance. However we cannot be complacent nor ignore the explorations into unacceptable sexual behaviour or pornography and remain responsible agents in the lives of the young.

Deception is at the epicentre of the behaviour. The deception begins with self and then spreads to infect each and every life circumstance and relationship. Deviant behaviour takes over. Isolation results. Trust is withdrawn.

Cybersex is the new reality and for the young it is compellingly seductive. A trancelike state is developed. The computer trance bypasses logic, and the „addict” finds himself/herself doing things they never imagined. “The computer has provided new technology for the oldest obsession.” This is a distortion of reality. With endless time “on the Net” little time exists for friends or family (or study). Spare time becomes computer time.

In the end the young person is injured by this preoccupation, this addiction, this deception. Their lives are distorted; their relationships threatened or ruined and their self worth eroded. Anxiety increases, simple life management strategies disappear and solace is sought in “substance support” which accelerates the decline in self worth, self management.

“Loneliness” will appear. A real sense of abandonment will present and dominate. Friends, family, teachers and acquaintances will no longer trust or believe in this person.

Young people will „visit” pornography. It cannot be avoided. We, (and parents) need to educate all to the pernicious nature of pornography. We need to understand the „addictive” nature of pornography, to be able to assist all to recognize the unacceptability of it and to provide strategies for the management of such experiences.

The deception associated with this is crippling to all. It is the fundamental disabling consequence and destroys the worth of all things. In the end nothing is real and nothing is of value. People so engaged cannot form lasting or quality relationships. Integrity is not present and it is upon integrity that trust is conceived and built.

Students visiting pornographic sites, having pornography on their computers, bringing pornography into the School, are in breach of School rules. Students will lose particular privileges and parents will be informed should the student’s computer have pornography in their possession or on electronic devices. These students place their position in the School in jeopardy and parents may be required to attend the School to discuss with the School the student remaining at the School. The “sharing” of pornography with others, electronically or hard copy (or on disc) compounds the offence.
SECTION 2 FROM THE CYBERSAFETY AND USE AGREEMENT

2. Obligations and Requirements regarding appropriate use of ICT in the School learning environment

2.1 The use of the School’s computer network, Internet access facilities, computers and other School ICT equipment/devices or software, on or off the School site, is for both educational and personal use given the nature of the School environment. This applies whether or not the ICT equipment is privately owned or leased.

2.2 The use of any privately-owned or leased ICT equipment/devices on the School site, or at any School-related activity must be appropriate to the School environment. This includes any images or material present/stored on privately-owned or leased ICT equipment/devices brought onto the School site, or to any School-related activity.

Such equipment/devices could include a laptop, notebook, desktop, PDA, mobile phone, camera, recording device, or portable storage (like a USB or flash memory device). Anyone unsure about whether or not it is appropriate to have a particular device at School or at a School-related activity, or unsure about whether the planned use of a particular device is appropriate, must check with the Head of Campus. Any device which requires connectivity to the school network will require approval from the ICT Manager.

2.3 When using a global information system such as the Internet, the School will monitor and control network activity and may use appropriate devices to filter or screen material. In the light of this possibility Authorised Users are required to make responsible use of the system at all times.

2.4 When using School ICT, or privately-owned or leased ICT on the School site or at any School-related activity, prohibited use includes, but is not limited to, any conduct that:

- Violates or infringes the rights of any other person, including the right to privacy.
- Initiates access to objectionable, inappropriate or illegal material.
- Initiates access to material which contains actual or potentially defamatory, false, inaccurate, abusive, obscene, violent, pornographic, profane, sexually-explicit, sexually-oriented, threatening, racially offensive or otherwise biased, discriminatory or illegal or any other objectionable or inappropriate material.
- Violates any other School policy, including prohibitions against harassment of any kind.
- Forwards confidential messages to persons to whom transmission was never authorised by the School, including persons within the School community and persons/organisations outside the School community.
- Broadcasts unsolicited personal views on any matter.
- Places images of a student on the School’s network without the student’s permission.
- Fails to use the system as prescribed, thus permitting infection by computer virus or deliberate infection by computer virus.
- Attempts to access personal data by using or attempting to use others passwords.
- Involves sharing of copyright material eg music or software.
- Attempts to breach security and infrastructure that is in place to protect user safety and privacy.
- Involves the establishment or conduct of personal or private commercial or business transactions.
- Propagates chain emails or uses groups or lists inappropriately to disseminate information.
- Results in unauthorised external access to the School’s electronic communication system.
- Inhibits the user’s ability to perform their duties productively and without unnecessary interruption.
• Interferes with the ability of others to conduct the business of the School.
• Involves the unauthorised installation and/or downloading of non-School endorsed software.
• Offends or potentially offends the ethos, principles and/or foundations of the School.
• Involves malicious activity resulting in deliberate damage to School ICT and/or ICT equipment/devices.

In the event of accidental access of such material, Authorised Users must:
• Not show others
• Close or minimise the window
• Report the incident immediately to the Head of Campus

2.5 A person who encourages, participates or otherwise knowingly acquiesces in prohibited use of School ICT, or privately-owned or leased ICT on the School site or at any School-related Activity, may also be found to have engaged in prohibited use.

2.6 Under no circumstances should ICT be used to facilitate behaviour which is either inappropriate in the School environment or illegal.

2.7 To avoid any doubt, this Policy also applies to mobile phones. Mobile phones must not be used for involvement with objectionable or inappropriate material or activities, such as:
• Upsetting or harassing persons in the community.
• Inappropriately using text, email photographs or film, phone messages, web browsing, images or any other functions.

2.8 While at School or a School-related activity, Authorised Users must not have involvement with any material or activity which might put them at risk. In addition, Authorised Users must not at any time use technology to upset, harass, or harm anyone.

2.9 Authorised Users must not attempt to download, install or connect any unauthorised software or hardware onto School ICT equipment, or utilise such software/hardware. This includes use of such technologies as Bluetooth, infrared, and wireless, and any other similar technologies that are available. Any Authorised Users with a query or a concern about that issue must speak with the Head of Campus.

2.10 In a special case where permission has been given by the Head of Campus to connect or install privately-owned equipment/devices or software, it is with the understanding that the School may scan this equipment/device/software at any time thereafter as part of a regular or targeted security check, such as for viruses.

2.11 When using Social Media on school ICT, or privately-owned or leased ICT on the school site or at any School-related activity, Authorised Users must not post or link to any information or material that is:
• Confidential or proprietary information in regard to the School or its students;
• Personal information of others;
• Obscene, indecent, defamatory, threatening, harassing, discriminatory or hateful to anyone else.

The principles of the School's discrimination, harassment and equal opportunity policies apply equally online as in all other areas.
COMPLAINTS AND APPEALS POLICY
(FOR FULL FEE PAYING OVERSEAS STUDENTS)

Students and Parents

Standard 8 of the National code 2007

The School has a complaints and appeals procedure to comply with Government legislation, because unsatisfactory performance, suspension and expulsion can have a significant effect on a student's visa, Geelong Grammar School is committed to providing a transparent, equitable and easily accessible process for handling complaints and appeals. The School will be bound by the provisions of the Education Services for Overseas Students (ESOS) Act 2000 and the National Code, 2007.

The Educational Services for Overseas Students Act (ESOS) 2000 is the primary Australian Government legislation governing international student education in Australia. The Department of Education, Employment and Workplace Relations (DEEWR) administers the ESOS Act and provider compliance with the Act.

The National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students (The National Code) provides nationally consistent standards for the conduct of registered providers and the registration of their courses. These standards set out specifications and procedures to ensure that providers of education and training courses can clearly understand and comply with their obligations under The National Code.

In accordance with Standard 8 of the Code it should be noted that:

• Geelong Grammar School's complaints and appeals processes are independent, easily and immediately accessible and inexpensive for the parties involved.

• Geelong Grammar School undertakes to ensure the complaints and appeals process commences within ten working days of the formal lodgement of the complaint or appeal and supporting information and all reasonable measures are taken to finalise the process as soon as possible.

• While attending Geelong Grammar School, all students are expected to comply with the expectations of the School outlined in the School Pastoral policies, on either the GGS website or in the student diary.

These are issued to students prior to commencement at the School.

For further information please visit http://www.ggs.vic.edu.au/Admissions/International-Students/School-Policies.aspx where the guidelines, processes and procedures can be viewed.