<NUMBER> KEEPING CHILDREN SAFE IN OUT OF HOME CARE

Related Policies

WMV Child Safety Policy

Scope

These procedures apply to the following persons: individuals elected to Wesley Mission Victoria boards, committees and sub committees, permanent and casual employees, volunteer carers, mentors or other volunteers, contractors, sub contractors, agency staff providing care in WMV facilities or on behalf of WMV, persons working as "lead tenants", students completing practical work or other placements and any other person involved with Wesley Mission Victoria.

Hereafter in this policy the individuals listed above are referred to as "stakeholders"

Definitions and Abbreviations

***Abuse** includes sexual abuse, physical abuse, emotional abuse and neglect. It includes harassment, bullying and humiliation.*

***Bullying** is a systematic and repeated abuse of power (by a child or adult) such as dominating or hurting a person, unfair actions by the perpetrator and a lack of adequate defence by the individual being bullied. It includes:*

> *Physical bullying (for example hitting, poking, tripping, pushing) or repeatedly and intentionally damaging a person's belongings.*
>
> *Verbal bullying including repeated insults, mimicking, racist, sexist or homophobic remarks.*
>
> *Social bullying including deliberately spreading rumours, lying about a person or deliberate exclusion of a person.*
>
> *Psychological bullying includes threatening, manipulating or stalking a person.*
>
> *Cyber bullying including use of email, phone, text messaging and social media to bully or intimidate a person.*

***Child or Young Person** includes all children and young people under the age of 18 years receiving*

services from WMV.

Child abuse *is an act by parents or caregivers (or others) which endangers a child or young person's physical or emotional health or development. Child abuse can be a single incident or may take place over time. (Physical and behavioral indicators of abuse and neglect are listed as an attachment to this policy to assist individuals to identify children who may be at risk.)*

Duty of care *is an obligation of a person to take reasonable care to avoid injury to another person for whom they have responsibility.*
Grooming *is the development of an emotional connection with a child over time by a perpetrator to lower the child's inhibitions regarding sexual activity.*

Harm *includes the effects to the child of any and all types of intentional and unintentional abuse, neglect or mistreatment of children.*

Harassment *is any type of behaviour not welcomed by another person which makes them feel intimidated, insulted or humiliated. Unlawful harassment can target a person's race, gender, sexual orientation, disability or other personal characteristic protected by law.*
Problem sexual behaviours *or sexualised behaviours refers to sexual behaviour by children including excessive masturbation, sexual approaches to adults, play with overt sexual themes, forced sexual behaviour, sex play with other children and an obsessive interest in pornography. The term problem sexual behaviour generally refers to instances where all children involved in the behaviour are under the age of 10.*

Sexually abusive behaviours *refers to the use of a child's power, authority or status to engage another party in sexual activity which is unwanted or where, due to the nature of the situation the other party is not capable of giving consent (for example, animals or children who are younger or who have a cognitive impairment. Physical force or threats may sometimes be used. Sexual activity may include peeping, fondling, masturbation, oral sex, penetration of a vagina or anus using a penis, finger or object or exposure to pornography. This is not an exhaustive list.* *(Therapeutic Treatment Board)*

Sexual exploitation *is the involvement of children and young people under 18 in exploitative situations and relationships with an adult where the young person receives 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, or engaging in sexual activities with the person/ persons exploiting them or others.*

Suicidal Behaviour *consists of thoughts, threats or actions involving the intent to die, which if enacted or completed may lead to serious injury or death.*

Self harm *is repetitive, deliberate physical harm or pain committed by an individual upon themself as an extreme means of coping with distressing or painful feelings.*

***Risk** includes anything that can threaten the safety and wellbeing of children.*

***Volunteer** includes a range of voluntary roles including but not limited to foster parents, individuals providing direct care of children on camps and overnight (including on a temporary or extended basis) and persons acting as mentors.*

Note:

These procedures should be read in conjunction with the following WMV procedures:

- *Child Safety*
- *Children with sexualised behaviours in out of home care.*
- *Protecting children in out of home care at risk of sexual exploitation*
- *Appropriate physical contact with children guidelines (attached to these procedures)*

The content in these procedures has been derived from and is consistent with current WCYFS procedures and Child Protection practice advice.

Introduction

Placements in out of home care aim to provide a safe and stable environment for children and young people who have suffered abuse and neglect. The role of carers is to provide the level of care that any good parent in the community provides for their children. For some children the impact of abuse and trauma will mean their behaviour may place themselves and others at significant risk of further harm

Research also suggests that children and young people in out of home care are sometimes vulnerable to further sexual and physical abuse from paid or volunteer caregivers, the relatives or older children of caregivers, other children/ young people in placement and others outside the care setting. (Australian Human Rights Commission).

The vulnerability and special needs of these children require well planned and targeted measures to protect them from harm in care.

Safe placements for children have the following characteristics;

- Appropriate screening, selection, support and training of caregivers.
- Rigorous assessment and planning for known and foreseeable risks for each child in care.
- A known, effective and impartial system where children and families can notify of safety or care concerns.
- Carers and other stakeholders who understand the indicators of abuse and neglect and act to

protect children in care from harm (including a commitment to disclose inappropriate behaviour by adults, including other carers).

- Clear and timely communication between stakeholders and effective record keeping
- Organisational checks and physical monitoring to ensure children are not left in vulnerable situations.
- An organisation wide commitment to child safety

Placement Planning

- Where the Placement Referral Form or Care Plan (if the child is transferring from another placement) indicates the child/ young person transitioning to care has a history of:
    - sexualised behaviour,
    - physical or sexual assault,
    - high risk behaviours
    - fire lighting behaviours
    - threats of suicide or self harm
    - use of drugs and alcohol
    - bullying and intimidation of others

the relevant out of home care program manager must consult with the child's case manager, team leader and as appropriate, the WMV Senior Manager – Children, Youth and Family Services to ensure appropriate plans are put in place for the safety of the child/ young person, other children in placement and carers. These plans must be reviewed and updated by the care team on a regular basis.

Safety planning must address:

- Identification of other children in placement likely to be vulnerable or targeted to engage in sexual activity and strategies to keep them safe *(see Children with sexualised behaviours in out of home care procedures).*
- Appropriate monitoring of bathing, bedtime and sleeping arrangements and any identified need to rearrange bedrooms to ensure greater ability for carers to monitor after bedtime.
- Requirements for daily monitoring of the child/ young person's behaviour if required including the need for "line of sight" monitoring, monitoring after bedtime and monitoring of contact with other children as appropriate.
- Review of bedrooms and other areas to remove hanging points or other physical dangers specific to the child's self harming behaviours. Restriction of the child's

access to implements, medications or other items which may be utilised to cause harm.

- Restriction of the child's access to implements, flammable liquids and other items which may be used by children with fire lighting behaviours.
- Restriction of the child's access to items which may be used as inhalants, injected or ingested by young people. *(See WMV Substance use by young people in residential care procedures).*
- Development of a crisis management plan for children/ young people with high risk behaviours in consultation with the Child, Adolescent Mental Health Service (*CAMHS*) or other professionals involved in a therapeutic relationship with the child/ young person. A crisis management plan provides all persons caring for and working with the child with an agreed set of actions to maximise the safety of the child/ young person and others when crisis occur.
- Referral to appropriate assessment and therapeutic programs (Including Alcohol and drug treatment services, Centre Against Sexual Assault and the Juvenile Fire Awareness Intervention Program as appropriate)

- Where the behaviours outlined above are unknown at the time the placement commences but arise during the placement, the case manager must be advise immediately and the care team must develop a safety plan as outlined above.

Room searches

On occasions it is necessary for carers to undertake a search of a child or young person's room when they are aware or suspect that drugs, cigarettes, mobile phone containing information regarding individuals sexually exploiting the child, or other items that may harm a child's health or wellbeing may have been hidden by the child or young person.

- See WCYFS "Caring for children/ young people at risk of sexual exploitation" procedures for specific information regarding room searches for mobile phones.
- If it is necessary to search a young person's room to locate and confiscate suspected drugs, illegal material or cigarettes, the residential care team leader or program manager must be consulted beforehand. It is preferable that the search is undertaken when there are no children or young people present and that two workers be present during the search as an accountability measure.
- If a search is undertaken the young person must be informed. Details of the search and items, found/ confiscated must be recorded in the unit communications book and the CRISSP file. The child's case manager must be informed.

Bed checks

Where pre placement planning or circumstances following the placement of a child or young person identify risks to the child or others associated with self harming behaviour, problem sexual behaviour, fire lighting behaviour, bullying, substance use, sexual exploitation, absconding behaviour, a medical condition or other identified risk, the need for staff to check the child or other children are safe after bedtime and during the night should be considered by the program manager, team leader and care team.

The requirement for a bed check and the required actions if the check reveals concerns for the child's or others' safety or wellbeing must be clearly stated in the unit communications book and by staff in their handover.

The frequency and timing of checks should be determined in the context of the perceived risks to the child or others in the placement, and the time and outcome of checks must be recorded in the child's unit file. Where carers identify the need for routine bed checks, this must be discussed with the program manager or team leader.

- Where a bed check reveals the need for urgent medical attention, the carer must call an ambulance immediately and notify Wesley After Hours (WAH).
- In the event a carer cannot obtain access to a bedroom for the purposes of a bed check, WAH must be contacted immediately.

Placement of children with problem sexual behaviours

Research suggests a child with problem sexual behaviours should not be placed with younger children or those vulnerable due to a disability. Placement with older children who have problem sexual behaviours or adolescents with sexually abusive behaviours is also considered inappropriate. *(See WMV Children with sexualised behaviours in out of home care procedures).*

- Out of home care program managers must consult with the Senior Manager, Youth and Community Services regarding the appropriateness of placement referrals of children with problem sexual behaviour which may place other children at risk of abuse.

Placement of children with self harming behaviours or threats of suicide

Self harm involves repetitive, deliberate physical harm or pain committed by children and young people generally as an extreme means of coping with distressing or painful feelings. Behaviours include cutting arms and other body parts with knives and other sharp implements, attempts at self strangulation and extreme risk taking behaviour with the intent to harm themselves.

Assessment and management of children and young people with self harming behaviours or who threaten suicide requires the involvement and collaboration of the care team together with specialist therapeutic professionals from services including Child Adolescent and Mental Health Service (CAHMS), Take Two, Intensive Case Management Service (ICMS) and the Crisis Assessment and Treatment team (CATT). Children and young people at risk of self harm or suicide should also be on the regional Child Protection High Risk Register.

The care team in collaboration with specialists from these services must develop rigorous crisis and behaviour management plans which provide carers and others with clear strategies for managing the risks associated with caring for these children and young people. Planning must be reviewed and updated frequently in the context of the degree of risk and the care team leader must ensure all members of the team are kept informed of any changes or events.

- Program managers/ team leaders must ensure that changes to the child's crisis or behaviour management plans are updated in CRISSP, the client's residential unit file, unit communications book and are communicated to all residential and home based carers (and Agency carers, as appropriate).
- Incidents of actual self-harm or attempted suicide will require a critical incident report to be completed within the required timelines.

The risk that a child/ young person may self harm or attempt suicide is increased;

  - if the child/ young person has a plan to self-harm or suicide
  - where there are means available to carry out self-harm or suicide
  - prior to, during or following a significant event or incident (particularly if such an event has led to self harm or previous suicide attempts)
  - if factors are present which may increase the possibility or desire to act, such as access to alcohol or drugs, involvement with others who self-harm
  - where there is reduced contact and monitoring from regular supports
  - where the child/ young person indicates an intention to self-harm or suicide.

Threats of suicide or self harm - response procedures

- Carers and other stakeholders must treat all threats of suicide and self injury seriously regardless of the frequency of such threats. Attempts should be made to encourage the child/ young person to talk, with the carer providing support in a calm and understanding manner. Other children should be removed elsewhere in the house to protect them from harm and calm the child/ young person at risk.

- Carers and other stakeholders must respond to the threat in accordance with the child/ young person's crisis or behaviour management plan and monitor the child/ young person's emotional state until the risk of harm has been removed or appropriate intervention has been implemented to ensure the young person's safety.

- Any implements, medications, dangerous substances or other means by which the child/ young person may self harm or suicide must be removed or be closely monitored.

- At the earliest opportunity the carer must contact the program manager/ team leader, case manager or Wesley After Hours (WAH) if the incident occurs after business hours, to advise them of the situation and seek direction, support or additional resources. The completion of an incident report must be discussed. Carers must continue update managers or WAH of any further developments.

- Carers must not give any child/ young person who threatens self harm or suicide permission to leave the placement unless accompanied by a staff member. If the child/ young person absconds

and is assessed as at risk of harm, the program manager/ team leader or WAH must be contacted and a missing person's report considered in the context of the assessed risk and history of the child/ young person. (See WCYFS Missing Persons Reports).

- Carers should continue to monitor the child/ young person's mood and whereabouts and attempt to engage them in a supervised activity.

- Carers should undertake checks of the child/ young person after bedtime to monitor their safety and whereabouts. The need for and frequency of bed checks must be discussed by the carer with the program manager, team leader or WAH. The time and outcome of the check must be recorded by the carer.

If the child/ young person has attempted suicide or self harmed;

- The carer must notify the program manager/ team leader or WAH and consult regarding the need for medical treatment. Where no medical treatment is required, the carer must continue to monitor the child/ young person's safety as per the procedures listed above.

- Where medical treatment is assessed as required the carer must make arrangements to transport the child/ young person to a doctor's surgery for medical assistance or call an ambulance immediately if the injuries are serious. Where possible, a carer should also accompany the child/ young person in the ambulance.

- Where the child/ young person refuses to attend a doctor or hospital, the carer must seek advice from the program manager/ team leader or WAH and a decision made in the context of the injuries regarding the need for police involvement.

- The case manager and the child/ young person's parents as appropriate must be contacted as soon as possible and consideration given to a psychiatric assessment or in patient mental health admission.

- An incident report must be completed within the required timescale and a care team meeting scheduled to consider changes to the crisis/ behaviour management plan.

Placement in a mental health facility or Secure Welfare

Where a child/ young person is exhibiting threats or attempts to suicide or self harm or high-risk behaviours, which cannot be managed safely, the case manager and care team should give consideration to the need for an admission to an appropriate mental health inpatient facility or a placement in Secure Welfare. Secure Welfare is a locked facility, which provides containment and time limited intervention.

The Child Protection Manager or above may approve the placement of a young person on a Custody or Guardianship order at a Secure Welfare Service, if they are placing themselves at high risk and a mental health admission is not possible.

The Children's Court can also make an interim accommodation order placing a young person at a Secure Welfare Service.

Placement of children with fire lighting behaviours

Fire lighting by children and young people is commonly linked with trauma associated with sexual abuse, especially with boys, and neglect can also be an underlying issue.

- The care team should develop a fire safety strategy for a child/ young person entering out of home care who has known or suspected fire lighting tendencies as part of the care planning process. The strategy should include:
    - An assessment of the child's behaviour by the Juvenile Fire Awareness Intervention Program to determine the severity of the behaviour and the likely risks.
    - The use of the Country Fire Authority (CFA) Youth Fire setting Support Guide – a resource for caregivers and practitioners concerned about fire risk behaviours.
    - Strategies for managing or modifying the behaviour and addressing related causal issues.
    - Arrangements for monitoring the child's behaviour and movements including after bedtime as appropriate
    - Strategies to ensure other children and carers are safe.
    - Referral to an appropriate therapeutic or specialist service for education and support to address the fire lighting behaviour.
    - Consideration of placing young people with serious fire lighting tendencies on the regional High Risk Register to ensure plans and action are reviewed regularly.
    - Consideration of others who may need to be informed of the child/ young person's fire lighting behaviours to ensure safety.

- Out of home care program managers who approve the placement of a child with known or suspected fire lighting behaviours, must share this information and possible scenarios with residential, home based or kinship caregivers including those providing respite or holiday placements.
- The Department of Human Services may pay for approved equipment to be supplied and installed in the carer's house as outlined in the active fire safety strategy. Any equipment purchases, installation or modification of a carer's home should be discussed with the team manager and the appropriate divisional placement manager.

Initial meeting with the child or young person on entry to placement

- In their initial meeting to introduce a child to aspects of the placement, carers must discuss the following with the child/ young person:
    - The placement is a safe place.
    - If the child or young person feels unsafe at any time, they must tell the caregiver or another adult they trust. Caregivers should ask the child/ young person to identify an adult (e.g.; schoolteacher of family member) they could trust to talk to if they feel unsafe.
    - If the child or young person believes another child is unsafe they must tell the caregiver or trusted adult.

- Children/ young people must ask permission to leave the placement and caregivers must know where they are at all times.

Carers must discuss with the child the acceptable and unacceptable behaviours (including behaviours toward other children in placement) listed in the entry to care procedures while the child/ young person is in placement. (*See WMV Entry to Residential care procedures)*

Planning for placement change

Where placements must change, attempts should be made to maintain as many trusted relationships and aspects of the child's familiar life as possible in order to lessen the child's vulnerability and ensure children continue to have trusted adults who they feel safe to speak with. *(See WMV Planning and action to minimise placement change procedures).*

Physical abuse or bullying by other children in placement

Carers play a critical role in protecting children from abuse by other children in placement and developing a culture of zero tolerance of verbal attacks, bullying, intimidation and violence between children/ young people.

- Carers must act to prevent and stop instances of bullying, intimidation or harassment (including sexual harassment) between children quickly, calmly and firmly.
- Carers must inform the team leader or case manager where a child repeatedly bullies, or intimidates other children. This information must be discussed with the care team and appropriate strategies to address the behaviour must be incorporated into the child's behaviour management plan.
- If there is concern regarding potential for a child to bully or intimidate a child who has informed the carer they feel unsafe, clear messages must be provided to the child that this will not be permitted. Carers must monitor that this does not occur, implement appropriate consequences if there is evidence of further bullying or intimidation (in accordance with the child's behaviour management plan) and inform the care team of actions taken for review.

Appropriate behaviour by carers and other stakeholders

The *WMV Child safety procedures* provide the organisational requirements of carers and other stakeholders with regard to children in their care. They are extensive and include the following;

- Carers and other stakeholders must not under any circumstances engage in intimate or sexual behaviour of any kind with a child.
- Carers and other stakeholders must not under any circumstances physically or verbally abuse, harass or intimidate a child.
- Carers and other stakeholders must not use corporal punishment or threat of physical violence as a behaviour management strategy. Behaviour management strategies utilised by carers must be in

accordance with the child's behaviour management plan and consistent with the *WMV Managing challenging behaviour by children/ young people procedures.*

Disclosure of inappropriate behaviour by carers or other stakeholders

- Carers or other stakeholders who observe instances of threatening behaviour, bullying or harassment of children by other carers or stakeholders must report this to their supervisor or program manager as soon as possible.
- Carers or other stakeholders who observe behaviours of other carers (or stakeholders) which contravene the Child Safety Procedures or who receive disclosures from children regarding inappropriate behaviour must advise their direct supervisor or program manager of this information as soon as possible**.**
- Carers or other stakeholders who observe indicators in a child's behaviour or physical demeanour that the child may have suffered abuse in care must advise their direct supervisor or program manager as soon as possible.

Protecting young people from exploitation by adults outside the placement

Some young people in care become involved in exploitative relationships with adults where affection, gifts or money are provided by the adult in exchange for the young person performing, or engaging in sexual activities. Such relationships are highly destructive.

Indicators of a young person's potential involvement in an exploitative relationship and other requirements are contained in the *WMV Caring for children and young people at risk of sexual exploitation procedures*. Where there are indicators of a young person's involvement in such relationships, carers must implement the requirements provided in the procedures.

- Carers must inform team leaders or program managers as soon as possible of any behaviour or circumstances by a child or young person which may indicate the child is being sexually exploited or at risk of sexual exploitation.
- Out of Home Care Team Leaders or Program Managers who receive information that a child or young person is possibly involved or at risk of involvement in a sexually exploitative relationship must ensure a the child's case manager is informed as soon as possible, that all relevant details are recorded on the Client Information System and a DHS critical incident report is completed.

Assessment of risk in activities engaged in by children and young people

Carers and other stakeholders need to make assessments and responsible decisions in consultation with supervisors and case managers regarding allowing children and young people to undertake or participate in activities which may pose a risk to their physical or emotional wellbeing.

Assessments must consider the factors listed below taking into account the age and stage of development of the child.

- The risk of harm and the likelihood of harm occurring.
- The sort of harm that could occur and the potential seriousness of that harm.

- The precautions that could be taken to remove or reduce the risk of harm.
- The value of the particular activity which involves risk.
- Whether the carer is authorised to take or permit the action.
- Whether there are any related statutory requirements, organisational procedures, specific directions from supervisors or current professional standards in relation to the issue.

No single factor justifies acting in one way or another. A judgment must be made that takes all these aspects into account. Stakeholders must use their professional skills, knowledge and experience to make decisions regarding the weight to be given to each of the factors listed above.

An important aspect in reaching a decision for a child's participation in activity is consultation with the relevant out of home care supervisor and the child's case manager (or Wesley After Hours (WAH) if the decision must be made outside business hours).

Activities requiring specific management or Department of Human Service (DHS) approval include:

- medical treatment
- school camps and outings where children will be in the care of other persons
- high risk activities including leisure and sporting activities
- interstate and overseas travel

Carers must always act responsibly and in the child's best interests. The fact that a child or young person gives their consent or wishes to do a particular thing does not justify the carer acting unreasonably or irresponsibly to help the child perform that activity.

Further information and requirements regarding appropriate actions and decision making are contained in *WMV Duty of care procedures*.

Variations to Procedure

Service Specific Variations

Related Documents

Related Forms, Guidelines, other documents
WMV Appropriate physical contact with children guidelines.

Related Local Procedures

Protecting children at risk of sexual exploitation procedures. WMV

Child Safety Procedures WMV

WMV Children in out of home care with sexualised behaviours procedures

WMV Managing challenging behaviour by children and young people procedures

WMV Entry to Care procedures

WMV Residential unit information for workers/ managers and Agency staff - procedures.

WMV Substance use by young people in residential care

WMV Responding to allegations of physical and sexual assault

WMV Duty of Care procedures

External Context

Relevant Standards

Department of Human Services Standards (DHS)

Program requirements for residential care services in Victoria 2014 (DHS)

Guidelines for responding to quality of care concerns (DHS)

Relevant Legislations / Regulations

Children Youth and Families Act 2005

Working with Children Act 2005

Commission for Children and Young People Act 2012

Charter of Human Rights and Responsibilities Act 2006

UN Convention on the Rights of the Child (ratified by Australia 1990)

Revision Record

Version	***Date***	***Document Writer***	***Revision Description***

Attachment 1

Recognising signs of abuse and neglect

Behavioural or physical signs which assist in recognising child abuse are known as indicators. A single indicator can be as important as the presence of several indicators. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress, including child abuse, and it is important to find out specifically what is causing the stress.

Physical Abuse

Signs which indicate possible physical abuse include:

- Bruises, burns, sprains, dislocations, bites, cuts
- Fractured bones, especially in an infant where a fracture is unlikely to occur accidentally
- Poisoning
- Internal injuries

Possible behavioural indicators include:

- Showing wariness or distrust of adults
- Wearing long sleeved clothes on hot days (to hide bruising or other injury)
- Demonstrating fear of parents and of going home
- Becoming fearful when other children cry or shout
- Being excessively friendly to strangers
- Being very passive and compliant

Sexual Abuse

Sexual abuse is not usually identified through physical indicators. Often the first sign is when a child tells someone they trust that they have been sexually abused. However the presence of sexually transmitted diseases, pregnancy, or vaginal or anal bleeding or discharge may indicate sexual abuse.

One or more of these behavioural indicators may be present:

- Child telling someone that sexual abuse has occurred
- Acting out sexual behaviour with dolls, toys, siblings or other children
- Drawing or writing that directly or indirectly describes abuse
- Changes in behaviour when personal needs are attended to e.g. bathing, nappy changing, toileting.
- Complaining of headaches or stomach pains
- Experiencing problems with schoolwork
- Abnormal wetting or soiling problems
- Loss of appetite
- Displaying sexual behaviour or knowledge which is unusual for the child's age
- Behaviours such as frequent rocking, sucking and biting
- Experiencing difficulties in sleeping or night terrors
- Having difficulties in relating to adults and peers

- Obsessive and compulsive washing
- Behaviours which are out of character
- Self harming behaviours
- Sudden unexplained fears, or the fear of being alone with a particular person
- Bed wetting or soiling
- Implication that they must keep secrets

Emotional Abuse

There are few physical indicators, although emotional abuse may cause delays in emotional, mental, or even physical development.

Possible behavioural indicators include:

- Displaying low self esteem
- Tending to be withdrawn, passive, tearful
- Displaying aggressive or demanding behaviour
- Being highly anxious
- Showing delayed speech
- Acting like a much younger child, e.g. soiling, wetting pants
- Displaying difficulties in relating to adults and peers

Neglect

Physical indicators include:

- Frequent hunger
- Malnutrition
- Poor hygiene
- Inappropriate clothing, e.g. Summer clothes in winter
- Left unsupervised for long periods
- Medical needs not attended to
- Abandoned by parents

Possible behavioural indicators include:

- Stealing food
- Staying at school outside school hours
- Often being tired, falling asleep in class
- Abusing alcohol or drugs
- Displaying aggressive behaviour
- Not getting on well with peers

Attachment 2

Appropriate physical contact with children

Cultural considerations

Different cultures have varying attitudes to appropriate physical contact. Some also have strong views regarding physical contact between genders which has important implications for the care of children from these backgrounds. There are a range of culturally specific agencies which will provide guidance regarding appropriate care for children.

A significant number of children receiving services from WMV come from communities which have experienced significant violence and trauma in their countries of origin. The needs of these children are complex and significant and it is essential that program managers and stakeholders access relevant cultural information regarding appropriate physical contact and implement this approach consistently. Approaches utilised must comply with the provisions of this policy.

Children with disabilities

Children with disabilities have a range of needs and it is likely stakeholders may be required to engage in a greater degree of physical contact than with other children. This may involve providing assistance with dressing and undressing, bathing or showering, toileting and other personal care needs. Children with disabilities may also engage in a range of sexualised behaviours toward stakeholders and others due to their disability.

Supervisors or program managers must provide comprehensive pre briefing information and direction to volunteer carers or others providing care to children regarding communication strategies where required, the management of sexualised behaviours including the need for additional staff to monitor or assist, recording or reporting arrangements and appropriate practice for bathing, toileting or personal care requirements. The behaviour of stakeholders must comply with the information, direction or management plans provided by supervisors at all times.

The vulnerability of children with disabilities means they have an increased reliance on adults to protect them from harm. Stakeholders must remain continually alert to verbal and non verbal cues from children and the behaviour of other stakeholders.

Appropriate physical contact

Physical contact between stakeholders and children must only occur when it is essential to the work role of the individual and appropriate to the activity and the needs of the child. Physical contact should take place in view of others wherever possible, undertaken only with the permission of the child and be appropriate to the child's age, developmental stage, disability, gender and cultural background. In all instances contact must be limited to completion of a specific task and for the minimum time necessary.

Physical contact between adults and children has the capacity to be misconstrued. Stakeholders must consider what is an appropriate response to a child or situation before acting.

The following considerations are a guide only. Their relevance to particular stakeholders will vary depending on the age, behaviour, disability and needs of children and the specific work environment.

- Touching a child between the neck and knees is generally inappropriate unless required to provide particular assistance. Contact with the bony areas of the body including the child's hand, arm, shoulder, upper back, elbow or head is preferable.

- Stakeholders must always ask a child's permission to touch and signs from the child that contact is unwelcome (such as stiffening or pulling away) must be respected.

- Where ever possible stakeholders should avoid physical contact with a child out of view of others.

- Physical gestures to provide comfort or congratulations should be non intrusive and accompanied with comforting or positive words. A sideways hug around the shoulder from a stakeholder to a child is more acceptable than around the waist. Care should be exercised to ensure these situations do not occur in private.

- The use verbal directions or gestures are preferable for activities rather than physically moving the child to a particular location. Where touch is necessary always ask the child's permission and conform to the guidelines listed above.

- Stakeholder involvement with toileting, bathing or personal needs must reflect the child's individual management plan and where possible and appropriate, should be undertaken in view of another stakeholder.

- In some situations it may be necessary for stakeholders to discourage a child from unnecessary or inappropriate displays of affection including holding hands, hugs and cuddles. This should be done gently and in a manner which does not embarrass or offend the child.

- Stakeholders must not engage in any physical activity with a child which could be construed as sexually stimulating.

- Stakeholders must not initiate or respond to inappropriate or unnecessary physical contact with children, e.g.: tickling, massages.

- Stakeholders must not use physical punishment of children under any circumstances.

- Stakeholders must not use physical restraint of a child unless this is in accordance with an endorsed behaviour or crisis management plan. Methods of restraint should avoid contact with the areas of the groin or breasts.

Reference:

Safe People, Safe Programs, Safe Places. Team members guide. Child Safe

Protective Practices for staff in their interactions with children and young people. Guidelines for staff working or volunteering in education and care settings. Department of Education and Children's Services. South Australia. 2011

A guide to protecting children and young people with disability and preventing abuse. Department of Education and Child Development. South Australia