

## Child Protection Policy

### Purpose

Early Start Australia (ESA) is committed to the protection and promotion of safety and wellbeing of our clients and their families. ESA provides a child safe organisation by creating a culture, strategies and actions to promote child wellbeing and prevent harm to children and young people.

The ESA Child Protection Policy is designed to meet the National Standards for Disability Services, in particular Standard 1: Rights, in addition to the National Principles for Child Safe Organisations (National Framework for Protecting Australia’s Children 2009-2020).

The purpose of this policy is to outline the standard that all staff are expected to follow in preventing, identifying and reporting child abuse and neglect.

### Scope

This policy applies to all ESA services, employees, volunteers, contractors and clients.

### Definitions

**Abuse and neglect:** Any act or failure to act that results in a breach of a person’s human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether intended or through negligence. Abuse includes but is not limited physical abuse, sexual abuse (including child sexual abuse), psychological or emotional abuse, constraints and restrictive practices, financial abuse, legal or civil abuse, systemic abuse, physical neglect, passive neglect, wilful deprivation and emotional neglect.

**Physical abuse:** Any non-accidental physical injury or injuries to a child or adult. This includes inflicting pain of any sort or causing bruises, fractures, burns, electric shock, or any unpleasant sensation. Examples of physical abuse in caregiving include rough physical handling, sudden movements of bedding, pushing and pulling, over-medication, unnecessary or excessive use of restraints, ignoring dietary restrictions, toileting abuse (leaving someone on the toilet too long or not taking clients to the bathroom when they need to use it) and bathing in water that is too hot or too cold

**Sexual abuse:** Any sexual contact between an adult and child 16 years of age and younger; or any sexual activity with an adult who is unable to understand, has not given consent, is threatened, coerced or forced to engage in sexual behaviour. It includes discussions of a sexual nature including jokes which clients do not want, do not truly understand or to which they are unable to give informed consent, including but not limited to inappropriate touching, gestures, or comments.

**Child sexual abuse:** Any act that exposes a child (a person under 18 years of age) to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to or involving the child in pornography or sexting.

Child sexual abuse also includes: grooming (see definition below), Child sexual exploitation - where children are coerced or manipulated into engaging in sexual activity in return for something (such as alcohol, money or gifts) and child-to-child sexual abuse.

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**Grooming:** Grooming refers to actions deliberately undertaken with the aim of engaging and influencing a child, employee, or in some circumstances members of the child’s family, for the purpose of sexual activity with a child. Grooming actions are designed to establish an emotional connection to lower the child’s inhibitions. Inhibitions are lowered via the development of a relationship with the child, and increased opportunity to see the child. Grooming involves psychological manipulation that is usually very subtle, drawn out, calculated, controlling and premeditated. Typically, grooming involves a chronology: accessing the victim, initiating and maintaining the abuse, and concealing the abuse. Grooming offences may target online or other electronic communications, subjecting children to pornography, and/or using intoxicating substances to engage children for the purpose of sexual activity.

**Psychological or emotional abuse:** Verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person’s existence. This may also include denying cultural or religious needs and preferences. Emotional abuse can also include: ignoring a person when they ask for help, making a person beg for help, providing help in a way that makes the person feel like a burden or feel guilty, intentionally making a person wait for help, refusing to recharge the battery of a person’s wheelchair, providing physical care in way that is unnecessarily rough or careless, refusing to provide help unless the person agrees to lend money and purposely unplugging or turning off adaptive equipment.

**Constraints and restrictive practices:** Restraining or isolating a child for reasons other than medical necessity or the absence of a less restrictive alternative to prevent harm. This may include the use of chemical or physical means or the denial of basic human rights or choices such as religious freedom, freedom of association, access to property or resources or freedom of movement.

**Financial abuse:** The improper use of another person’s assets or the use or withholding of another person’s resources.

**Legal or civil abuse:** Denial of access to justice or legal systems available to other citizens.

**Systemic abuse:** Failure to recognise, provide or attempt to provide adequate or appropriate services, including services that are appropriate to that person’s age, gender, culture, needs or preferences.

**Physical neglect:** Failure to provide adequate food, shelter, clothing, protection, supervision and mental and dental care, or to place persons at undue risk through unsafe environments or practices.

**Passive neglect:** A caregiver’s failure to provide or wilful withholding of the necessities of life including food, clothing, shelter or medical care.

**Wilful deprivation:** Wilfully denying a person who, because of age, health or disability, requires medication or medical care, shelter, food, therapeutic devices or other physical assistance – thereby exposing that person to risk of physical, mental or emotional harm.

**Emotional neglect:** The failure to provide the nurturance or stimulation needed for the social, intellectual and emotional growth or wellbeing of an adult or child.

**Employee:** For the purpose of this policy, employee refers to paid employees, volunteers, contractors, host families and students.

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## Principles

ESA has aligned its principles to the National Principles for Child Safe Organisations as outlined below:

- Child safety and wellbeing is embedded in organisational leadership, governance and culture
- Children and young people are informed about their rights, participate in decisions affecting them, and are taken seriously
- Families and communities are informed and involved in promoting child safety and wellbeing
- Equity is upheld and diverse needs respected in policy and practice
- People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
- Processes for complaints and concerns are child focused
- Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
- Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
- Implementation of the national child safe principles is regularly reviewed and improved
- Policies and procedures document how the organisation is safe for children and young people

## Responding to Abuse or Neglect of a Client

### Reporting

Any employee who becomes aware of suspected, observed or alleged abuse or neglect of a client must immediately respond and report this as an incident in accordance with the ESA Responding to Abuse and Neglect of a Client Procedure and the requirements set out in the ESA Critical Incidents Policy and Procedure. Failure to do so is a breach of duty of care and this policy, and the employee may be subject to disciplinary action as a result.

It is recognised that mandatory reporting requirements differ for health professionals requiring registration with The Australian Health Practitioner Regulation Agency (AHPRA) (namely physiotherapy, psychology and occupational therapy) versus health professionals who are not registered with AHPRA (speech pathology, social workers). However, ESA applies this policy to all staff regardless of professional background and/or registration requirements.

ESA staff are required to comply with relevant legislative requirements for mandatory reporting of suspected child abuse (which differs between jurisdictions). Specific requirements for mandatory reporting are documented in the ESA Responding to Abuse and Neglect of a Client Procedure.

Suspected, observed or alleged abuse and neglect may need to be reported externally to Police, appropriate Government authority (following the ESA Responding to Abuse and Neglect Procedure); and / or to the NDIS Commission (if relevant) (following the Critical Incident Management Policy and Procedure).

Any person reporting suspected, observed or alleged abuse or neglect of a client is entitled to make reports without fear of retribution or retaliation.

Should suspected, observed or alleged abuse or neglect of a client be reported to ESA as a complaint, then any additional requirements set out in the ESA Complaints and Feedback Policy must also be complied with.

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### Safety of the client

At any time, should an employee believe there is an immediate threat to a client or any other person, they must take appropriate action in accordance with this policy and the relevant associated policies and procedures to ensure the wellbeing of clients, employees, family members, and any other person appropriate to the situation.

### Record keeping

Full, timely and accurate records must be kept by all employees involved in cases of suspected, observed or alleged abuse or neglect of clients, and these records must be stored on the client's record.

All incident investigations, actions, recommendations and reports developed as part of this policy must be documented and maintained in the HR System.

### Voluntary Reporting

Voluntary notification refers to a notification made out of moral obligation rather than legislative obligation. The rules for such vary amongst the states and territories. Further guidance can be found in the ESA Responding to Abuse and Neglect of a Client Procedure.

### Training

To ensure staff awareness of this policy and associated requirements, training on mandatory reporting is provided by ESA upon employee commencement, and every 3 years (or when there are changes to the process/legislation).

### Associated Documents

ESA Critical Incidents Policy and Procedure

ESA Complaints and Feedback Policy

ESA Staff Code of Conduct

ESA Responding to Abuse and Neglect of a Client Procedure

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