



***ALLAWAH COMMUNITY CHURCH
CHILD SAFE CHILD FRIENDLY POLICY***

Revised Dated 1st April 2019

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Introduction

At Allawah Community Church we honour God's name by providing a Child Safe Child Friendly environment. We want children and young people (Under 18 year olds) who participate in our programs to have a safe and happy experience. We honour God by supporting and respecting our children, young people, staff, volunteers and students.

Title	This policy is called the Allawah Community Church Child Safe Child Friendly Policy.
Introduction	This policy guides staff, volunteers and students on how to behave with children in their supervision. This policy focuses on how we can promote kid's participation in our church and make it safe for them.
Support kids' participation	Allawah Community Church supports the active participation of kids in our church. We respect and value children and will provide a safe environment where they can learn and develop.
Support Staff, Volunteers and students	<ol style="list-style-type: none">1. We promote respect, fairness and consideration for all staff, volunteers and students.2. We have appointed a Child Safety Officer who will provide support and advice to our workers.3. All new staff, volunteers and students will receive a copy of the Child Safe Child Friendly Policy including our Code of Conduct and our How to Deal with Complaints process.4. All staff, volunteers and students will be trained yearly in our child protection procedures.5. Our Child Safety Officer is Maru Gomez See Codes of Conduct
Recruitment	<ol style="list-style-type: none">1. Allawah Community Church will appoint staff and volunteers to children related positions if staff and volunteers meet our recruitment and screening requirements.2. These requirements are<ol style="list-style-type: none">a. The person must have appropriate skills to meet the Job description.b. The person must be cleared by the WWCC.c. The person must have 3 written character / integrity references confirming their suitability to work with children. These references are to be followed up by a verbal inquiry by the recruiting officer.d. The person will be interviewed by the recruiting team / officer for suitability for position. See Recruitment forms.
Child Safe Programs – Risk Management	The Leaders of our children's programs are to provide a safe environment for their planned activities. This will include <ol style="list-style-type: none">1. A Risk Management assessment of planned activities and implement strategies to reduce any significant risk.2. Recording of any incidents during the program3. Reviewing incidents to ensure procedures are implemented to reduce risk of incident reoccurring.4. All incidents with Children should be reviewed with Child Safety Officer. (To ensure no patterns are occurring) See Risk Management and Incident Reporting forms.

Dealing with Complaints

1. What we Believe
 - a. Everyone in our Church should be confident that complaints will be dealt with honestly and fairly.
 - b. Everyone in our Church should be confident in reporting inappropriate behaviour around kids.
 - c. Everyone in our Church should report any concerns about the safety or welfare of a child or young person immediately.
2. All complaints should be reported. This includes
 - a. Disclosure of abuse
 - b. Inappropriate behaviour around children
 - c. Suspicion of abuse or harm to a child.
3. All complaints must be reported to the Child Safety person
Name: Maru Gomez Contact Number: 0434 394 920
A child or young person or any staff member, volunteer or student can make a complaint, or raise a concern, directly to the Child Safety Officer.
4. The Child Safety Officer will take the following actions:
 - a. Listen to the person making the complaint and make a record of the complaint using the "Complaint Record Form".
 - b. Assess the complaint and if required report the complaint to Community Services and other appropriate authorities if warranted. (i.e. Police) Inform everyone involved in the complaint of the requirement to make this report.
 - c. If the complaint involves inappropriate behaviour and a breach of the Code of Conduct, the Church Leaders will need to take action in accordance with internal discipline procedures.
5. The Church must provide details to the Office of the Children's Guardian (WWCC people) of any staff, volunteer or student who has been the subject of completed employment proceedings involving;
 - a. Reportable conduct; or
 - b. Acts of violence committed by them in the presence of a child.Reportable conduct is:
 - i. Any sexual offence or sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence); or
 - ii. Any assault, ill treatment or neglect of a child; or
 - iii. Any behaviour that causes psychological harm to a child;
Whether or not, in any case, with the consent of the child.You do not need to report conduct that is reasonable for the discipline, management and care of children or if it was found the conduct did not occur.

If you require help in determining what action is required or would like additional help, please contact the CCCAust (NSW) Child Protection Liaison Officer Jim Kelly by email: JDK@owenhodge.com.au or mobile 0417 730 299

Communication

1. The Church will remind the children's workers of its Child Safe Child Friendly policies and procedures on a yearly basis.
2. All new children workers, volunteers and students will be taken through the church's Child Safe Child Friendly policies before they commence work.
3. Kids and parents joining our programs will receive a copy of the "Parent's and kids Guide to Child Protection at Allawah Church."

Review

The policy and guidelines will be reviewed every two years and incorporate comments and suggestions from staff, volunteers, parents and the leadership team.

Codes of Conduct

Expectations for Staff, Volunteers and Students

As a church we honour God's name by holding values that honour and respect other people. Jesus is the ultimate example of someone who has given of himself for the good of others.

We value the following acceptable practices

- We will treat everyone with respect and honesty
- We value active listening to children
- We will be mindful of our responsibility for care. Below are ways in which we are recognising methods that will help us provide appropriate care;
 - We will plan appropriate activities to the age or developmental needs of the children;
 - We will protect ourselves and children by not being alone with them
 - We will be mindful of the need for appropriate boundaries when comforting or sharing with children and young people;
 - If a child approaches to hug we will turn the child into a sideways hug not a frontal hug;
 - We will sit beside a child when reading a book and not have the child on our knee;
 - We will hold hands for reassurance only, only if required;
 - We will use an open hand on the child's back or shoulder to comfort if the child is hurt or in distress;
 - We will ensure adult supervision at all times, not leaving children unattended, and will call for assistance we must leave the group;
 - We will use a buddy system if a child needs to leave the group for an appropriate reason;
 - We will only use appropriate forms of discipline and never use physical discipline on a child
 - We will use language that honours children (no crude language or jokes)
 - We will only transport children when there is adequate supervision
 - We will protect children by not having them in our homes without suitable supervision
 - We will not dispense medication to a child without parent/ guardian guidelines and consent;
 - We will be sensitive to activities that could be construed as grooming, (showing favouritism, giving gifts to individual children, spending time alone with a child, communicating with individual children via social media)
 - We will be sensitive to bullying or unhealthy dominance within a group
- We will keep parents / guardians informed and gain permission for activities that are not part of the normal routine of the programmed activity;
- We will be alert and watch for strangers who may enter our programmed areas and act to ensure the safety of the children.
- Alcohol and illegal drugs and those affected by these are not allowed to participate in any of our children's activities.
- We will ensure adequate supervision during programmed activities. We are committed to the following ratios,
 - 1:3 for 0-1 year olds
 - 1:5 for 2-6 year olds
 - 1:8 for 7-12 year olds
 - 1:15 for 13-17 year oldsThere will always be at least **two adults present** when running child related church activity.
- We will act and report incidents and suspicions of abuse to the Child Safety Officer.
- We will maintain our equipment to ensure they are in good working order.
- We will maintain confidentiality to protect those involved, to stop gossip but will follow policy and legal procedures to ensure the correct outcomes are achieved for the protection of children.

Effective Behaviour Management

In any children's program, we will need to deal with children who misbehave and disrupt the program for other children. It is not acceptable to use physical force to discipline a child unless the child is causing physical harm to self or another child. It is then acceptable to use reasonable force to protect those involved.

Fostering safe and appropriate behaviour begins with positive and appropriate relationships with children and young people. It is important to take the time to outline and reinforce the expectations of safe and respectful participation in activities. This should be done efficiently and without ambiguity.

Positive relationships are those within which children and young people know they are valued; that they will be listened to; and if it is required given wise and careful counsel.

Often a child's behaviour is a reflection of their life circumstances. It is important to ensure they have their need to be heard satisfied before a situation is acted upon. Conversations can assist a child to recognise and accept their responsibility within a given situation. If a child acknowledges they have been in error then an apology is usually enough. If a child does not recognise they are in error, a brief timeout session might be in order. Similarly if children behave inappropriately due to excitement a brief time out is also usually effective.

Time out should be in view of others to ensure the child's safety and to monitor their reactions.

If there is a need to address negative behaviour or correct a child try to remain calm and do not personalise the situation. Ensure the safety of others and the appropriateness of the time and place for dealing with the issue.

All corrective behaviour should be conducted sensitively and with the intent for the child to accept responsibility and to then resume an activity or continue positive relationships. Remain calm and in control or call for assistance if you are angry.

Try to outline the desired behaviour and reinforce the benefits of such rather than outline the negative behaviours and threatening consequences.

Should more than one person be involved in a situation, then work only with the facts not past experiences or perceptions.

If a disruption continues or if a child places them or another individual at risk of harm then the child needs to be separated and the parent may need to be contacted and informed without imposing guilt or blame. It is important to maintain positive relationships with parents as much as possible.

Expectations for Children

For Children participating in our programmes we would expect the following behaviours and attitudes

- That they be respectful and friendly to everyone and welcome new children joining the group
- That they play by the rules
- That they are free to raise any concerns or worries with the leaders
- They will not bully others
- They will not leave the group without approval or supervision from the leaders.

What happens if I break the Code of Conduct?

If the incident brings Children or Young people into a position of "risk of significant harm", then the incident will be recorded on our Complaint form by our Child Safety Officer and the information passed onto Community Services for Investigation and The Children's Guardian (WWCC managers). The incident may also be report to the Police if the Child is still in immediate danger. The Church will then act in accordance with actions that ensure the safety of other children and may remove you from that and other ministries as they see fit. If appropriate the church will provide support to help you rectify the offending behaviour which may involve counselling or the like.

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If the incident is not reportable, then the church will provide help and assistance to you to modify the offending behaviour. This may mean standing you down from the ministry or other ministries until the Child Safety Officer and church leadership are convinced the inappropriate behaviour has been modified in your life.

Risk Management

Why have a risk management strategy or plan?

Everyone working in child-related employment can pose some risk for children. All these risks are best identified and managed through the development of an effective risk management strategy or plan.

Developing a risk management plan doesn't have to be hard or complicated, but risk management only becomes truly successful when a risk management perspective permeates the culture of an organisation so that it is an everyday part of organisational life.

Developing a risk management strategy or plan

When developing a risk management strategy or plan, churches should consider the formal processes outlined in the national standard for risk management, the Risk Management Strategy - AS/NZS ISO 3100 (2009).

But while the formal processes of risk management are very important, successful risk management can be dependent on informal processes as well. What happens at the informal level by every worker in their everyday activities can be just as valuable as the formal processes.

Identifying your risks

Risk management can be said to be about knowing what can go wrong and how to avoid it. Here are a few important things to consider:

1. *What could possibly happen?* Think about anything that could possibly go wrong. This could include things like people hurting themselves, a fire, lack of supervision, negative media coverage of an event.
2. *How likely is it to happen?* For each risk that you've identified think about how likely it is for it to happen. Consider everything, from the farfetched to the common, the everyday to the rare.
3. *How serious would the harm be?* If it did happen, how serious could the harm be? Consider the consequence for your church, children, staff, volunteers etc. if harm did occur?
4. *Have a plan of action for each risk identified.* What would you do in response if the identified risk happened? When the harm is serious, and the problem could arise often, you have a risk that needs immediate attention.

Risk Management Process

AS/NZS ISO 3100 is based on a continuous improvement process. It includes a number of steps that any community organisation or business enterprise can adopt. Here is an adaptation of these steps:

1. **Establish the context.** Why are you doing this? What external and/or internal factors/requirements are making you develop a risk management strategy/plan? What are the parameters in which you are doing it?
2. **How will you do it?** What processes are you going to use to develop the strategy/plan? Who is going to be involved, and how? Is there a timeframe for completing it in? What will you do with the strategy/plan when it is finished?
3. **Communicate and consult.** Let people know what you are doing and work together in identifying the risks and how they can be managed. Do this with your internal and external stakeholders in developing your strategy/plan as a whole, and then, as appropriate, at each stage of the risk management process.
4. **Identify risks.** What are the *where, when, why and how* events that precipitate risks? Identify not just Occupational Health and Safety issues but also risks to do with child abuse and unintentional harm.

5. **Analyse risks.** Determine what the likelihood and consequences are of each identified risk and assign a level to the risk, e.g. high if highly likely and the consequence is severe. Use a matrix to do this to plot the rating for each risk.
6. **Develop interventions.** Work out what you can do to stop the identified risk from happening, and what to do if the risk does eventuate. What will these interventions mean in terms of resources and what will be the consequences of doing them and not doing them.
7. **Monitor and review.** Develop a process to monitor and evaluate your risk management strategy/plan. Keep a record of any risks that happened and what the outcome was, both of the risk itself and what you did. Record whether these accorded with your strategy/plan or deviated from it and why. This is important for continuous improvement.
8. **Designate and manage.** Risk management is not a function you do once and forget about it. It should be part of the ongoing quality improvement process of the church. Nominate a person to be responsible for the ongoing management of the strategy/plan and include the strategy/plan in the church's culture and management.

We would recommend that you prepare a Risk Assessment for each Child's program which will cover all of its normal activities in a year. This can be reviewed and amended as and if incidents arise during the year. If an unusual activity is added to the program then the activity should be assessed individually.

Below is a simple template with some base ideas for assessing and ranking church activities. These will need to be written by the team leader and is a helpful process to invoke positive thinking.

Risk Assessment Template

Activity	Risks	Ranking	How to reduce Risk	Priority
Kids Church /Crèche	Child needs to go to toilet	High	Provide adequate supervision	1
	Movement of children from church to Sunday school rooms	High	Provide adequate supervision	1
	Return of children to parents	Low	Ensure kids are handed off to parents	2
Allawah Youth	Transport	High	Screen drivers See Policy	1
	Arrival of youth	Low	Have a sign in procedure	2
	Youth leaving site	Low	Have a sign out procedure	2
Church Building	Ensure building safe	Medium	Complete checks See Policy	1
SRE	Teacher alone in class with children	High	Have School office number programmed into phone	1
Allawah Kids	Transport	High	Screen drivers	1
	Arrival of children	Low	Have a sign in procedure	2
	Children leaving site	Low	Have a sign out procedure	2
Allawah Care	Arrival of children	Low	Ensure children arrive with parents	2

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	Children supervision	Medium	Provide adequate supervision	1
	Children leaving site	Low	Ensure children depart with parents	2

Dealing with Complaints or Incidents

Allawah Community Church values the privacy obligations, and respects the privacy rights of children as well as those people who provide information. Because of the sensitive nature of personal information, Allawah Community Church has established policies and procedures that provide safeguards regarding the collection, use and disclosure of sensitive information. Any sensitive and/or confidential information will be kept in a secure manner.

The *Privacy and Personal Information Protection Act 1998* suggests you can protect an individual's information by ensuring:

1. Personal information is collected in the correct manner and for a specific purpose (e.g. the Working With Children Check and Referee check)
2. Asking permission prior to obtaining personal information
3. Storing personal information securely
4. Personal information can only be accessed by authorised person
5. Policy in place outlining when personal information needs to be accessed
6. Ensuring personal records aren't altered or forged
7. Checking the accuracy of information provided
8. Policy in place for disclosing information to others

To avoid confusion and maintain confidentiality, everyone, including children, should be made aware of the need to report serious matters involving child protection to external authorities. You cannot promise confidentiality in these matters; however, you must assure privacy in handling the matter and that only those who need to know will be advised.

What is 'risk of significant harm'?

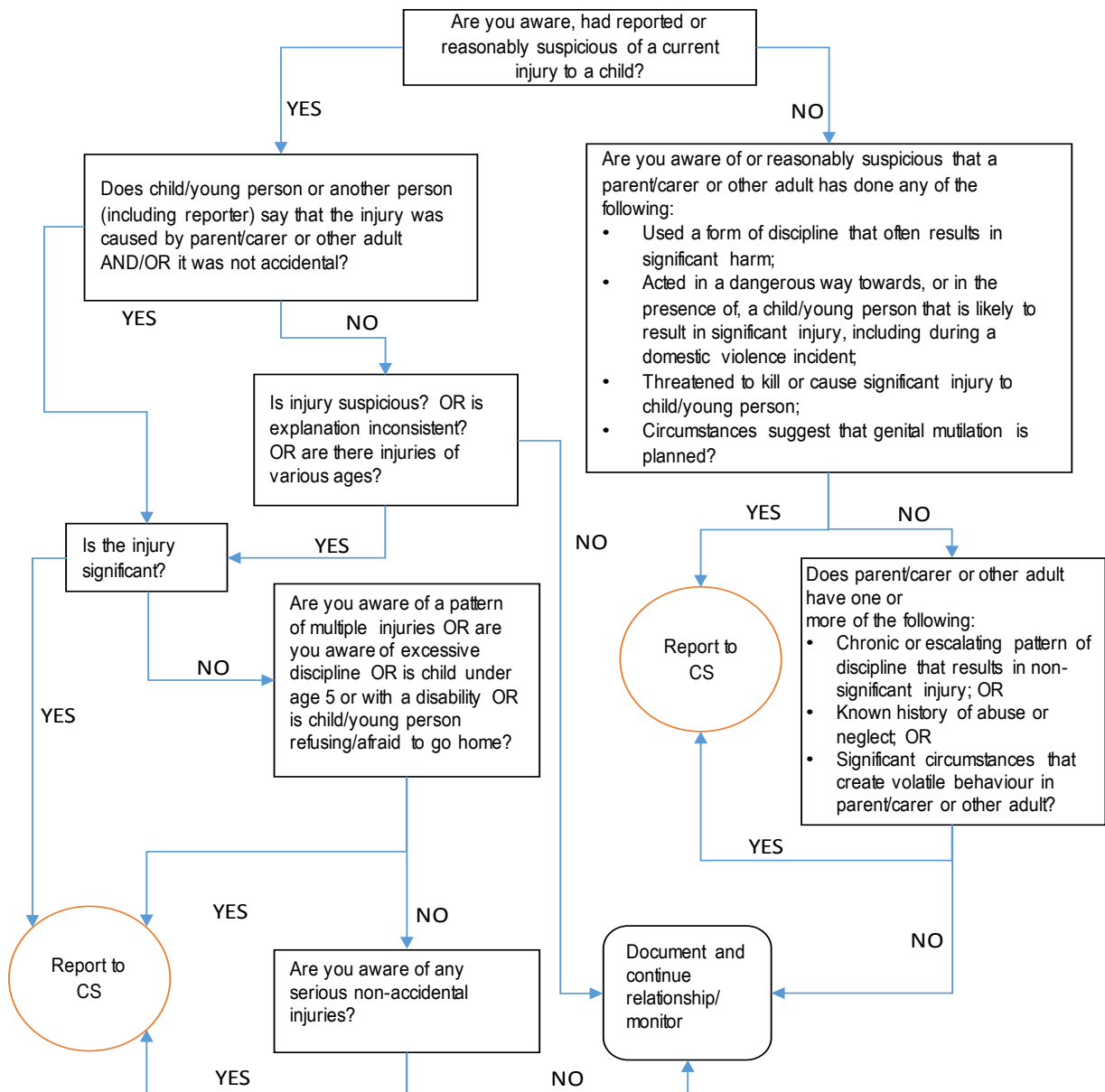
A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent.

Significant means that which is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent.

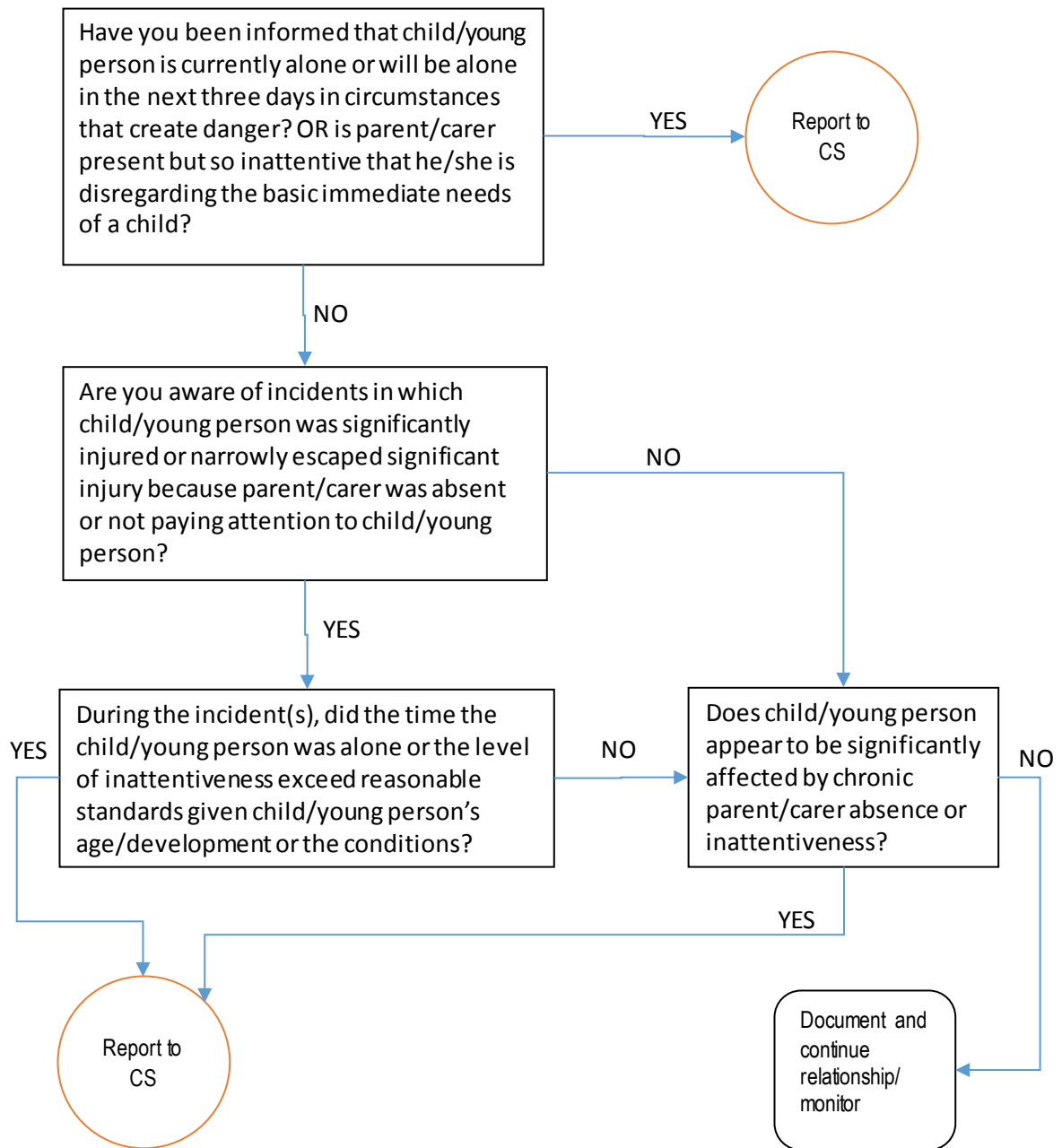
What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person's safety, welfare or wellbeing.

Significance can result from a single act or omission or an accumulation of these.

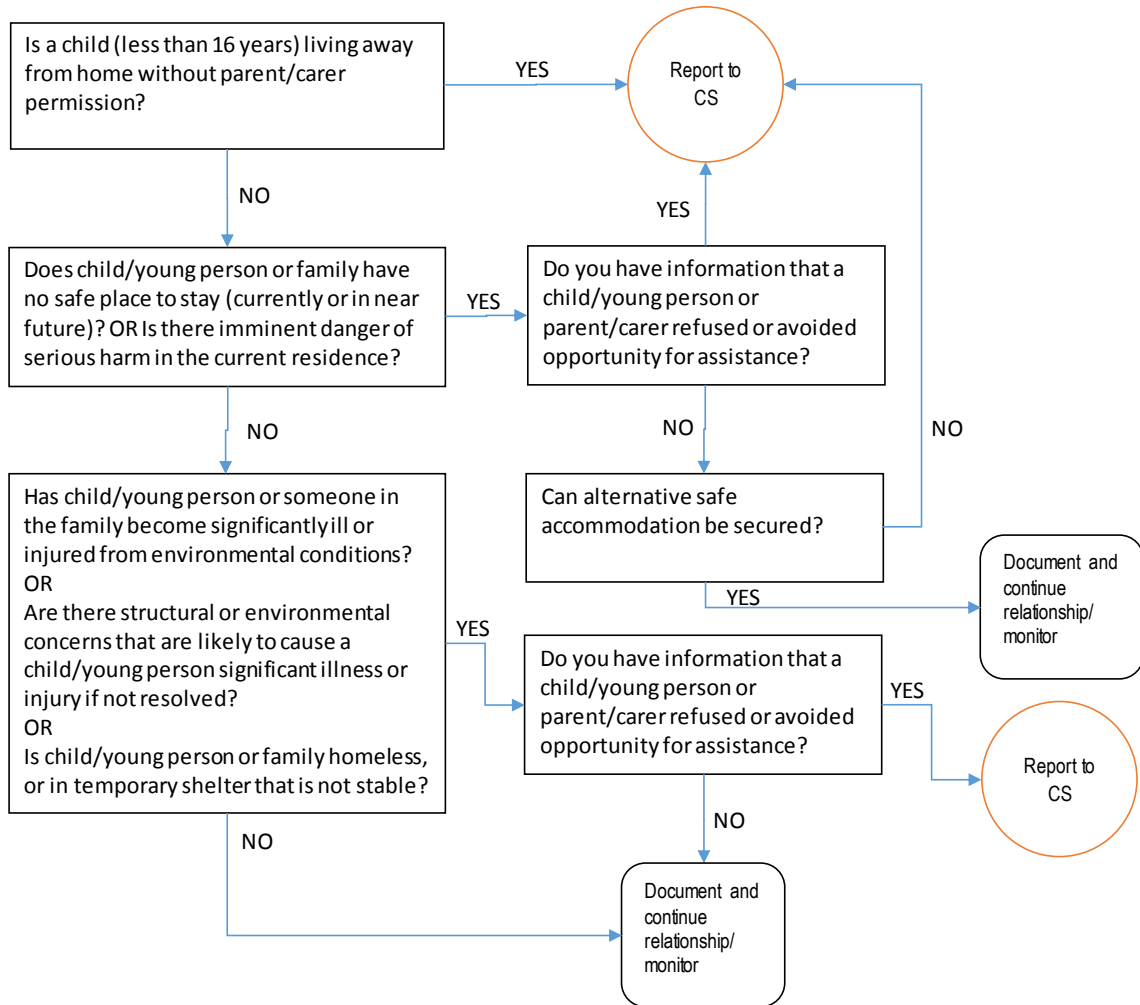
Physical Abuse



Neglect - Supervision



Neglect - Shelter



Sexual Abuse (0-15 Year Olds)

Grooming behaviour is a pattern of behaviour aimed at engaging a young person as a precursor to sexual abuse. Any individual with access to a young person has done at least one of the following examples of grooming behaviour with the young person: manoeuvring to get time alone with young person, buying the young person gifts, taking young person to fun places, building trust with young person, providing drugs or alcohol, or getting a vulnerable young person to feel special and loved. When considering adults who are not previously known to be sexual offenders, only consider these actions as potentially grooming behaviour if there is no acceptable or appropriate alternative explanation. For example, it should not be considered grooming for a relative to buy gifts, take young person to fun places and try to build a trusting relationship with a young person or make him/her feel special.

Grooming steps, indicators and behaviours to be aware of include:

Identifying and targeting the victim. Any child or teen may be a potential victim. Some predators may be attracted to children and youth with certain characteristics or may target youth with certain co-existing factors such as vulnerable parents to facilitate the crime.

Gaining trust and access. The perpetrator may observe the child and assesses his/her vulnerabilities to learn how best to approach and interact with the child. Perpetrators may offer the victims special attention, understanding and a sympathetic ear, and then engage the child in ways that eventually gain their friendship and trust (they may play games with victims or give them rides, provide them with gifts and/or special treats).

Playing a role in the child's life. The perpetrator may manipulate the relationship so that it appears he or she is the only one who fully understands the child or meets the child's needs in a particular way. A perpetrator may also exploit a youth's empathy and convince the young person that s/he is the only one who understands the perpetrator and reinforce that the perpetrator "needs" the child or youth.

Isolating the child. Offering the child rides and/or taking the child out of his or her surroundings is one way that the perpetrator may separate the child from others and gain access to the child alone, so that others cannot witness the abuse. (*Note that in other instances, perpetrators have been successful in molesting victims without detection while other adults were in the room.*)

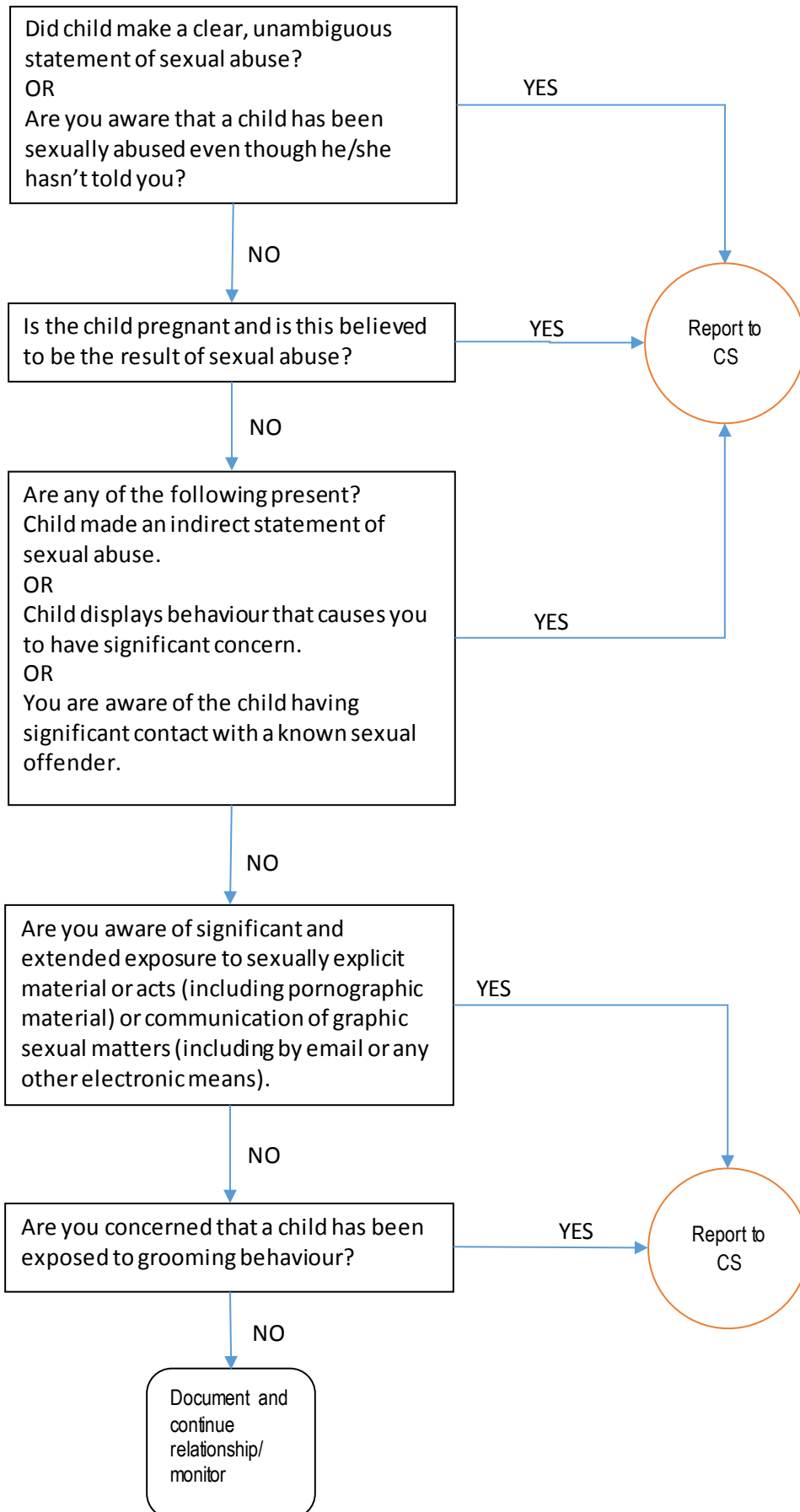
Creating secrecy around the relationship. The perpetrator may reinforce the special connection with the victim when they are alone or through private communication with the victim (such as letters, emails or text messages), and strengthen it with admonitions against telling anyone, lest others be unhappy about it. The perpetrator may threaten the victim with disclosure, suicide, physical harm to the child or loved ones, or other traumas if he or she tells.

Initiating sexual contact. With the power over the child victim established through emotional connection coercion or one of the other tactics, the perpetrator may eventually initiate physical contact with the victim. It may begin with touching that is not overtly sexual (though a predator may find it sexually gratifying) and that may appear to be casual (arm around the shoulder, pat on the knee, etc.). Gradually, the perpetrator may introduce more sexualized touching. By breaking down inhibitions and desensitizing the child, the perpetrator can begin overtly touching the child.

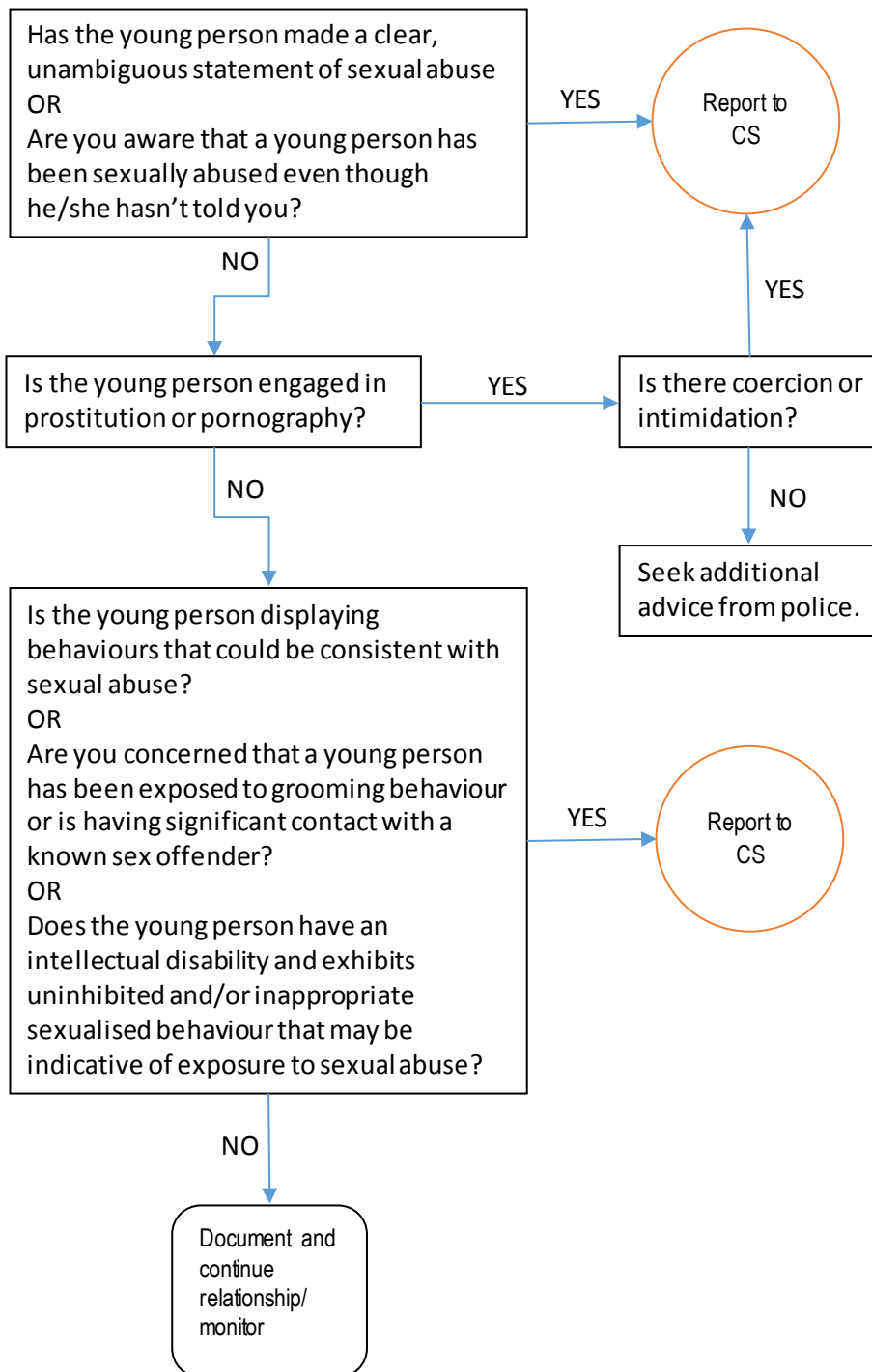
Controlling the relationship. Perpetrators rely on the secrecy of the relationship to keep it going, and to ensure that the child will not reveal the abuse. Children are often afraid of disclosing the abuse. They may have been told that they will not be believed, or that something about the child "makes" the abuser do this to them. The child may also feel shame, or fear that they will be blamed. Often, the perpetrator threatens the child to ensure that s/he won't disclose the abuse.

The following flowchart details the necessary steps to be taken in identifying and reporting sexual abuse.

Sexual Abuse (0-15 Year Old)



Sexual Abuse (16-17 Year Olds)



Psychological Harm

Psychological harm is the result of unexpectedly stressful events that shatter a person's sense of security, making them feel helpless in a dangerous world. These experiences often involve a threat to life or safety, but any situation that leaves a person feeling overwhelmed and isolated can result in psychological harm or trauma, even if it doesn't involve physical harm. It's not the objective circumstances that determine whether an event is traumatic, but the subjective emotional experience of the event. The more frightened and helpless a person feels, the more likely they are to be traumatized.

Psychological harm can be caused by:

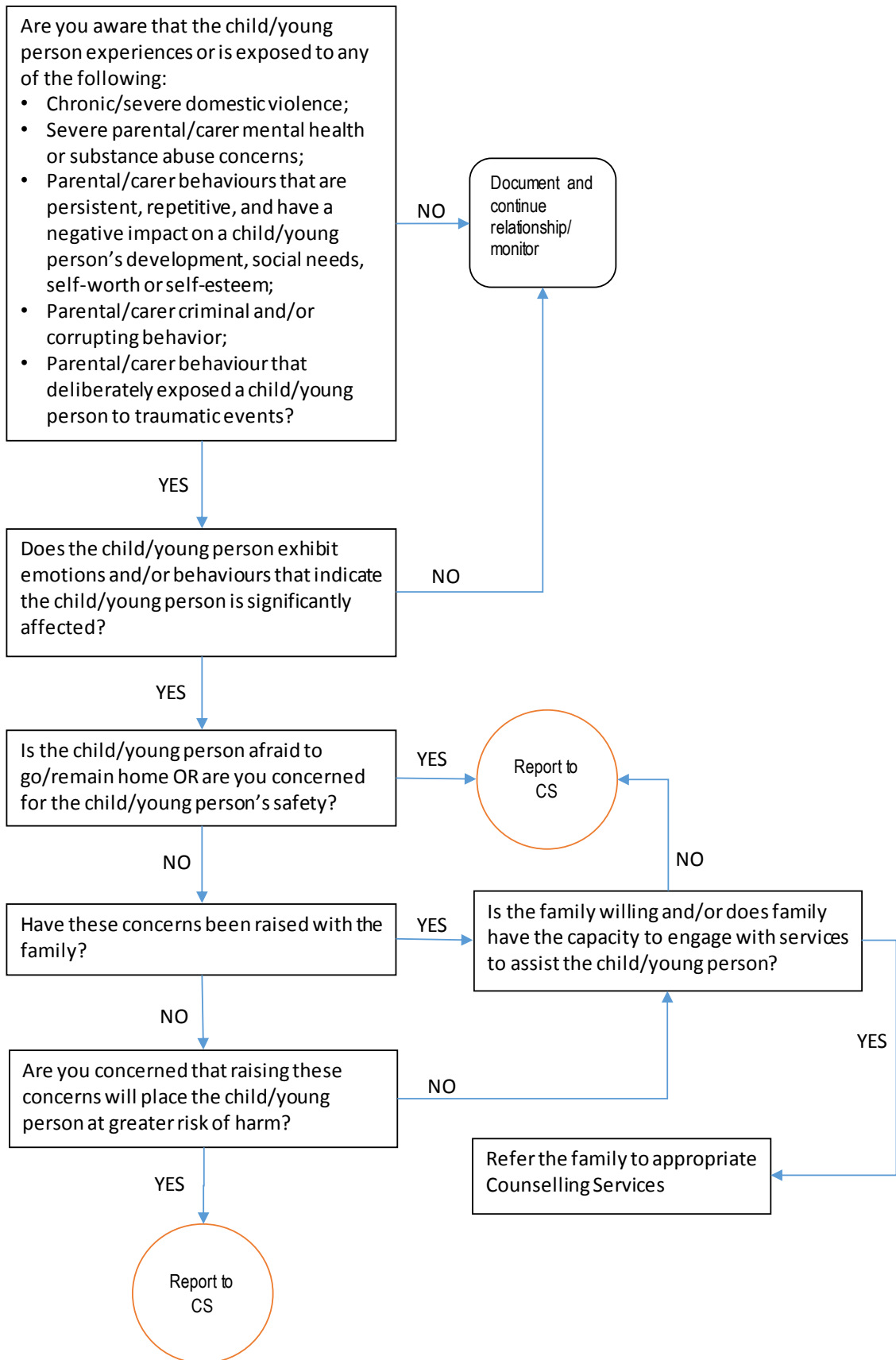
- **One-time events**, such as an accident, injury, or a violent attack, especially if it was unexpected or happened in childhood.
- **Ongoing, relentless stress**, such as living in a crime-ridden neighbourhood, battling a life-threatening illness or experiencing traumatic events that occur repeatedly, such as bullying, domestic violence, or childhood neglect.
- **Commonly overlooked causes**, such as surgery, the sudden death of someone close, the breakup of a significant relationship, or a humiliating or deeply disappointing experience, especially if someone was deliberately cruel.

While traumatic events can happen to anyone, people are more likely to be traumatized by an event if they are already under a heavy stress load, have recently suffered a series of losses, or have been traumatized before—especially if the earlier trauma occurred in childhood. Childhood trauma can result from anything that disrupts a child's sense of safety, including:

- An unstable or unsafe environment
- Separation from a parent
- Serious illness
- Intrusive medical procedures
- Sexual, physical, or verbal abuse
- Domestic violence
- Neglect

Psychological harm to a child means the harm that occurs whenever a parent or other person responsible for the child's welfare commits or allows sexual abuse or exploitation of the child. Experiencing psychological harm in childhood can result in a severe and long-lasting effect. When childhood trauma is not resolved, a sense of fear and helplessness carries over into adulthood, setting the stage for further harm. However, even if the trauma happened many years ago, there are steps a person can take to overcome the pain, learn to trust and connect to others again, and regain a sense of emotional balance.

The following flowchart details the necessary steps to be taken in identifying and reporting psychological harm.



Domestic Violence

Domestic violence, or family violence, is violent, abusive or intimidating behaviour in a relationship. There are many types of domestic violence, including social, physical, sexual and emotional. For violence to be 'domestic', it doesn't have to occur within the home, only within a relationship (with family or an intimate partner). It occurs when someone close to a person has power and control over that person. This control or abuse can be expressed in different ways.

Physical abuse

If someone is hurting someone physically, or is threatening to hurt that person, a loved one or a pet, then that person will need to take action.

Emotional abuse

Emotional abuse often goes unrecognised and can be very hurtful. Someone who is emotionally abusive towards another person wants to chip away at their feelings of self-worth and independence.

Economic abuse

If someone close to a person controls their finances, and keeps them financially dependent on them so that they always have to ask them for money, this is a form of domestic violence.

Social abuse

Social domestic violence occurs when someone insults or humiliates another person in front of other people, keeps them isolated from family and friends, or controls what they do and where they go.

Spiritual abuse

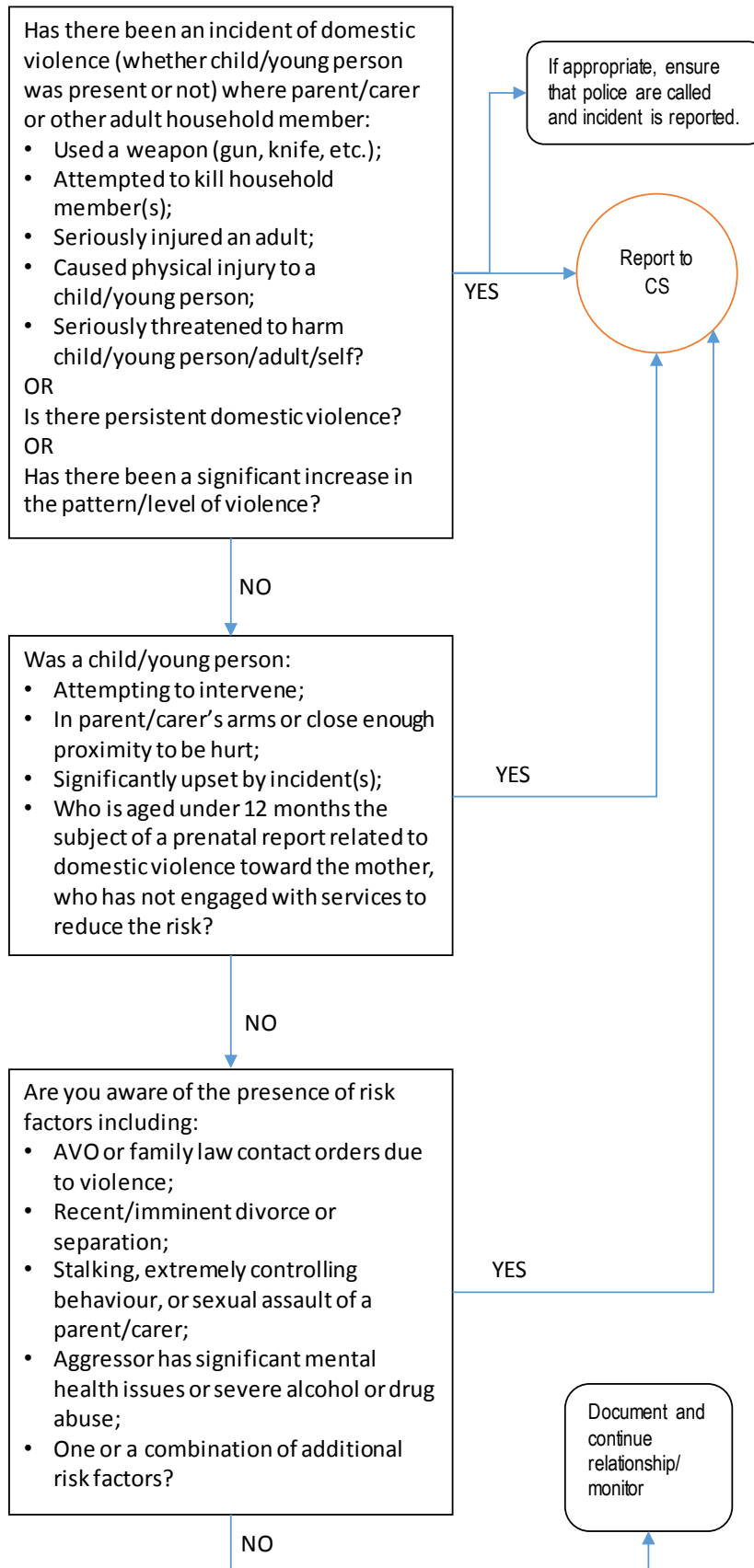
Spiritual domestic violence involves preventing a person from having their own opinions about religion, cultural beliefs and values. It may also involve manipulating their thoughts on spirituality in order to make them feel powerless.

There are serious negative effects for victims, families, children and communities because of domestic and family violence. These negative effects for children may include:

- Guilt, feeling they are to blame for the violence
- Behaviour such as; aggression, low self-esteem, physical reactions like bedwetting, headaches, stomach cramps
- Withdrawing from friends
- Problems with school work
- Being bullied or becoming a bully
- Using drugs or alcohol
- Self-harming

Witnessing or experiencing domestic or family violence can have a damaging effect on children. It is important that they get the support they need and they have access to someone they can talk to.

The following flowchart details the necessary steps to be taken in identifying and reporting domestic violence.



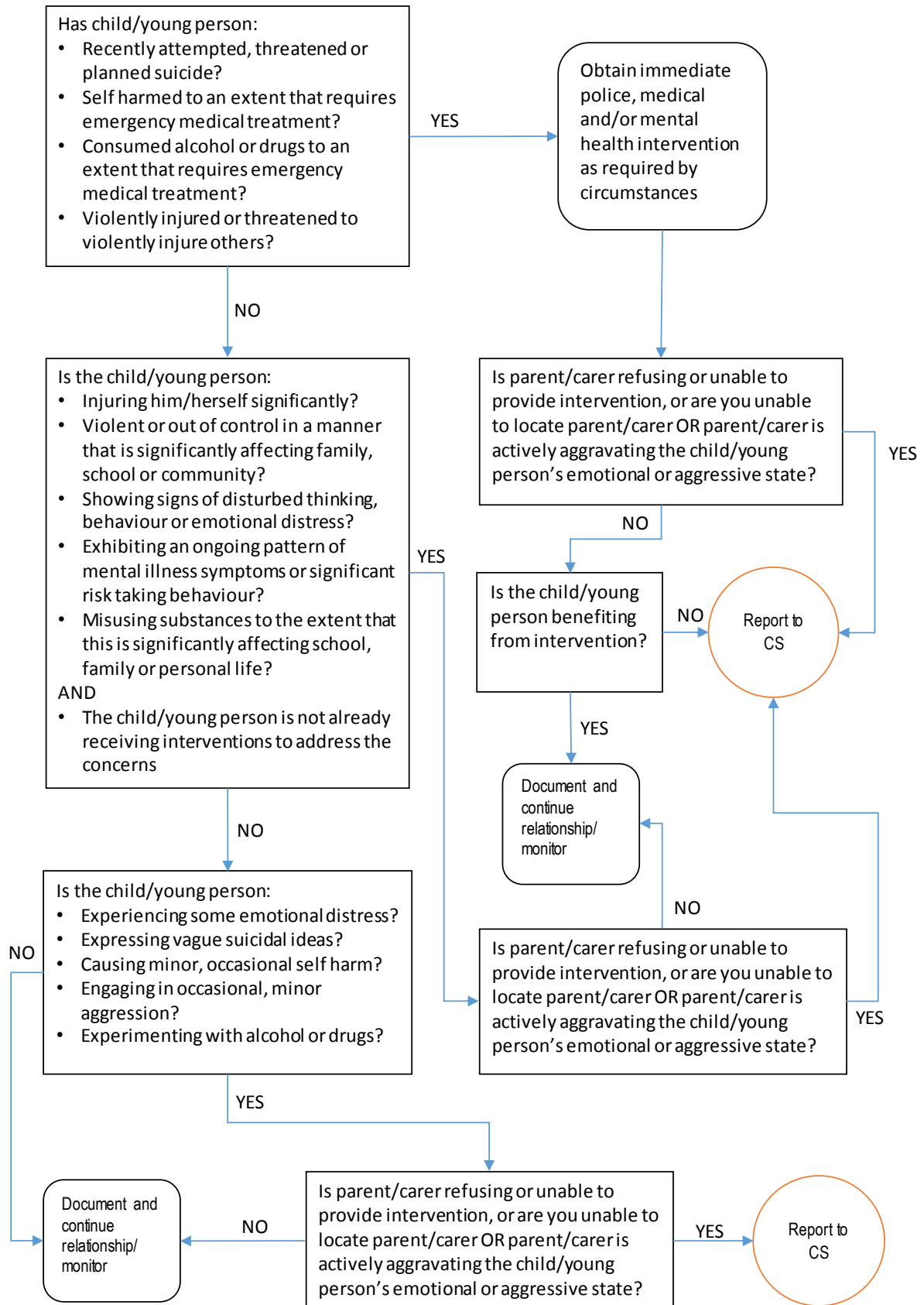
Danger to Self

A person may be a danger to self and others when he or she have recently threatened or attempted suicide or some serious bodily injury. He or she may have demonstrated danger of substantial and imminent harm to themselves and/ or others through some recent act, attempt or threat of the same. 'Danger to self' may also include a situation where a person is unable to cater to his nourishment, shelter or self protection without supervision or assistance of another person. Without such supervision and adequate treatment, it is probable that the individual may succumb to death, substantial bodily injury or serious physical debilitation or disease.

There are risk factors that come directly from a person or from their environment, and each one should be assessed. The following is a list of risk factors that can contribute to a person being a danger to self.

- Current suicidal thoughts
- Prior suicide attempts
- Presence of a mental illness (especially depression)
- Intoxication or ongoing substance use
- No current support structure at home or community
- Current or history of high anxiety episodes
- Current or constant knowledge of others who have attempted or committed suicide
- Recent break up with loved one
- Recent loss of loved one due to death
- Recent loss of job or school
- Debilitating physical illness

The following flowchart details the necessary steps to be taken in identifying and reporting danger to self.



Physical abuse

Physical abuse occurs if a child or young person sustains a non-accidental injury or is being treated in a way that may have or is likely to cause injury. The injury may be inflicted by a parent, carer, other adult or child or young person.

Potential Indicators of physical abuse

In children & young people	In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none"> bruising on the face, head or neck other bruising or marks showing the shape of the object that caused it lacerations and welts adult bite marks and scratches bone fractures or dislocations, especially in children under two years of age burn marks or scalds multiple injuries or bruises, maxilio-facial or dental injury, for example from force feeding unspecified internal pains explanation inconsistent with injury head injuries in infants where the infant may be drowsy or vomiting, or have glassy eyes, fixed pupils or pooling of blood in the eyes suggesting the possibility of having been shaken ingestion of poisonous substances, alcohol or drugs behaves aggressively and violently towards others, particularly younger children physical indicators consistent with female genital mutilation 	<p><i>Physical</i></p> <ul style="list-style-type: none"> visits with child to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or internal complaints non-family member presents child to health services presentation at a number of different medical centres/services over time explanation of injury is not consistent with the visible injury family history of violence disclosed/apparent use of excessive discipline aggressive behaviour displayed in the presence of the child or young person
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> wears clothing, inappropriate to the weather conditions, to conceal injuries direct or indirect disclosure of physical abuse explosive temper out of proportion to precipitating event fears going home or expresses a desire to live 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> history of their own maltreatment as a child fears injuring their own child

<p>somewhere else</p> <ul style="list-style-type: none"> • lacks empathy • general indicators consistent with female genital mutilation (e.g. having a 'special operation or ceremony') • constantly on guard around adults, cowers at sudden movements, unusually deferent to adults • Aggression with peers and in play 	
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Sexual abuse

Sexual abuse is sexual activity or behaviour that is imposed, or is likely to be imposed, on a child or young person by another person. Sexual activity includes the following: sexual acts; exposure to sexually explicit material; inducing or coercing the child or young person to engage in, or assist any other person to engage in, sexually explicit conduct for any reason and exposing the child or young person to circumstances where there is risk that they may be sexually abused.

Potential Indicators of sexual abuse

In victims	In non-offending parents or caregivers	In perpetrators
<p><i>Physical</i></p> <ul style="list-style-type: none"> • pregnant and reluctant to identify father • diagnosed sexually transmitted infection • trauma to the genital region, including bruising, bleeding and tearing • trauma to the breasts, buttocks, lower abdomen or thighs including bite/burn marks 	<p><i>Physical</i></p> <p>nil</p>	<p><i>Physical</i></p> <p>nil</p>
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • direct or indirect disclosure of sexual abuse • contact with an alleged or known sex offender • describes or re-enacts sexual acts with age inappropriate knowledge • unexplained money or gifts 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • defers to partner • may minimise disclosure 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • appears to encourage, tolerate sexualised behaviour • controlling attitude and behaviour to child, young person and/or partner • exposes child or young person to prostitution or pornography, or uses a child or young person for pornographic purposes

<ul style="list-style-type: none"> sexually provocative risk taking behaviours, self harm, suicidal ideation and alcohol or drug use poor self esteem disturbed sleep and nightmares marked changes in behaviour, for example a confident talkative child becoming suddenly introverted, or an introverted child becoming aggressive or not wanting to be alone eating disorder regresses in developmental achievements, child is excessively clingy or begins soiling and wetting when these were not formerly a problem sexual themes in the child's artwork, stories or play fears going home or expresses a desire to live elsewhere persistently runs away from home goes to bed fully clothed wears baggy clothes in order to disguise gender, body shape, bruising or injuries engages in, talks about sexual acts including violent sexual acts knows about practices and locations usually associated with prostitution 		<ul style="list-style-type: none"> intentionally exposes child or young person to the sexual behaviour of others committed or has been suspected of child sexual abuse or child pornography coerces child or young person to engage in sexual behaviour with other children and young people minimises disclosure or defends against accusations of sexual abuse by claiming the child or young person is lying inappropriately curtails development of child's age appropriate independence from the family overly critical of adult partner family denies pregnancy of child or young person minimisation of the impact or seriousness of abuse justification of abuse by blaming victim grooming behaviour
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Psychological harm

The child or young person's psychological state has been, or is at risk of, being harmed, because of the parent or carer's behaviour or attitude. This could be due to domestic violence, mental health, drug and alcohol use, criminal or corrupting behaviour or deliberate exposure to traumatic events.

Potential Indicators of psychological harm

In children & young people	In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none"> • self-harms, attempts suicide 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • uses inappropriate physical or social isolation as punishment • presence of domestic violence
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • feels worthless, low self esteem, not confident • takes extreme risks, is markedly disruptive, is a bully, is aggressively violent • regresses in developmental achievements, child is excessively clingy or begins soiling and wetting when these were not formerly a problem • doesn't value others or show empathy • lacks trust in people • lacks age appropriate interpersonal skills • extreme attention seeking • impaired parental or caregiver attachment • depressed, anxious or other mental health indicators • avoids adults • obsessively flattering, submissive to adults • has difficulty maintaining long term significant relationships • highly self-critical • displays rocking, sucking, head-banging behaviour 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • constantly criticises, belittles, teases child/young person • ignores or withholds praise and affection • persistently hostile and verbally abusive, rejects and blames child unnecessarily • makes excessive or unreasonable demands • presence of domestic violence • unmanaged mental health condition • believes that a particular child or young person is bad or evil • isolates and/or prevents the child or young person from engaging in normal peer relationships • unable to respond to the psychological needs of the child or young person due to their own drug and/or alcohol use

Domestic and family violence

Domestic and family violence is any abusive behaviour used by a person in a relationship to gain and maintain control over their partner or ex-partner. It can include a broad range of behaviour that causes fear and physical and/or psychological harm. If a child or young person is living in a household where there have been incidents of domestic violence, then they may be at risk of serious physical and/or psychological harm.

Potential Indicators of parent/carer domestic violence

In children & young people	In adult victims	In perpetrators
<p><i>Physical</i></p> <ul style="list-style-type: none"> • preterm and low birth weight baby • low weight for age and/or fails to thrive and develop • unexplained physical injuries • uses or abuses alcohol or other drugs • eating disorders • psychosomatic complaints • aggressive or violent behaviour • regresses in developmental achievements, pre-school child is excessively clingy or begins soiling and wetting when these were not formerly a problem • wears concealing clothing, in order to hide bruising or injuries 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • explanation inconsistent with injury • bruising and other injuries, especially if pregnant • minimises injuries and/or pain • wears concealing clothing, in order to hide bruising or injuries • unwanted pregnancy or sexually transmitted infection through coerced sex/refusal by sexual partner to use contraception • unexplained miscarriage or stillbirth • alcohol and/or drug abuse 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • physical signs of the victim fighting back, such as facial scratches and injuries to hands
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • directly or indirectly discloses domestic violence • difficulties with sleeping, eating • over-protects mother or fears leaving mother at home • no or little emotion or fear when hurt or threatened • unusual fear of physical 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • nutritional and sleep deprivation or disorders • feels anxious and depressed • low self-esteem • socially isolated • disclosure of suicidal thoughts and attempts • submissive and withdrawn 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • directly or indirectly discloses domestic violence • presents as the victim • visible rough handling of victim, children, pets • threatens to commit acts of violence against family members or pets • is unable to control angry

<p>contact with adults</p> <ul style="list-style-type: none"> • overly compliant, shy, withdrawn, passive and uncommunicative • poor sleeping patterns, fear of dark, nightmares • frequent school absenteeism, poor concentration • poor academic achiever • insecure attachment with parents • physically, verbally abusive towards siblings, parents and peers • abusive or dismissive attitude to a parent who is a victim • homeless or stays away from home for prolonged time • takes extreme risks • socially isolated • sadness and frequent crying • suicide attempts 	<ul style="list-style-type: none"> • seldom or never makes decisions without referring to partner • frequent absences from work or studies • substantial delay before seeking medical treatment • repeat/after hours presentations at emergency departments • terror or reluctance to speak to those in authority • reference frequently made to a partner's anger or temper • financial problems 	<p>outbursts</p> <ul style="list-style-type: none"> • always speaks for partner or children • describes partner as incompetent or stupid • holds rigidly to stereotypical gender roles • jealous of partner, lacks trust in them or anyone else • does not allow partner or child to access service providers alone • admits to some violence but minimises its frequency and severity • previous criminal convictions or apprehended violence orders imposed against them
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Neglect

The child or young person's basic needs (e.g. supervision, medical care, nutrition, shelter and education) have not been met, or are at risk of not being met, to such an extent that it can reasonably be expected to have a significant adverse impact on the child or young person's safety, welfare or well-being. This lack of care could be constituted by a single act or omission or a pattern of acts or omissions.

Potential indicators of neglect

In children & young people	In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none"> • low weight for age and/or fails to thrive and develop • inappropriate provision of nutrition leading to, for example, excessive weight for age • attains general developmental milestones late • poor primary health care, untreated sores, serious nappy rash, significant dental decay • standard of hygiene and self-care is poor • not adequately supervised for their age 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • may have poor standards of hygiene and self care • physical signs of injuries from domestic violence • prioritisation of work and adult interests to essential needs of child or young person • parental drug or alcohol use or dependence having a negative impact on the child's physical, social and psychological health
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • scavenges or steals food, focus is on basic survival • longs for or indiscriminately seeks adult affection • poor school attendance • stays at the homes of friends and acquaintances for prolonged periods, rather than at own home • displays rocking, sucking, head-banging behaviour • overly passive, emotionless 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • unable or unwilling to provide or arrange adequate food, shelter, clothing, education, medical attention or a safe home • leaves child without appropriate supervision • abandons child • withholds physical contact or stimulation for prolonged periods • minimal psychological nurturing, 'low-warmth' parenting • limited understanding of child's needs • unrealistic expectations of child • presence of an unmanaged mental health condition • treats one child differently to other siblings

Prenatal harm

Refers to parental circumstances or behaviours during pregnancy that may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's safety, welfare or wellbeing.

Potential indicators of prenatal harm

In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none"> • pregnant woman misuses alcohol or drugs • pregnant woman is/has been victim of domestic violence • homelessness
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • pregnant woman has an unmanaged mental health condition • pregnant woman is at risk of suicide • pregnant woman or caregivers have history of abuse or neglect of siblings of the unborn child • a previous child of the pregnant woman was removed or died • pregnant woman's partner had a previous child removed or die in suspicious circumstances • pregnant woman's significant others are misusing drugs, alcohol or have a mental illness • pregnant child or young person with limited social support, such as pregnant child/young person under parental responsibility to the Minister

Child Safe Organisations

Allawah Community Church has also embraced the National Principles for Child Safe Organisations set by the Australian Human Rights Commission 2018. The National Principles collectively show that a child safe organisation is one that creates a culture, adopts strategies and takes action to promote child wellbeing and prevent harm to children and young people. A child safe organisation consciously and systematically:

- creates an environment where children's safety and wellbeing is the centre of thought, values and actions.
- places emphasis on genuine engagement with, and valuing of children.
- creates conditions that reduce the likelihood of harm to children and young people.
- creates conditions that increase the likelihood of identifying any harm.
- responds to any concerns, disclosures, allegations or suspicions.

National Principles for Child Safe Organisations

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

These key principles are intended to support organisations to consistently and effectively implement child safety. They are provided as a best practice guide that can be flexibly implemented by a variety of organisations.

The Australian Human Rights Commission was engaged by the Australian Government Department of Social Services to lead consultations and development of the National Principles for Child Safe Organisations. The goal is to build cultures in all organisational settings to advance the safety and wellbeing of children and young people.

For more information on Child Safe Organisations please go to: <https://chidsafe.humanrights.gov.au/>

For more information on the National Office for Child Safety go to:
<https://pmc.gov.au/domestic-policy/national-office-child-safety>