



# Child Safety and Wellbeing Policy

## 1. Purpose

This policy describes the commitment by the WA Country Health Service (WACHS) to the safety of children and young people in our services.

This policy outlines the WACHS framework to consistently and proactively:

- embed child safety as a core value in our organisational culture, decision-making, and practices to create an environment where children and young people feel safe
- build respectful and empowering relationships with children and young people
- identify and mitigate potential risks to child safety
- strengthen our ability to recognise and detect harm to children and young people using our services
- act promptly and appropriately to any concerns, disclosures, allegations, or suspicions of harm.

The requirements and responsibilities set out in this policy are designed to ensure that WACHS is a child safe organisation that implements child safe work practices and promotes the safety of children and young people in alignment with the [National Principles of Child Safe Organisations](#).<sup>1</sup>

### WACHS Statement of Commitment

WA Country Health Service commits to providing children and young people with safe environments and accessible services that support them to be informed, speak for themselves, make choices, grow, and thrive.

No matter their age, background, culture, or abilities, when children and young people need help, we notice, we listen, and we respond.

Together, we aim to keep all children and young people safe.

We are committed to the [National Principles for Child Safe Organisations](#).

## 2. Policy

This policy is applicable to all WACHS sites and services, including contracted entities that conduct activities which involve, result in, or relate to, contact with children.

This policy applies to all people who conduct work on behalf of WACHS in a paid or unpaid capacity. This includes Board members, executive leadership, students, and contractors (hereafter collectively referred to as employees); as well as volunteers (including consumer and carer representatives).

All employees and volunteers must abide by the [WA Health Code of Conduct](#) which specifies the standards of conduct required when working with children.

## 2.1 Governance

WACHS is committed to ensuring that child safety is embedded in our leadership, governance, and culture.

This requires the establishment of strong and articulated governance arrangements to support the implementation of child safe policies and strategies that manage the risks of child abuse and harm in our services. This includes the following governance bodies:

- WACHS Child Safeguarding Committee
- Safety Net meeting (place-based)
- Interagency meetings (place-based).

We ensure that to mitigate risks to children and young people we have effective clinical and corporate governance frameworks in place to facilitate the provision of child safe environments, inclusive of cultural safety and equity considerations.

## 2.2 Risk Management

An organisation's culture, governance, services, activities, practices, the profile of their patients and workforce, as well as the physical and online environments connected with the organisation, may present potential risks to child safety.

The following four categories of risk relate to different aspects of WACHS' operations and the children who have contact with WACHS services:

1. Situational risk – relates to the physical environment and context in which an organisation operates.
2. Vulnerability risk – relates to the individual characteristics and experiences of the children and young people involved with the organisation.
3. Propensity risk – relates to the relative potential for people within the organisation to engage in child abuse, based on a range of individual risk factors.
4. Institutional risk – relates to the organisation's culture, governance, and management practices.

WACHS will develop targeted strategies to mitigate the specific risks that are relevant to the organisational context and the children and young people that we serve.

WACHS is committed to providing environments that promote safety and minimise the opportunity for children and young people to be harmed. This requires processes to:

- Identify and assess risks which may increase the likelihood that children in contact with our services can be abused by employees and volunteers, or by others in, or attending WACHS services – Risk assessments should consider each of the four categories of risk
- Develop and implement child safe risk management plans and mitigations at both an organisational and at place-based levels, as determined by the outcome of the risk assessment; plans will identify factors that contribute to the risk of harm for children and describe how these will be managed, listing the actions WACHS will take to prevent or reduce each identified risk in a culturally appropriate, safe, timely, and trauma-informed way.
- Monitor, review, and update child safe risk management plans in response to emerging risks or changing risk profiles.

## 2.3 Children, Families, and Communities

This policy is intended to empower children and young people, who are vital, valued, and active participants across WACHS services. This includes children and young people who are carers of people accessing WACHS services and children visiting our sites and services. We involve them when making decisions, especially about matters that directly affect them. We listen to their views and respect what they have to say.

Children and young people, families, and communities are informed, engaged, and empowered. We drive this by:

- ensuring that age-appropriate resources are available to inform children of their rights and encouraging their participation in decision making
- ensuring that our policies and procedures promote children's empowerment and participation and embed support for the rights of children, including in the provision of feedback
- ensuring that we acknowledge and support children and young people who are carers to fulfil their caring needs
- ensuring that we advocate for the safety and wellbeing of children and young people in the care of our services, who may not have a voice or advocate of their own
- in relevant services, ensuring that there are structures that support family participation and engagement in decision making and policy development
- enabling children and the people who support them to raise concerns and make complaints about health care and safety issues that relate to our services.

Refer to the following policy and implementation resources for further information:

- WACHS [Consent to Treatment Policy](#)
- WACHS [Complaints Management Procedure](#).

## 2.4 Equity and Diversity

WACHS welcomes children from diverse backgrounds and understands that different aspects of a child's identity can expose them to overlapping forms of discrimination and marginalisation. These aspects can include gender, class, ethnicity and cultural background, religion, disability, and sexual orientation.

To ensure equity and diverse needs are respected in policy and practice, WACHS will:

- ensure that the organisation, employees, and volunteers understand children and young people's diverse circumstances and provide support and respond to those who are vulnerable
- be vigilant in meeting the specific needs of children living with disability, children from culturally and linguistically diverse backgrounds, those who are unable to live at home, and those children and young people of diverse sex, gender, and sexual identity
- using inclusive language and practices with children with diverse sex, gender, and sexual identity and their carers
- ensure children with a disability can participate equally and that staff and volunteers have a focus on the child and what they can do, as well as provide support with a goal of achieving the child's aspirations that is tailored to their needs and unique circumstances
- grow our organisational capability to consider diverse circumstances and the barriers children and families may face in accessing and engaging with our services.

For Aboriginal children and young people, cultural safety is essential to child safety within health services. Cultural considerations that have significant relevance to child safety for Aboriginal children and young people include but are not limited to family and kinship systems, community-based decision making, community obligations, diversity, Aboriginal definitions of health and wellbeing, and the importance of strengthening family systems of care.

To facilitate this in practice WACHS will:

- continue to implement the WACHS and regional Aboriginal Health and Wellbeing Action Plans and the Cultural Governance Framework
- ensure workforce compliance with completion of Aboriginal cultural e-Learning
- take a strengths-based approach that respects and values the wealth of knowledge that Aboriginal families and communities can bring us, particularly around how to keep children safe, and incorporate this knowledge in organisational practice, where possible
- actively engage with Aboriginal families and communities in decisions affecting their children
- facilitate regular engagement with the community to understand and respond to the community's needs in relation to culturally safe physical and online environments.

## 2.5 Recruitment and Screening Practices

To ensure that people working with children and young people are suitable:

- where appropriate, child safety is emphasised in the recruitment process, including for volunteers
- recruitment, human resources, and volunteering policies describe practices that support WACHS in appointing people who are suitable to work with children and support their child safe practice.

The following policies apply to all WACHS employees and volunteers:

- MP 0176/22 [Working with Children Check Policy](#)
- MP 0033/16 [Recruitment, Selection and Appointment Policy](#).

## 2.6 Training, Supervision, and Support

To ensure that people working with children and young people are supported in their child safe practice:

- employees and volunteers receive an appropriate induction to promote understanding of their responsibilities and requirements with respect to child safety
- employees and volunteers are trained and supported to effectively implement the WACHS Child Safety and Wellbeing Policy
- employees and volunteers have access to ongoing education and training in recognising, responding to, reporting, and recording child safety issues, appropriate to their role duties and responsibilities in relation to child safety
- employees and volunteers have access to guidance materials (such as policies, procedures, guidelines, and other supporting resources) regarding issues of child safety
- supervision and management of employees and volunteers includes identifying child safety training needs relevant to their role.

## 2.7 Reporting of Child Abuse

WACHS has a zero tolerance of all forms of child abuse. All allegations and safety concerns will be treated seriously and consistently in line with legislation and policy. Any employee or volunteer who has concerns about any form of harm to a child is to promptly raise their concern with a supervisor.

To meet their professional and legislative reporting requirements as they relate to child abuse, including child sexual abuse, WACHS employees must make a report as set out in sections 2.7 and 2.8 of this document.

If it is determined there is an immediate threat to a child or any other person, staff must urgently consult with a supervisor to arrange contact with the Department of Communities and/or the WA Police.

Department of Communities can be accessed via Crisis Care, 24 hours a day, 7 days a week on 1800 199 008.

Refer to the following resources for further information:

- [Concerns for the safety or wellbeing of a child or young person website](#) (external site)
- [Reporting of Child Abuse or Risk of Harm Flowchart](#) (external site)
- [Guidelines for Protecting Children](#).

## 2.8 Reporting to the Department of Communities

### **Reporting concerns about the wellbeing of a child due to physical, emotional abuse or neglect**

In all instances where a WACHS employee has recognised that a child may have been harmed or is at current risk of harm through child abuse or neglect, they have a professional duty to make a report to the Department of Communities.

### **Mandatory reporting of child sexual abuse**

In accordance with s124B of the *Children and Community Services Act 2004* (WA) doctors, nurses, midwives and psychologists are mandated to report to the Department of Communities if they form a belief on reasonable grounds in the course of their paid or unpaid work that a child:

- has been the subject of sexual abuse that occurred on or after the commencement day; or
- is the subject of ongoing sexual abuse.

Under the *Children and Community Services Act 2004* (WA), a mandatory report must be made as soon as practicable after the reporter forms their belief. This is important as the earlier a report is received, the earlier steps can be taken to protect a child, where this is necessary.

All doctors, nurse midwives and psychologists must and complete training as stipulated in the MP 0166/21 [Mandatory Reporting of Child Sexual Abuse Training Policy](#).

## Reportable conduct

The WA Reportable Conduct Scheme (the Scheme) compels heads of organisations that exercise care, supervision, or authority over children to notify allegations of, or convictions for, child abuse by their employees to the Ombudsman and then investigate these allegations.

The local area Manager must be informed where any person suspects that a WACHS employee or volunteer has engaged in any of the following:

- a sexual offence or sexual misconduct
- a physical assault committed against, with, or in the presence of a child
- significant neglect of a child
- any behaviour that causes significant emotional or psychological harm to a child.

All concerns will be escalated via the Manager to the relevant Director in accordance with local escalation pathways – refer to MP 0125/19 [Notifiable and Reportable Conduct Policy](#) and the [Notifiable and Reportable Conduct Guide](#) for further information.

## 2.9 Information Management

The creation of accurate records and the exercise of good recordkeeping practices are critical to identifying, preventing, and responding to child abuse. Records are also important in alleviating the impact of child abuse for survivors.

The following information management considerations apply:

- employees must maintain accurate, objective, thorough, and contemporaneous documentation of assessments, observations, planning, and decision making
- employees must document any concerns, the course of action taken, consultations made, and advice provided in the healthcare record.
- record keeping about child abuse should align with the State Records Office [Guidance for identifying and retaining records which may become relevant to an actual or alleged incident of child sexual abuse](#).
- records that relate to allegations of child abuse or neglect must be retained per the [General Retention and Disposal Authority for State Government Information](#) (DA 2023-004) – Clause 2.4: Records relating to children.
- all records must be kept in accordance with the WACHS [Health Record Management Policy](#).
- all corporate records must be stored in the approved Electronic Documents and Records Management System as per the WACHS [Corporate Recordkeeping Compliance Policy](#).

## 3. Roles and Responsibilities

**WACHS Executive** are responsible for:

- establishing governance arrangements to facilitate the implementation of child safety policies and risk treatment plans
- implementing systems to safeguard children accessing WACHS services, including procedures for responding to, investigating, and reporting safety concerns and incidents
- developing, implementing, and monitoring child safety policies and procedures that document how we ensure a safe environment for children and young people

- conducting ongoing risk assessments and implement strategies to identify, prevent, and reduce risks of child abuse and harm
- promoting the empowerment and engagement of children, families, and communities while ensuring equitable and responsive practices that cater to the diverse needs of all children
- ensuring the workforce is suitable to work with children through robust recruitment and screening practices
- implementing child-focused processes to respond to complaints and concerns
- providing ongoing, role-appropriate education and training to staff and volunteers to support their professional, ethical, and legal obligations and keep children safe
- collaborating with other agencies to ensure a coordinated response to safeguarding concerns.

**Managers** are responsible for:

- implementing and monitoring the child safety systems and protocols
- ensuring staff compliance with child safety policies and procedures and address concerns promptly, consistently, and appropriately
- conducting regular risk assessments within their areas of responsibility and implement control measures
- engaging with children, families, and communities to inform them about safeguarding children and encourage their feedback and input
- ensuring recruitment, including advertising, referee checks, and worker pre-employment screening, emphasises child safety and wellbeing
- ensuring all staff and volunteers receive an appropriate induction and are aware of their responsibilities to children and ongoing supervision is focused on child safety and wellbeing
- identifying ongoing staff training needs and coordinate the delivery of role-appropriate child safety education and training programs
- responding to complaints and concerns in a timely and child-focused manner
- maintaining accurate records of child safety incidents, concerns, and interventions, and report to the executive on a regular basis
- participating in internal and external audits and reviews of child safety practices, and implement recommendations as directed
- collaborating with other agencies and stakeholders as needed to ensure a coordinated response to child safety concerns.

**Clinicians** are responsible for:

- consistently adhering to child safeguarding policies and procedures in practice
- engaging in child safety training and develop clinical competencies to effectively address child safety issues in a manner appropriate to their specific clinical role and setting
- recognising potential signs of abuse, neglect, or grooming when interacting with children and families
- reporting child safety concerns to appropriate staff and/or authorities following established procedures
- maintaining accurate and confidential documentation of observations, assessments, and actions related to safety concerns
- delivering age-appropriate, child-friendly care that prioritises the child's well-being
- recognising the maturity of minors who can provide their own consent, as appropriate
- fostering safe and empowering environments that actively encourage children's participation

- demonstrating a clear understanding of and compliance with obligations regarding information sharing and record keeping
- identifying and mitigating potential risks to children's safety within the scope of the team's work
- ensuring that care provided to children is appropriate to their needs and is explained in terms that they can understand
- supporting children to participate in decision-making about their own health care.
- providing emotional support to children and connect families with appropriate resources for additional assistance
- collaborating with other professionals and agencies to coordinate assessments, interventions, and ongoing support for affected children and families.

**All staff** are responsible for:

- demonstrating understanding of, and be compliant with, WACHS child safety policies and procedures
- creating and maintaining a safe, welcoming environment for children and families by adhering to established protocols and safe practices
- understanding reporting responsibilities and communicate any concerns about a child's safety or well-being to the appropriate staff member
- participating in child safety training relevant to their role
- identifying child safety risks and take appropriate action when observed
- engaging in safe, appropriate interactions with children and young people
- adhering to obligations regarding information sharing and record keeping, maintaining standards of confidentiality and accuracy.

#### 4. Monitoring and Evaluation

Monitoring of this policy will be within the remit of the WACHS Audit and Risk Management Committee. Information and reporting used to provide assurance to the WACHS Board and Executive of compliance with this policy may include:

- evidence of children providing input into service and resources development or review
- completion rates of relevant mandatory training completed by employees and volunteers
- compliance rates of Working with Children checks and Criminal Record Screening for employees and volunteers
- analysis of complaints and subsequent responses relating to children to ensure alignment with the [National Principles of Child Safe Organisations](#) and this policy
- data quality monitoring of the Child at Risk (CAR) data within the Community Health Information System (CHIS)
- management assurance review of the internal controls for child safety across all WACHS services.

#### 5. References

1. Commissioner for Children and Young People WA 2019, National Principles for Child Safe Organisations WA: Self-assessment and review tool, Commissioner for Children and Young People WA, Perth.
2. UN Commission on Human Rights (46th sess.1990 : Geneva), Convention on the Rights of the Child., E/CN.4/RES/1990/74, UN Commission on Human Rights, 7 March 1990, <https://www.refworld.org/legal/resolution/unchr/1990/en/47325> [accessed 17 June 2024]



## 6. Definitions

Term	Definition
<b>Child / Children</b>	Legally, the term refers to individuals up to the age of 18 years. Older children aged 12 to 18 years may be referred to as 'young people'. For the purposes of this policy the terms child and children are used throughout and are intended to include young people.
<b>Child abuse</b>	All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.
<b>Child safe organisation</b>	<p>A child safe organisation consciously and systematically:</p> <ul style="list-style-type: none"> <li>• creates an environment where children's safety and wellbeing is at the centre of thought, values and actions</li> <li>• places emphasis on genuine engagement with and valuing of children and young people</li> <li>• creates conditions that reduce the likelihood of harm to children and young people</li> <li>• creates conditions that increase the likelihood of identifying any harm</li> <li>• responds to any concerns, disclosures, allegations, or suspicions of harm.</li> </ul>
<b>Clinician</b>	A healthcare provider, trained as a health professional, including registered and nonregistered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision.
<b>Wellbeing</b>	<p>Wellbeing of a child, as defined in section 3 of the <i>Children and Community Services Act 2004</i>, includes the following:</p> <p>(a) the care of the child;</p> <p>(b) the physical, emotional, psychological and educational development of the child;</p> <p>(c) the physical, emotional and psychological health of the child; and</p> <p>(d) the safety of the child.</p> <p>Social and emotional wellbeing is a holistic concept which includes relationships between individuals, family, kin, and community. It also recognises the importance</p>

Term	Definition
	of connection to land, culture, spirituality, and ancestry, and how these affect the individual.
<b>Child safeguarding</b>	The action taken to promote the wellbeing of child/ren and protect them from harm.

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	All WACHS staff, volunteers, and contracted services
<b>Records Management</b>	<a href="#">Corporate Recordkeeping Compliance Policy</a> <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Carers Recognition Act 2004</a> (WA) <a href="#">Children and Communities Services Act 2004</a> (WA) <a href="#">Health Services Act 2016</a> (WA) <a href="#">Mental Health Act 2014</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0051/17 <a href="#">Language Services Policy</a></li> <li>• MP 0067/17 <a href="#">Information Security Policy</a></li> <li>• MP 0124/19 <a href="#">Code of Conduct Policy</a></li> <li>• MP 0125/19 <a href="#">Notifiable and Reportable Conduct Policy</a></li> <li>• MP 0176/22 <a href="#">Working with Children Check Policy</a></li> <li>• MP 0071/17 <a href="#">Aboriginal Health and Wellbeing Policy</a></li> <li>• MP 0166/21 <a href="#">Mandatory Reporting of Child Sexual Abuse Training Policy</a></li> <li>• MP 0180/23 <a href="#">Work Health and Safety Management Policy</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Allied Health Professional Supervision Policy</a></li> <li>• <a href="#">Child Health Clinical Handover of Vulnerable Children Procedure</a></li> <li>• <a href="#">Clinical Supervision of Junior Doctors Policy</a></li> <li>• <a href="#">Engaging Consumer and Carer Representatives Policy</a></li> <li>• <a href="#">Engaging Consumers in Workforce Training Guideline</a></li> <li>• <a href="#">Identifying and Responding to Family and Domestic Violence Policy</a></li> <li>• <a href="#">Mandatory and Role Essential Training Policy</a></li> <li>• <a href="#">Mental Health Reflective Supervision Guideline</a></li> <li>• <a href="#">National Disability Insurance Scheme Worker Screening Policy</a></li> <li>• <a href="#">Planning, Service Development and Evaluation Policy</a></li> <li>• <a href="#">Recognising the Importance of Carers Policy</a></li> <li>• <a href="#">Volunteer Policy</a></li> <li>• <a href="#">WebPAS Child At Risk Alert Procedure</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">A Practical Guide for Working with Carers of People with a Mental Illness</a></li> <li>• CAHS <a href="#">WA Health Guidelines for Protecting Children 2020</a></li> <li>• <a href="#">National practice standards for the mental health workforce 2013</a></li> <li>• <a href="#">WACHS Cultural Governance Framework</a></li> </ul>

<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">Consent for sharing of information - Child 0-17 years Procedure - Population Health</a></li> <li>• <a href="#">MR Child at Risk Alert 1 – WACHS Child at Risk Alert Notification Form</a></li> </ul>
<b>Related Training Packages</b>	Available from <a href="#">MyLearning</a> : <ul style="list-style-type: none"> <li>• WebPAS CAR Alert eLearning</li> <li>• Family and Domestic Violence training</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 3535
<b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b>	1.01, 1.15, 2.05
<b><a href="#">Aged Care Quality Standards</a></b>	Nil
<b><a href="#">Chief Psychiatrist's Standards and Guidelines</a></b>	<a href="#">Chief Psychiatrist's Sexual Safety Guidelines</a>
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
1.00	14 November 2024	14 November 2024	New policy

## 9. Approval

<b>Policy Owner</b>	Executive Director Clinical Excellence
<b>Co-approver</b>	Nil
<b>Contact</b>	Director Patient Safety and Quality
<b>Business Unit</b>	Patient Safety and Quality
<b>EDRMS #</b>	ED-CO-24-39476

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