

CHILD SAFE ORGANISATION POLICY[®]

DOCUMENT SUMMARY/KEY POINTS

- The Sydney Children's Hospitals Network (SCHN) is committed to implementing the NSW Child Safe Standards for a Child Safe Organisation
- [A guide to the Child Safe Standards](#) is a directive from the Office of the Children's Guardian and endorsed by Sydney Children's Hospitals Network (SCHN).
- The standards were published in 2020, after the Royal Commission into Institutional Responses to Child Sexual Abuse recommended 10 child safe standards, drawing on its findings, research and consultation about what makes organisations child safe.
- Accepted by the NSW government and based on extensive research and consultation, the Standards provide tangible guidance for organisations to create cultures, adopt strategies and act to put the interests of children first, to keep them safe from harm.
- The 10 Child Safe Standards:
 - Standard 1 – Leadership and Culture
 - Standard 2 – Children's Participation
 - Standard 3 – Families and Communities
 - Standard 4 – Equity and Diversity
 - Standard 5 – Suitability of Workers
 - Standard 6 – Complaint Handling
 - Standard 7 – Knowledge and Skills
 - Standard 8 – Physical and Online Environments
 - Standard 9 – Continuous Improvement
 - Standard 10 – Policies and Procedures

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	28 th August 2023	Review Period: 3 years
Team Leader:	Project Lead Violence Abuse and Neglect	Area/Dept: Child Protection

CHANGE SUMMARY

- New document
- **08/12/23:** minor review. Updated link *Your Rights and Responsibilities 2013-9049* policy to the latest version. See page 17 linking to *SCHN Rights of Patients and Families*.

READ ACKNOWLEDGEMENT

- All SCHN staff should read and adhere to the SCHN Child Safe Organisation policy.

TABLE OF CONTENTS

Background	4
Statement of Commitment	4
Definitions	5
Inclusions	6
Child Safe Standards	6
Standard 1 – Leadership and Culture	6
Standard 2 – Children’s Participation	7
Standard 3 – Families and Communities	8
Standard 4 – Equity and Diversity	9
Standard 5 – Suitability of Workers	9
Standard 6 – Complaints Handling.....	10
Standard 7 – Knowledge and Skills.....	11
Standard 8 – Physical and Online Environments	12
Standard 9 – Continuous Improvement.....	12
Standard 10 – Policy and Procedures.....	13
How to escalate	14
Continual evaluation and review	14
Accreditation as a Child Safe Organisation	14
Supported Policies	15
SCHN Child Safe Organisation - Quick Reference Guide	21
Management of Suspected Child Abuse or Neglect which has occurred onsite in SCHN	21
Management of Suspected Child Abuse or Neglect which has occurred at home or in the community	23
Managing Complaints by children, young people, parents, or carers	24
Managing concerns/suspicion about possible reportable conduct by a SCHN staff member	25
Managing concerns about gaps in organisational practices that may reduce the level of safety for children & young people	26

Background

The Child Safe Standards recommended by the Royal Commission provide a framework for making organisations safer for children. They have been accepted by the NSW government. Based on extensive research and consultation, the Standards provide tangible guidance for organisations to create cultures, adopt strategies and act to put the interests of children first, to keep them safe from harm and abuse. The Standards have been designed to:

- help drive cultural change in organisations
- be principle-based and outcome-focused
- be flexible enough that they can be adapted by organisations of varying sizes and characteristics
- avoid placing undue burden on organisations
- help organisations address multiple risks
- balance caution and caring
- be a benchmark against which organisations can assess their child safe capability and set performance targets
- be of equal importance and interrelated.

Statement of Commitment

SCHN is committed to the safety, wellbeing and best interests of children and young people. SCHN:

- will uphold the rights of children and young people who come into contact with our organisation so that they feel heard on matters relevant to their safety and so that they feel safe and protected
- has zero tolerance for child abuse and will take all allegations of reportable conduct and safety concerns very seriously, ensuring such conduct is dealt with in accordance with departmental policies, procedures and the law
- is committed to preventing child abuse and identifying risk early, and removing and reducing these risks
- has robust human resources and recruitment practices for all staff and volunteers
- will provide training and education to staff and volunteers on the Child Safe Standards, Reportable Conduct Scheme and creating a child safe organisation
- will provide a safe environment for, and consider the needs of, children and young people with a disability, and consider their needs in providing that environment
- will provide a safe environment for, and consider the needs of, children and young people who have suffered trauma, and consider their needs in providing that environment

- will provide a safe environment for, and consider the needs of, same sex attracted and intersex children and young people, and recognises gender diversity in providing a safe environment, and consider their needs in providing that environment.
- will provide system to monitor, evaluate and sustain this commitment through ongoing continuous improvement.
- will ensure that carers and parents are supported and encouraged to provide safety, comfort and care for their sick child, recognising that the health environment and it's interface with other external organisations can be a challenging one for vulnerable children and their families.

SCHN requires all staff to uphold these commitments.

Definitions

Child means an infant, child or young person under the age of 18 years.

'Violence, Abuse and Neglect' is an umbrella term used to describe interpersonal violence; including child abuse (including physical, psychological, emotional and verbal abuse) and neglect, family and domestic violence, and sexual assault (NSW Health).

Physical abuse of children or young people 'occurs when 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.

Sexual abuse / assault of children or young people refers to 'sexual activity or behaviour that is imposed, or is likely to be imposed, on a child or young person by another person

Neglect refers to an act of omission, where the '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,

Emotional Abuse or psychological harm occurs when there is an ongoing pattern of behaviour from a caregiver toward a child or young person, which inhibits their development and/or leads to psychological trauma

Domestic and Family Violence refers to 'any behaviour in a domestic relationship, which is violent, threatening, coercive or controlling and causing a person to fear for their own or someone else's safety

Child Safe Standards as per Children's Guardian Amendment (Child Safe Scheme) Bill 2021.

Child safe organisations create cultures, adopt strategies and act to prevent harm to children, including sexual abuse. The Australian and New Zealand Children's Commissioners and Guardians define a child safe organisation as one that systematically:

- creates conditions to reduce the likelihood of children being harmed
- creates conditions that increase the likelihood of identifying and reporting harm
- responds appropriately to disclosures, allegations and suspicions of harm.

Cultural safety is the positive recognition of all cultures and empowers people and enables them to contribute and feel safe to be themselves. Cultural safety upholds the rights of Aboriginal and Torres Strait Islander children to

- Safely identify as Aboriginal and Torres Strait Islander
- Receive services that strengthen identity and cultures
- Maintain connection to land and country
- Maintain strong kinship ties and be taught their cultural heritage by their Elders
- Receive information in a culturally sensitive, relevant and accessible manner
- Be involved in services that are culturally respectful.

Inclusions

This policy relates to all infants, children and young people accessing the services of SCHN.

This policy applies to all SCHN employees, contactors, and volunteers.

Diversity - SCHN is an inclusive workplace that understands and respects diversity and differences, such as age, caring responsibilities, cultural background, disability, educational level, ethnicity, gender expression, religious beliefs, and sexual orientation in our children, young people and families.

Aboriginality - The Royal Commission made a number of recommendations about cultural safety for Aboriginal and Torres Strait Islander children and underscored cultural safety in the development of the National Principles.

Child Safe Standards

Standard 1 – Leadership and Culture

Standard 1 - Child safety is embedded in organisational leadership, governance and culture.

SCHN is committed to child safety. This is demonstrated in the way leaders engage and communicate with their people to build collaborative and inclusive environments that enhances the focus on child safety and an overall caring environment for patients. A child safe organisational culture is also defined by the way things are done and how issues and risks are identified, assessed, and managed. Leadership that keeps children safe is demonstrated by personal and professional behaviour, having child safe practices, putting children first, prioritising training and education, and focusing on systems and processes that help evaluate strengths and identify opportunities for ongoing improvement.

Applying the Standard

- Leaders and staff champion a set of principles that inform the organisation's approach to child safety.
- Leaders demonstrate attitudes and behaviours that prioritise the safety of children through the behaviours and practices they reward and challenge.
- Leaders incorporate risk management of child abuse into decision making and actively monitor risks to child safety.
- Leaders encourage day-to-day practices that prioritise child safety.
- Leaders set clear expectations around child safety and ensure they are followed by staff.
- Leaders ensure systems and processes are in place to enable staff to easily and readily report all incidents or issues relating to child safety.
- Leaders actively promote interagency collaboration to support child safety

Indicators of success

- Child safety is embedded in day-to-day practices that align with quality healthcare outcomes.
- Staff adhere to the Code of Conduct and child safe procedures.
- Decision-making prioritises children's needs, their safety and wellbeing.
- Team dynamics including working relationships, governance frameworks, systems and practices, all contribute to a safe and caring experience for patients.
- Staff appropriately respond to and report child abuse.
- Children feel safer knowing they have input into the organisation.

Standard 2 – Children's Participation

Standard 2 - Children participate in decisions affecting them and are taken seriously

Children are safer when organisations teach them about their rights to be heard, listened to and believed. SCHN actively seeks the opinions of children and when doing so considers their age, development, maturity, understanding, abilities and how they communicate. Children are encouraged and supported to regularly contribute to decisions that affect them.

Applying the Standard:

- Children's participation is embedded in organisational practice through feedback mechanisms.
- Opportunities are created for children to be included in organisational decision-making.
- Children are given information on internal and external support services.

- Staff are provided with knowledge and skills to support children's participation.
- Staff encourage peer support for children.
- Staff understand what safety means to children.
- Age-appropriate information that describes how adults should behave is provided to children and consistently reinforced.

Indicators of success:

- Children know how adults should behave.
- Children understand that they are listened to and respected.
- Children speak up about their safety and the safety of their friends.
- Children are aware they can access support services when needed.

Standard 3 – Families and Communities

Standard 3 - Families and communities are informed and involved

Staff at SCHN understand that parents, carers and other important people in a child's life have the primary responsibility for raising their children. A child safe organisation talks to, consults with and invites the participation of families, caregivers and the broader community to promote the rights of children.

Applying the Standard:

- Leaders and staff encourage families to take an active role in keeping children safe.
- Policies and procedures (including Codes of Conduct) are clearly communicated to parents and carers.
- Families and community members are encouraged to provide feedback on how the organisation keeps children safe, and this information is acted upon where necessary

Indicators of success:

- Families feel welcome.
- Families and the community support the organisation to be safer for children.
- Families and the community are comfortable asking questions on how the organisation prioritises child safety.

Standard 4 – Equity and Diversity

Standard 4 - Equity is upheld and diverse needs are taken into account.

SCHN provides culturally safe and child-friendly services. We pay attention to equity by taking into account children's diverse circumstances and needs. We recognise that all children are vulnerable but that some are more vulnerable to abuse than others or find it difficult to reveal or be understood when communicating that they have been abused.

Applying the Standard:

- All staff will identify and respect the diverse needs, cultures, abilities and backgrounds of children, and vulnerabilities in families and understand the value of treating them fairly.
- SCHN will ensure that the workforce reflects the diversity of the children it provides services to, where possible.
- SCHN provides services that will be flexible to ensure all children feel included.
- SCHN provides feedback mechanisms to learn how to improve services to be more inclusive of diversity

Indicators of success:

- Children with diverse needs speak up about concerns around their safety and the safety of their friends, and staff take them seriously.
- Children are not disadvantaged by programs and activities.
- SCHN culture supports children with diverse needs to feel valued and participate.
- Staff recognise the value of diversity and inclusivity.
- SCHN will measure and monitor identification, access and health care indicators that highlight inequity across diverse populations.
- SCHN will measure and monitor 'workforce diversity'

Standard 5 – Suitability of Workers

Standard 5 - People working with children are suitable and supported.

Human resource management – including screening, recruitment and performance reviews – plays a vital role in protecting children from harm. SCHN will ensure child safety is prioritised when selecting, screening and managing staff.

Applying the Standard:

- SCHN expects that recruitment does not rely only on the WWCC and supports ongoing training opportunities for all staff.
- Hiring managers are trained in child safe recruitment practices.
- Staff recruitment includes job ads and PDs that identify SCHN as valuing child safety.
- Supervision includes regular reviews to check whether staff are following Codes of Conduct and other child safe policies.

Indicators of success:

- Staff recruitment and supervision practices prioritise child safety.
- Children are safe around staff.
- Staff have, or are working towards having, suitable skills and experience to work with children.
- Staff attitudes and behaviours create and maintain a child safe culture.
- Staff values align with the organisation's commitment to child safety.

Standard 6 – Complaints Handling

Standard 6 - Processes to respond to complaints of child abuse (or other concerns) are child-focused.

SCHN has child focused complaint processes which support children who are exposed to the risk of harm. Children and families know who to tell if they want to make a complaint of child abuse. SCHN staff will respond by immediately protecting children at risk. Complaints are addressed promptly, thoroughly and fairly. SCHN will create a safe culture environment where staff can identify and report suspected harm of children.

Applying the Standard

- SCHN creates a culture where complaints are taken seriously and all staff take responsibility for the safety of children and adhere to the code of conduct.
- Staff are given support and information on what and how to report, including to external bodies.
- Accessible processes are provided to enable children, families and staff to make complaints and processes are reviewed regularly.
- Procedures describe likely time frames, review processes and potential outcomes of complaints.
- Complaints and documentation are handled confidentially.
- Complaint handling procedures are publicly available.

Indicators of success

- Organisational culture where complaints are taken seriously and acted on.
- Staff feel supported to raise concerns about child safety.
- Children feel safe to raise concerns about themselves or their friends.
- Complaints are responded to in a timely manner.
- The process is transparent
- The process is as inclusive of the child / young person as appropriate.

Standard 7 – Knowledge and Skills

Standard 7 - Staff are equipped with the knowledge, skills and awareness to keep children safe, through continual education and training.

SCHN promotes continuous learning and provides regular ongoing education and training. Staff continually build their abilities to keep children safe.

Applying the Standard

- SCHN will provide ongoing education and training opportunities for all staff.
- Training provides staff with the knowledge, skills and confidence to prevent and identify abuse, and to respond to complaints.
- Specialised training is provided to staff working in high-risk situations or with vulnerable children.
- Training is regularly reviewed in response to emerging best practices.
- Training is evaluated and adapted to meet the needs of the learners.
- Staff receive training on the NSW Health 'Integrated Trauma-Informed Care Framework'

Indicators of success

- Staff feel confident to identify, respond to and report child abuse.
- SCHN has a culture of continual learning.
- SCHN can demonstrate it stays up to date with emerging best practices.
- Training is available, accessible and attendance monitored.
- Staff can apply the 'Integrated Trauma-Informed Care Framework' into their practice.

Standard 8 – Physical and Online Environments

Standard 8 - Physical and online environments minimise the opportunity for abuse or other kinds of harm to occur.

SCHN adapts its physical environments to minimise opportunities for abuse to occur, ensuring there will be a balance between visibility and the children's privacy. SCHN will address risks in the online environment by educating children, families and staff about how to avoid harm and how to detect signs of online grooming.

Applying the Standard

- SCHN sets expectations about behavioural standards for staff interacting with children in physical and online environments.
- Risk assessments identify areas where carers and staff may have opportunities to interact with children unsupervised.
- Physical environments are altered to increase natural lines of sight while respecting a child's right to privacy.
- Children and young people are provided information about online safety and encouraged to tell staff about negative experiences.
- Staff and parents are provided information about risks in the online environment, such as online grooming, cyber bullying and sexting.

Indicators of success

- Opportunities to harm children are reduced or removed.
- Children engage in creative and safe activities.
- Children are encouraged to speak up about risks in the online environment.
- Children's privacy is balanced with the need to keep them safe.

Standard 9 – Continuous Improvement

Standard 9 - Implementation of the Child Safe Standards is continuously reviewed and improved

SCHN leaders embed a culture of learning and put in place systems to monitor, evaluate and sustain through ongoing continuous improvement of the Child Safe Standards. Staff keep up to date with emerging knowledge and trends to continuously improve practices.

Applying the Standard

- Leaders maintain a culture of continuous improvement to ensure that policies and procedures are implemented routinely.
- Leaders know the value of continuous monitoring, open conversations and exploring new ways to keep children safe.
- Child safe policies and practices are regularly reviewed.
- Staff refer to the Child Safe Standards when creating, reviewing or evaluating policies and procedures.
- Leaders and staff review critical incidents to identify the root cause of the problem, identify risks to the safety of children and make improvements.
- Children are supported to provide feedback and this information is acted on.

Indicators of success

- Leaders and staff reflect on critical incidents.
- The organisational culture creates an environment of ongoing learning and improvement.
- Child safe practices are reflected and acted upon in departmental/ speciality/ staff meetings.
- Child safe practices are reflected and acted upon in staff performance and development reviews.

Standard 10 – Policy and Procedures

Standard 10 - Policies and procedures document how the organisation is child safe.

SCHN has policies and procedures that describe how they maintain a safe environment for children. Policies and procedures should be relevant to all aspects of an organisation and reflect the Child Safe Standards. They are championed by leaders, understood by staff, and available to the community.

Applying the Standard

- Child safe policies are specific to the organisation and its environment, and they address local risks to the safety of children.
- Child safe policies, Codes of Conduct and complaint handling procedures are publicly accessible.
- Policies and procedures are available in child friendly and accessible formats that pay attention to children's and families diverse characteristics, cultural background and abilities.

- Staff follow child safe policies and procedures.
- Documents are saved in accordance to NSW record keeping requirements.

Indicators of success

- Staff and the community understand the organisation's approach to child safety.
- Staff and the community know that the organisation takes child safety seriously.
- Staff, parents and carers know where to find the organisation's child safe policies and procedures.
- Staff, parents, carers and the community can use policies and procedures to hold the organisation to account.

How to escalate

For information about processes to following under the following circumstances, please refer to SCHN Child Safe Organisations Quick Reference guide.

- Management of Suspected Child Abuse or Neglect which has occurred onsite in SCHN.
- Management of Suspected Child Abuse or Neglect which has occurred in the community.
- Managing Complaints by children, young people, parents, or carers
- Managing concerns/suspicion about possible reportable conduct by a SCHN staff member
- Managing concerns about gaps in organisational practices that may reduce the level of safety for children and young people.

Continual evaluation and review

The SCHN Child Safe Organisations Working Group, meets quarterly, to review SCHN compliance with the Child Safe Standards, and consider areas for quality improvement. If a gap in practice is identified, contact the Clinical Governance Unit, to ensure this can be escalated to the working group.

Accreditation as a Child Safe Organisation

SCHN is committed to implementing the Child Safe Standards and seeking formal accreditation / certification to qualify as a Child Safe Organisation.

Supported Policies

A number of existing policies directly address the 10 Child Safe Standards:

Policies to support Child Safe Standards	Associated Standard
<p>SCHN Child Protection Strategic Plan: for Strengthening Families, Improving Child Wellbeing and Safety. Sets out the SCHN Strategic Priorities for 2021 – 2026, with regard to child protection and wellbeing, with a strong focus on child and young person centred practice, collaboration and integration across services, culturally safe practice, partnerships with families and community, strengths based practice, and responding with best available evidence.</p>	<p>Standard 1 – Leadership and Culture. Standard 3 – Families and Communities Standard 4 – Equity and Diversity</p>
<p>NSW Health Code of Conduct PD2015_049. Defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated.</p>	<p>Standard 1 – Leadership and Culture Standard 5 – Suitability of workers</p>
<p>Keeping our kids safe: cultural safety and the national principles for child safe organisations – 2021 SNAICC, in partnership with the National Office for Child Safety, developed resources to support organisations working with Aboriginal and Torres Strait Islander children, young people and communities to implement the National Principles for Child Safe Organisations. The 'Keeping our kids safe' resource applies a cultural lens to the National Principles to help organisations think about how to make themselves safer for Aboriginal and Torres Strait Islander children.</p>	<p>Standard 1 – Leadership and Culture Standard 4 – Equity upheld and diversity considered</p>
<p>Third Party Access to SCHN Hospitals & Code of Conduct 2012-9016. Provides a governance framework for Third Party individuals/organisations accessing Hospitals in SCHN and therefore patients and families. The framework includes approval processes and conduct expectations.</p>	<p>Standard 1 – Leadership and Culture Standard 5 – Suitability of workers</p>

<p>Recruitment and Selection of Staff to the NSW Health Service PD2017_040. Outlines the mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service.</p>	<p>Standard 1 – Leadership and Culture</p>
<p>Managing Misconduct PD2018_031. Outlines the requirements for managing potential and/or substantiated misconduct by staff of the NSW Health Service and by visiting practitioners. Further guidance and support in managing misconduct are provided by non-mandatory Information Sheets, including flowcharts, checklists and templates, which are available online on the NSW Health intranet site.</p>	<p>Standard 1 – Leadership and Culture</p>
<p>Managing Child Related Allegations, Charges and Convictions Against NSW Health Staff PD2020_044. Outlines the procedures for managing child related allegations, charges and convictions against anyone working in NSW Health, where the alleged victim was under 18 years of age at the time of the alleged conduct. This extends to child abuse material, and non-work related and historical matters</p>	<p>Standard 1 – Leadership and Culture Standard 5 – Suitability of workers</p>
<p>Child Wellbeing and Child Protection 2014-9055 – local policy linking to: Child Wellbeing and Child Protection Policies and Procedures for NSW Health PD2013_007. Outlines a flow chart for making a mandatory report to Community Services, if there are concerns about the safety, welfare and wellbeing of a child. Outlines the responsibilities and roles of NSW Health staff in responding to child protection concerns.</p>	<p>Standard 1 – Leadership and Culture Standard 6 – Complaints Handling</p>
<p>Child Protection Unit (CPU) - Role and Referrals PD2017-085. Sets out the services provided by the SCHN child protection services, and ways of making referrals.</p>	<p>Standard 1 – Leadership and Culture Standard 6 – Complaints Handling</p>
<p>Code Black 2020-060. Sets out the process for early identification and response to managing personal threat onsite at SCHN.</p>	<p>Standard 1 – Leadership and Culture Standard 10 – Policies and Procedures</p>
<p>SCHN Partnering with Consumers 2015-9082. Sets out the governance requirements and rationale for patient and family engagement across SCHN.</p>	<p>Standard 2 – Children’s Participation</p>

	Standard 3 – Families and Communities
SCHN Partnership in Care 2016-9042. Outlines the responsibilities of staff in partnering with patients and families in their treatment.	Standard 2 – Children’s Participation Standard 3 – Families and Communities Standard 4 – Equity and Diversity
SCHN Rights of Patients and Families 2013-9049. Outlines the rights and responsibilities of NSW Health services and staff, patients and carer, and how the seven basic rights summarised in the Australian Charter of Healthcare Rights are achieved in New South Wales.	Standard 2 – Children’s Participation Standard 3 – Families and Communities Standard 4 – Equity and Diversity
SCHN Disability – People with a Disability: Responding to needs during Hospitalisation 2016-240. Outlines the responsibilities of all staff working in hospitals when caring for people with a disability and provides a framework for the provision of care during hospitalisation.	Standard 4 – Equity and Diversity Standard 8 – Physical and online environments
National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 Co-designed with Aboriginal and Torres Strait Islander people, this plan's target is for First Nations people to be fully represented in the health workforce by 2031. It includes actions to attract, recruit and retain workers across all roles, levels and locations within the health sector.	Standard 4 – Equity and Diversity.
Working with Children Checks and Other Police Checks PD2019_003. Outlines the mandatory requirements for National Police Checks (NPCs) and Working with Children Checks (WWCCs) for persons engaged or employed within NSW Health and for persons seeking to be employed or engaged in NSW Health. It includes the requirements of the Child Protection (Working with Children) Act 2012 and Child Protection (Working with Children) Regulation 2013 for child related workers.	Standard 5 – Suitability of workers

<p>SCHN Employment Checks – Criminal Record Checks and Working with Children Checks 2013-9071. Outlines the mandatory requirements for National Criminal Record Checks ('NCRCs') and WWCCs for persons engaged or employed within the NSW Health Service and for persons seeking to be employed or engaged in NSW Health either in a paid or unpaid capacity or as a student on clinical placement.</p>	<p>Standard 5 – Suitability of workers</p>
<p>Service Check Register for NSW Health PD2021_017 Outlines mandatory requirements for checking preferred applicants for positions within NSW Health against Service Check Register.</p>	<p>Standard 5 – Suitability of workers</p>
<p>Managing Complaints and Concerns about Clinicians PD2018_032. Outlines a standard approach for the management of serious complaints and concerns about clinicians working in NSW Health</p>	<p>Standard 5 – Suitability of workers</p>
<p>Complaints Management PD2020_013. Outlines how to ensure fair and effective management of complaints across NSW Health</p>	<p>Standard 6 – Complaint handling</p>
<p>SCHN Patient Complaints Management 2015-9074. Outlines the process for complaints management at SCHN, and specifically provides strategies for dealing with complainants at the first point of contact, assessing the severity of complaints, investigating complaints and resolving complaints</p>	<p>Standard 6 – Complaint handling</p>
<p>Integrated Prevention and Response to Violence, Abuse and Neglect Framework NSW 2019. Outlines the vision, guiding principles, objectives and strategic priorities to strengthen health services in responding to violence, abuse and neglect in NSW.</p>	<p>Standard 1 – Leadership and culture Standard 4 – Equity and diversity Standard 7 – Knowledge and skills</p>
<p>The First 2000 Days Framework PD2019_008. Outlines the importance of the first 2000 days in a child's life and what actions people with in NSW health system need to undertake to ensure all children have the best possible start in life</p>	<p>Standard 7 – Knowledge and skills</p>
<p>NSW Health Integrated Trauma-Informed Care Framework - My story, my health, my future – Outlines a framework to bring together elements of trauma informed care and integrated care to enhance the experiences of clients and their families and carers assessing NSW Health services</p>	<p>Standard 7 – Knowledge and skills</p>

<p>Enterprise -wide Risk Management PD2022_023. Describes the requirements for NSW Health organisations to establish, maintain and monitor risk management practices in accord with the Australian/New Zealand Standard ISO 31000:2009, consistent with whole of Government policies.</p>	<p>Standard 8 – Physical and online environments</p>
<p>SCHN Social Media 2015-9000. Provides guidance in the use of social media platform</p>	<p>Standard 8 – Physical and online environments</p>
<p>Safety and Wellbeing of Patients in SCHN Facilities 2015-9081. Outlines processes and practices for maintaining safety on wards, including processes around the management of visitors, parents and discharge of children to an appropriate guardian.</p>	<p>Standard 8 – Physical and Online Environments</p>
<p>The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities PD2022_053 Outlines processes for reducing risk of harm toward patients from other patients, staff and visitors, when patients are inpatients in acute health facilities.</p>	<p>Standard 8 – Physical and Online Environments.</p>
<p>Seclusion and Restraint - Mental Health Facilities 2017-016 Outlines parameters around the use of seclusion or restraint within NSW Health mental health facilities.</p>	<p>Standard 4 – Equity and Diversity Standard 8 – Physical and Online Environment.</p>
<p>Non-restrictive Care for Mental Health Paediatric Inpatients with Co-morbid Intellectual Disability and/or Autism Spectrum Disorder 2016-9066 Sets out practice guidelines for least intrusive, non-intrusive care for children and young people with intellectual disabilities or autism spectrum disorders.</p>	<p>Standard 8 – Physical and Online Environments</p>
<p>Incident Management PD2020_047 Provides direction for consistency in managing and effectively responding to clinical and corporate incidents and acting on lessons learned and is in compliance with the requirements of the Health Administration Act 1982.</p>	<p>Standard 9 – Continuous improvement</p>
<p>SCHN Quality Improvement Activities: Initiation and Approval To outline the process for initiating, documenting and approving Quality Improvement activities.</p>	<p>Standard 9 – Continuous improvement</p>

<p>Child Protection – Suspected Child Sexual Assault – Emergency Department Management 2015-1027. Outlines emergency department processes for managing presentations of suspected child sexual abuse. Includes flow chart.</p>	<p>Standard 10 – Policies and Procedures.</p>
<p>Child Protection – Suspected Physical Abuse or Neglect – Emergency Department Management 2017-235. Outlines emergency department processes for managing suspected physical abuse or neglect. Includes flow chart.</p>	<p>Standard 10 – Policies and Procedures.</p>
<p>Domestic and Family Violence – Identifying and Responding 2006-8231. Outlines SCHN process for identifying and responding to domestic and family violence.</p>	<p>Standard 10 – Policies and Procedures.</p>
<p>Managing Risk of Young Person / Parent / Carer on NSW Child Protection Register for Sexual and Violent Crimes 2019-152. This policy contains information about managing risk when a young person/parent or carer (admitted or visitor) is present on hospital grounds, if a staff member becomes aware that they are on the Child Protection Register for Sexual and Violent Crimes. The policy contains a flow chart/process to follow.</p>	<p>Standard 1 – Leadership and Culture Standard 10 – Policies and Procedures</p>
<p>Conflicts of Interest and Gifts and Benefits - Reporting</p>	<p>Standard 10 – Policies and Procedures</p>

SCHN Child Safe Organisation - Quick Reference Guide

Management of Suspected Child Abuse or Neglect which has occurred onsite in SCHN

Situation	Questions to consider	Relevant Steps/Flow Chart	Relevant policy
Concerns regarding potential Child Abuse or Neglect occurring at SCHN	1. Are there immediate physical safety concerns? If yes go to 1a If no go to 2	1 a Follow SCHN Code Black Policy	Code Black PD2020-060
	2. Does the child currently feel physically and emotionally safe? If yes go to 2a and 2b If no go to 3	2 a Reassure the child or young person that they were brave to speak up, and ask them if they feel safe right now (See Child Protection and Wellbeing – SCHN Intranet page for ways of responding to a disclosure.) 2 b Discuss with manager, together consider move of location (e.g. line of vision ward/room) to ensure physical and emotional safety whilst you consider next steps.	Safety and Wellbeing of Patients in SCHN Facilities 2015-9081 Child at risk of harm and neglect – NSW Communities & Justice
	3. Is the allegation in relation to a SCHN staff member or contractor? If yes go to 3a and 3b If no go to 4	3 a Immediately advise your line manager or the Head of People and Culture. 3 b There is a formal process outlined in the 'Management of Child Related Allegations, Charges and Convictions against NSW Health Staff' policy, with regard to management of complaints against employees. See policy for flowchart.	Managing Child Related Allegations, Charges and Convictions Against NSW Health Staff PD2020_044 Child Wellbeing and Child Protection Policies and

			Procedures for NSW Health PD2013_007
	<p>4. Is the concern raised about another parent/carer/young person onsite at SCHN?</p> <p>If yes go to 4a, 4b, 4c and 4d</p> <p>If no go to 5</p>	<p>4 a Advise team leader/manager of concerns</p> <p>4 b Contact the Child Protection Unit to develop a safety plan for the child/young person if the alleged person causing harm is onsite or anticipated to be on site.</p> <p>4 c Use the mandatory reporters guide to determine whether a Child Protection Helpline report is required https://reporter.childstory.nsw.gov.au/s/mrg</p> <p>4 d If a report if required contact the child protection help line on 132 111</p>	<p>Child Wellbeing and Child Protection Policies and Procedures for NSW Health PD2013-9032</p>
	<p>5. Does the child or young person have a suspicious physical injury?</p> <p>If yes go to 5a and 5b</p> <p>If no go to 6</p>	<p>5 a Contact the Child Protection Unit for consultation or an assessment/response.</p> <p>5 b You will also be required to complete the mandatory reporters guide and report to the Child Protection Helpline. https://reporter.childstory.nsw.gov.au/s/mrg</p>	<p>Child Protection - Suspected Physical Abuse or Neglect - Emergency Department Management 2017-235.</p> <p>Child Wellbeing and Child Protection - 2014-9055</p>
	<p>6. Is the child or young person reporting sexual abuse?</p> <p>If yes go to 6a, 6b and 6c</p>	<p>6 a Contact the Child Protection Unit for consultation or an assessment/ response.</p> <p>6 b If in ED, follow the ED Guidelines for Management of suspected Child Sexual Abuse</p> <p>6 c You will also be required to complete the mandatory reporters guide and report to the Child Protection Helpline. https://reporter.childstory.nsw.gov.au/s/mrg</p>	<p>Child Protection - Suspected Child Sexual Assault - Emergency Department Management 2015-1027</p> <p>Child Wellbeing and Child Protection - 2014-9055</p>

Management of Suspected Child Abuse or Neglect which has occurred at home or in the community

Situation	Questions to consider	Relevant Steps/Flow Chart	Relevant policy
A parent/carer, young person or child tells a SCHN staff member about suspected child abuse or neglect which has occurred at home or in the community.	Is the child or young person at risk of significant harm when they leave the hospital and are they likely to be leaving today?	<p>Contact the Child Protection Unit for advise/ to consult regarding safety plan</p> <p>Follow flow chart contained in Child Wellbeing and Child Protection Policy (2014-9055) relating to reporting of child protection concerns.</p> <p>See CPU intranet site for information about speaking to parents/carers/young people about their disclosures</p>	<p>Child Wellbeing and Child Protection 2014-9055</p> <p>NSW Communities and Justice: Child at risk of harm and neglect 2019</p>
	Does the child or young person have a suspicious physical injury?	<p>Contact the Child Protection Unit for consultation or an assessment/response.</p> <p>You will also be required to complete the mandatory reporters guide and report to the Child Protection Helpline. https://reporter.childstory.nsw.gov.au/s/mrg</p>	<p>Child Protection - Suspected Physical Abuse or Neglect - Emergency Department Management 2017-235.</p> <p>Child Wellbeing and Child Protection - 2014-9055</p>
	Is the child or young person reporting sexual abuse?	<p>Contact the Child Protection Unit for consultation or an assessment/ response.</p> <p>If in ED, follow the ED Guidelines for Management of suspected Child Sexual Abuse</p> <p>You will also be required to complete the mandatory reporters guide and report to the Child Protection Helpline. https://reporter.childstory.nsw.gov.au/s/mrg</p>	<p>Child Protection - Suspected Child Sexual Assault - Emergency Department Management 2015-1027</p> <p>Child Wellbeing and Child Protection - 2014-9055</p>

	<p>Are they reporting chronic concerns or historical concerns of child abuse or neglect?</p>	<p>Contact the Child Protection Unit for consultation or an assessment/ response.</p> <p>You may be required to complete the mandatory reporters guide and report to the Child Protection Helpline. https://reporter.childstory.nsw.gov.au/s/mrg</p>	<p>Child Wellbeing and Child Protection - 2014-9055</p>
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Managing Complaints by children, young people, parents, or carers

Situation	Questions to consider	Relevant Steps/Flow Chart	Relevant policy
<p>Complaints Management</p>	<p>A child/young person, parent/carer raises a concern or a complaint that is general in nature (does not relate to child abuse or neglect)</p>	<ul style="list-style-type: none"> • Discuss concerns raised by the child/ young person / parent / carer with line manager. • Document concerns in the incident management system investigate and resolve concerns • If further assistance is required engage the Patient Friend and provide contact details. 	<p>Patient Complaints Management Policy 2012-9074</p>

Managing concerns/suspicion about possible reportable conduct by a SCHN staff member

Situation	Questions to consider	Relevant Steps/Flow Chart	Relevant policy
Concerns about a general conduct of a staff member around a patient/patients	Are you concerned about a boundary breach by a staff member? For instance, inappropriate posts on social media by a staff member, contact outside of professional role etc	<ul style="list-style-type: none"> Immediately advise your line manager or the Head of People and Culture. There is a formal process outlined in the 'Management of Child Related Allegations, Charges and Convictions against NSW Health Staff' policy, with regard to management of complaints against employees (see flow chart in policy) 	NSW Health Public Communication Procedures PD2017-012 Child Related Allegations, Charges and Convictions Against NSW Health Staff 2017-134
	Are you concerned about staff showing a particular interest in a patient that seems like a blurring of boundaries? For instance, giving gifts to a patient, spending time alone with patients etc	<ul style="list-style-type: none"> Immediately advise your line manager or the Head of People and Culture. There is a formal process outlined in the 'Management of Child Related Allegations, Charges and Convictions against NSW Health Staff' policy, with regard to management of complaints against employees (see flow chart) 	NSW Health Code of Conduct PD2015-049 Child Related Allegations, Charges and Convictions Against NSW Health Staff 2017-134 Conflicts of Interest and Gifts and Benefits - Reporting 2011-9005
	Have you become aware of a child related allegation or conviction against an employee?	<ul style="list-style-type: none"> Immediately advise your line manager or the Head of People and Culture. There is a formal process outlined in the 'Management of Child Related Allegations, Charges and Convictions against NSW Health Staff' policy, with regard to management of complaints against employees (see flow chart) 	Child Related Allegations, Charges and Convictions Against NSW Health Staff 2017-134

Managing concerns about gaps in organisational practices that may reduce the level of safety for children & young people

Situation	Questions to consider	Relevant Steps/Flow Chart	Relevant policy
Gap - Organisational gaps in process/practice issues	<p>Are you concerned about an organisational process/practice that may increase the likelihood of harm to a child or young person?</p> <p>(e.g. concerns about access or equity issues for priority population groups, concerns about physical and online safety for particular patient cohorts, concerns about complaints management processes, concerns about organisational culture)</p>	<p>Contact the Clinical Governance Unit, to discuss your concerns. These may be escalated to the Child Safe Organisations Working Group for consideration/review.</p>	

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