## Contents

1. Policy Statement.................................................................................................................. 3
2. Roles and Responsibilities .................................................................................................. 3
3. Policy Requirements............................................................................................................ 5
4. Implementation & Monitoring............................................................................................... 9
5. National Safety and Quality Health Service Standards.......................................................... 9
6. Definitions.......................................................................................................................... 10
7. Associated Policy Directives / Policy Guidelines and Resources ....................................... 11
8. Document Ownership & History ....................................................................................... 12
   
   Attachment 1 Vulnerable Groups.......................................................................................... 13
1. Policy Statement

The Child Safe Environment (Child Protection) Policy Directive has been developed to demonstrate the strong commitment of SA Health to children’s safety, protection and wellbeing and emphasise the importance for the organisation of maintaining child safe and consumer friendly environments. A child safe organisation takes a preventative, proactive and participatory stance on child protection issues. Across SA Health, the safety and well-being of children is a paramount consideration when developing activities, policies and management practices. Our organisation values and embraces the opinions and views of children, encourages and assists children to build skills that will assist them to participate in the health system and takes action to protect children from physical, sexual, emotional and psychological harm as well as the physical or psychological development of an unborn child.

This policy articulates an overarching set of principles at the centre of which is that all children have the right to feel safe and protected when accessing health services. Implementation of the principles in the policy will influence organisational culture to ensure staff, no matter their role within SA Health, value children and their views and are committed to taking action to keep children including the unborn child safe from harm.

In creating a child safe environment, SA Health will observe the provisions set out in the Children and Young People (Safety) Act 2017 (The CYPS Act) (Chapter 8, 114-115).

This directive must be read in conjunction with the Child Protection Reporting of Suspicion that a Child or Young Person (0 –under 18 years) is or may be at Risk of Harm Policy Directive and the Responding to Suspected or Alleged Offences against a Child Occurring at a SA Health Facility or Service Policy Guideline.

2. Roles and Responsibilities

2.1 The Chief Executive of SA Health is responsible for:
   • Establishing a systems governance framework to achieve the protection, safety and wellbeing of children;
   • Ensuring strategy and policy reflects the needs of children and the system has inbuilt mechanisms to demonstrate compliance for this;
   • Creating an environment in which the Executive Leaders understand, and are held accountable for implementing the requirements of this Policy Directive, and have governance processes in place which monitor compliance and manage associated risk;
   • Ensuring reporting requirements are met for SA Health where required;
   • Ensuring appropriate review of major incidents and overseeing implementation of system-wide recommendations.

2.2 The Chief Executive Officer of the Women’s and Children’s Health Network (WCHN) is responsible for:
   • Ensuring up to date Policy Directives for child safe environments are in place and communicated across SA Health.
2.3 The Chief Executive Officers of all Local Health Networks (WCHN, SALHN, NALHN, CALHN, and CHSALHNs and SAAS) are responsible for:

- Local development of operational policies and procedures that include identification of risks of harm for children and young people and risk management and mitigation strategies;
- Meeting and evaluating implementation requirements, including general compliance with this Policy Directive and its principles;
- Ensuring reporting requirements are met;
- Providing immediate advice to the Minister through the Chief Executive if there is a major incident involving a child and a threat to their safety;
- Reviewing major incidents and overseeing implementation of recommendations emanating from any review relevant to the LHN.

2.4 Executive Directors, Directors, Managers, Supervisors and Human Resources Departments are responsible for:

- Ensuring referee checks are undertaken on employees and their previous employment is authenticated;
- Child-related employment screening under Part 4, Division 1&2 of the Child Safety (Prohibited Persons) Act 2016 is completed in relation to all employees and volunteers who work with children and young people in an SA Health context;
- Ensuring staff receive the Child Safe Environment (Child Protection) Policy Directive and the Code of Ethics for the South Australian Public Sector during induction;
- Promoting and complying with this Child Safe Environment (Child Protection) Policy Directive principles;
- Ensuring staff and volunteers undertake Child Safe Environments Mandated Reporting Training every three years;
- Creating an environment in which staff are aware of their mandatory reporting responsibilities articulated in the CYPS Act (Chapter 5, Part 1 30-31) and are supported to execute them.
- Ensuring appropriate support and supervision is provided, so that staff and volunteers feel valued and respected, and gain the knowledge and skills to promote and maintain a child safe environment.

2.5 All SA Health staff are responsible for:

- Undertaking Child Safe Environments (Mandated Reporter) Training;
- Complying with this Child Safe Environment (Child Protection) Policy Directive principles;
- Carrying out their legal responsibility as a mandated reporter under the CYPS Act (Chapter 5 Part 1, Sect 3) to notify the Department for Child Protection (DCP) via the Child Abuse Report Line 131 478 (on line reporting also available via website www.childprotection.sa.gov.au) if they suspect on reasonable grounds that a child (including an unborn child) or young person is or may be at risk of harm. This obligation arises when an SA Health employee forms this suspicion in the course of their employment (whether paid or voluntary) or in carrying out official duties;
• A person to whom this Part of the Act applies may (but need not), if:

(a) The person suspects on reasonable grounds that the physical or psychological development of an unborn child is at risk (whether due to an act or omission of the mother or otherwise); and

(b) That suspicion was formed in the course of the person’s employment, report that suspicion.

• Ensuring that a report / notification is undertaken as soon as practicable after the suspicion is formed;

• Upholding the Code of Ethics for the South Australian Public Sector;

• Listening to children and young people and attending to their needs when children and young people interact with the health system.

2.6 Commissioner for Children and Young People SA:
• Can exercise powers as set out in the Children and Young People Oversight and Advocacy Bodies Act 2016.

• The Commissioner for Children and Young People has the authority to advise, make recommendations to Ministers, State authorities (such as SA Health) and other bodies on matters related to the rights, development and wellbeing of children;

• In exercising these powers the Commissioner for Children and Young People may inquire into matters related to the rights, development and wellbeing of children and young people at a systemic level, including in the event that an organisation is not fulfilling its obligation to provide a safe and responsive environment for children;

• SA Health staff must co-operate with the Commissioner for Children and Young People in the event of an enquiry into a health system is conducted.

3. Policy Requirements

3.1 Scope
This Policy Directive applies to all SA Health staff, volunteers, students on placement or work experience, contractors (referred to hereafter as ‘SA Health staff’), and relates specifically to their contact with children. The CYPS Act defines a child or young person as a person who is under 18 years of age.

3.1.1 Principles
The principles which guide SA Health staff in creating child safe environments are set out below.

• Across the health system, child safe environments will comply with the conditions set out under Chapter 8 of the CYPS Act.

• Engaging with children in their health care and in making contribution to improving the environments provided by SA Health will be valued and respected (see section 3.1.3 below).

• Via education and ongoing professional development, the workforce will have the required skills, knowledge and attitudes to meet the mandated requirements of their position insofar as it relates to their interaction with children.

• The organisation will create opportunity to ensure that staff embeds the principles and
practices of child safety and protection into their work.

- Staff will ensure that the safety and wellbeing of children and young people is promoted. Partnership with other agencies, such as the Department for Child Protection (DCP), is expected in this endeavour.

In adhering to these principles SA Health is committed to:

- Valuing all children and young people and seeking to protect them;
- Promoting an environment in which children feel respected, safe and valued and are encouraged to reach their potential;
- Embedding the protection and support of children including the unborn child into the organisational culture, such that everyone is aware of their responsibility;
- A process of recruitment and selection of staff that supports the provision of child safe environments, and is in keeping with the provisions set out in the Child Safety (Prohibited Persons) Act 2016;
- Observing all research ethics requirements related to children.

3.1.2 Minimising Risk

Failure to ensure a child safe environment may result in children experiencing physical, sexual, emotional and psychological abuse and neglect. In order to mitigate risk it is the responsibility of each LHNs to identify, assess and monitor any risks within the environment.

In accordance with the SA Health Risk Management Policy all LHNs are required to develop a ‘System Risk Analysis for Child Safe Environments’, the purpose of which is to:

- Identify all elements of the service and organisational system that support child safe environments across the Network;
- Consider what processes the Network has in place to ensure the elements work as effectively as possible;
- Identify the circumstances in which the elements might fail and create corresponding controls to mitigate or minimise impacts.

A bi-annual audit process focussed on the safety of the environment for children must be undertaken as a risk management strategy. The audit will consider the adequacy of policies and supporting governance frameworks to ensure that children and young people interacting with SA Health staff and facilities are being cared for in a safe manner.

3.1.3 Engaging Children and Young People

SA Health encourages and respects the views of children and young people who access our services. To this end our workforce are required to:

- Listen to and act upon any concerns that children, young people or their families raise with us;
- Value diversity and not tolerate any discriminatory practices;
- Proactively ensure children and young people know their rights and how to access information if they feel unsafe or need to access the complaints process. This can be achieved by informing children, young people and their families of how to access Your rights and responsibilities: a charter for consumers of the South Australian public health system; and SA Health Consumer Feedback Management Policy Directive.
3.1.4 Consent
SA Health staff must seek consent to provide treatment to children and young people engaged with the health care system. Consent must be sought and provided in line with the Consent to Medical Treatment and Health Care Policy Guideline and the Providing Medical Assessment and/or Treatment Where Patient Consent Cannot be Obtained Policy Directive (SA Health).

3.1.5 Privacy and Dignity
It is paramount that the privacy and dignity of children and young people consumers of SA Health is respected at all times during their health care experience, in line with the SA Health Privacy Policy Directive. SA Health is committed to ensuring that people who come into contact with SA Health have the right to have their privacy respected. This is achieved by ensuring that all personal information that SA Health holds is secure and protected from unauthorised access or misuse.

LHNs must consider appropriate procedures to address (but are not limited to):
- Taking images of children;
- Supervision of children;
- Physical contact and in particular intimate procedures and the use of Chaperones;
- Cyber safe guidelines.

3.1.6 Identification
SA Health acknowledges that children and young people must be able to be correctly identified at all times. In line with the SA Health Patient Identification Policy Directive all SA Health staff must verify that the person they are attending to is the one for whom the treatment is intended.

3.1.7 Physical Environments
SA Health staff must ensure that accommodation for children is arranged in a safe and appropriate way as per the requirements of the Same Gender Accommodation Policy Directive, Same Gender Accommodation Policy Guideline and SA Health Protective Security Policy.

Clinical need, age and stage of development are of paramount importance and should determine a child or young person’s location on the ward (i.e. closer to the nurse’s station). In the event that a child or young person requests to share a room with another child or young person their own age this may outweigh any concerns about providing same gender rooms or bays. The decision to arrange mixed gender accommodation for this purpose must only be made with the mutual consent of the patients, their parents/guardians.

Children and young people must not:
- Sleep in the same room and or bay as adult patients;
- Share bathroom or recreational facilities with adult patients;
- Be asked to pass through an adult ward to access any facilities.

3.1.8 Preventing Abduction whilst in the care of SA Health
Preventing abduction by persons known or unknown is a crucial aspect of child safe environments. Health services need to include information about any child protection orders, instrument of guardianship, domestic violence or restraining orders in the health records of a child. Obtaining information about the protective needs of a child whilst in hospital should be incorporated in admissions procedures as well as in health records.
In the event that a child is abducted from a health facility or service SAPOL must be immediately contacted on 131 444.

3.1.9 Mandatory Reporting

SA Health is committed to taking appropriate, immediate and consistent action to report any actual or suspected intentional harm, including sexual abuse or assault, abuse or assault, abduction against an infant, child or young person or any breaches of court orders whilst at a SA Health premise or facility.

Staff members working in all environments are required to report any child protection concern as per the SA Health Child Protection – Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk of Harm (0- under 18 years) Policy Directive. This Policy Directive provides information about mandatory reporting requirements relating to risk or suspected harm of a child or young person (0- under 18 Years) in accordance with Chapter 5 of the CYPS Act.

If a mandated reporter suspects on reasonable grounds that a child has been or is or may be at risk of harm and the suspicion is formed in the course of the person’s employment (whether paid or voluntary) or of carrying out official duties, the person must notify the Department for Child Protection (DCP) of that suspicion as soon as practicable after the suspicion is formed.

A person to whom this Part of the Act applies may (but need not), if—

(a) the person suspects on reasonable grounds that the physical or psychological development of an unborn child is at risk (whether due to an act or omission of the mother or otherwise); and

(b) that suspicion was formed in the course of the person’s employment,

report that suspicion in accordance with subsection (4). Failure to do so may incur a maximum penalty of $10 000.

Under the SA Health Child Protection – Mandatory Reporting of Suspicion that a Child or Young Person is or may be at Risk of Harm (0- under 18 years) Policy Directive:

- Mandated reporters must make their own report / notification when they have additional knowledge of a child’s circumstances beyond that reported to them by a previous notifier or police officer;
- Notifiers do not have to prove that the abuse has occurred;
- All mandated reporting must be accompanied by a statement of observations, information and opinions on which the suspicion is based;
- Reporters whose notification is made in good faith are protected from any perceived legal consequences in respect to the report / notification or provision of the information;
- A reporter does not necessarily exhaust their duty of care to a child by making a report / notification and must take such action as is necessary at the time to protect a child and prevent further harm if it is safe to do so;
- SA Health staff who are Mandatory Reporters must ensure they have undergone Child Safe Environments Mandated Reporting Training and consider the necessity of being registered for DCP online reporting;
- If registered for online reporting, staff members must be familiar with the instructions for using the online child protection online reporting system.
3.1.10 Collaboration and Information Sharing
SA Health will work in partnership with government and non-government organisations as well as health consumers to promote and protect the safety and wellbeing of children and young people.

SA Health staff will implement the principles and follow the processes outlined within the SA Ombudsman Information Sharing Guidelines for Promoting Safety and Wellbeing: SA Health ISG Appendix Policy Directive along with the Information Sharing Guidelines for Promoting Safety and Wellbeing SA Health Appendix. The Information Sharing Guidelines provides a framework for the sharing of information between a wide range of government and non-government agencies in the interests of the protection, early intervention, better coordination of services, and consistent information sharing for children and young people who may be at risk.

SA Health staff members, particularly those engaged with care and protection of children and young people, will support the Memorandum of Understanding (MOU), for a coordinated response to housing and the care and protection of children and young people (2016-2019), between Department of Human Services (Housing SA, Disability Services), Department for Education, Department for Child Protection and SA Health.

3.1.11 Incident Reporting
The Incident Management Policy Directive provides guidance on requirements in the event of an incident, and the Responding to Suspected or Alleged Offences Against a Child Occurring At a SA Health Facility and/or Service Policy Guideline outlines specific responses for suspected child sexual assault within an SA Health facility.

4. Implementation & Monitoring
Compliance will be monitored by LHNs by identifying and reviewing incident reports concerning children and young people, and identifying any consequential required action. LHNs will also review employment checks where required. These reports will be assessed annually or as required by LHN Risk Management Units.

Other incidents requiring SAPOL or other system-wide intervention will also be monitored by LHN Risk Management Units.

Any incident that has high risk will require specific review by the LHN and escalated to the Chief Executive as required.

Consideration will also be given to national and state-wide child protection and child safety reports that may arise from time to time and may have implications for this Policy Directive.

5. National Safety and Quality Health Service Standards
The Australian Commission on Safety and Quality in Health Care has developed the National Safety and Quality Health Service Standards (the Standards).

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.
Please identify how this policy directive contributes to any of the below listed standards:

|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|

☒ ☐ ☐ ☐ ☐ ☒ ☐ ☐

6. Definitions

In the context of this document:

- **Harm and risk of harm** is defined under the CYPS Act, Chapter 3, section 17-18:

  17 (1) For the purpose of this Act, a reference to harm will be taken to be a reference to physical or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.

  18 (1) For the purposes of this act, a child or young person will be taken to be at risk if:

    (a) The child or young person has suffered harm (being harm of a kind against which a young person is ordinarily protected); or
    (b) there is likelihood that the child or young person will suffer harm (being harm of a kind against which a young person is ordinarily protected); or
    (c) there is likelihood that a child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of –
      i. being subjected to a medical or other procedure that would be unlawful if performed in this state (including, to avoid doubt, female genital mutilation); or
      ii. taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the marriage Act 1972 of the Commonwealth; or
      iii. enabling the child or young person to take part in any activity, or an action to be taken in respect of the child or young person, that if it occurred in this State, constitute an offence against the Criminal Law Consolidation Act 1935 of the Criminal Code of the Commonwealth; or
    (d) the parents or guardians of the child or young person –
      i. are unable or unwilling to care for the child or young person; or
      ii. have abandoned the child or young person, or cannot, after reasonable inquiry, be found; or
      iii. are dead

- **Child**: Under the CYPS Act, ‘child’ or ‘young person’ means a person who is under 18 years of age (including the unborn child).

- **Family** means parents or sole parent, guardian or carer of the child or young person.
• **Guardian** of a child or young person means the guardian or guardians of a the child or young person pursuant to an order of the Court.

• **Mandated Reporter** refers to *individuals* who are required to notify/report suspicions of harm or risk of harm under section Chapter 5, Part 1, Section 31 of the *CYPS Act*.

• **Screening**: Child-related employment screening is an essential mechanism in protecting South Australia’s children and young people from harm. SA Health and LHNs must ensure that an assessment of the person’s relevant history has been conducted, before a person is appointed to or engaged to act in a ‘prescribed position’ (whether an employee, volunteer, agent, contractor or subcontractor). Within the South Australian government sector the Department of Human Services is mandated to conduct child-related employment screening on behalf of organisations that are engaging employees and/or volunteers as per the *Child Safety (Prohibited Persons) Act 2016*.

• **Staff** means all SA Health staff, volunteers, students on placement or work experience, contractors and consultants that provide health services to the community or who have access to children’s and young people’s health records, including SA Health staff members working in other government agencies.

7. Associated Policy Directives / Policy Guidelines and Resources

*Child Protection – Mandatory Reporting of Suspicion that a Child or Young Person Is or May Be at Risk of Harm (0-18 years) Policy Directive.*

*Collaborative Case Management of High Risk Infants in Hospitals Policy Directive.*

*Collaborative Case Management of High Risk Infants in Hospitals Policy Guideline.*

*Responding to Suspected or Alleged Offences against a Child Occurring At a SA Health Facility and/or Service Policy Guideline.*

*Consent to Medical Treatment and Health Care Policy Guideline.*

*Criminal and Relevant History Screening Policy Directive.*


*SA Health Protective Security Policy.*

*Providing Medical Assessment and/or Treatment Where Patient Consent Cannot be Obtained Policy Directive (SA Health).*


*South Australian Safe Infant Sleeping Standards Policy Directive.*

*Same Gender Accommodation Policy Directive.*

*Same Gender Accommodation Policy Guideline.*

*South Australian Legislation*
Children and Young People (Safety) Act 2017

Consent to Medical Treatment and Palliative Care Act 1995

Child Safety (Prohibited Persons) Act 2016

Children and Young People Oversight and Advocacy Bodies Act 2016.

Health Care Act 2008

Mental Health Act 2009

National Frameworks and Plans

National Framework for Creating Child Safe Environments Organisations, Employees and Volunteers 2005 (Commonwealth Government)

The National Framework for Protecting Australia’s Children: 2009-2020: Protecting children is everyone’s business (Council of Australian Governments)

The National Plan to Reduce Violence against Women and their Children 2010–2022

8. Document Ownership & History

Document developed by: Child Safety Strategy Team, Women’s and Children’s Health Network

File / Objective No.: 2015-07663/1

Next review due: 20 October 2022

Policy history:

Is this a new policy? N

Does this policy amend or update an existing policy? Y

If so, which version? V3.0

Does this policy replace another policy with a different title? N

ISBN: 978-1-74243-976-1

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/05/2019</td>
<td>V3.1</td>
<td>Director Corporate Governance and Policy</td>
<td>Minor amendments</td>
</tr>
<tr>
<td>15/10/2018</td>
<td>V3</td>
<td>Interim Director Health Informatics</td>
<td>Reviewed and updated in line with Legislation</td>
</tr>
<tr>
<td>01/05/2018</td>
<td>V2</td>
<td>SA Health Policy Committee</td>
<td>Formally reviewed in line with 1-5 year scheduled timeline for review.</td>
</tr>
<tr>
<td>24/02/2012</td>
<td>V1.1</td>
<td>Policy and Inter-government Relations</td>
<td>Minor modifications.</td>
</tr>
<tr>
<td>18/02/2011</td>
<td>V1</td>
<td>Portfolio Executive</td>
<td>Original Portfolio Executive approved version.</td>
</tr>
</tbody>
</table>
Vulnerable Groups

Vulnerability

Vulnerability can be found across South Australia and there are various factors that influence this, including economic and social stressors, poverty, trauma and multiple intersecting risk factors. Health services and health professionals have a responsibility to be attuned to vulnerability and provide an environment that promotes the safety and wellbeing of vulnerable children.

8.1.1 Promoting the Cultural Safety of Aboriginal Children

It is important to recognise the value of culture and the vital role that Aboriginal and Torres Strait Islander families and communities play in participating in decisions about the safety and wellbeing of Aboriginal children and young people.

Aboriginal leadership teams across LHNs are available to provide consultation and guidance to ensure that services provided to Aboriginal children, young people and families are:

- culturally safe and responsive
- targeted and intensive where indicated to ensure risk and child safety is attended to,
- promote healing, and acknowledge past trauma and its impact on current functioning,
- Integrated and holistic offering vulnerable families the opportunity to readily engage with services to meet their children’s health needs.

8.1.2 Promoting Safety for Children from Culturally and/or Linguistically Diverse (CALD) Backgrounds

CALD refers to the wide range of cultural groups that make up the South Australian population. The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity, language, arrival situations and current status. People from CALD backgrounds can include established arrivals, refugees and humanitarian entrants, and new and emerging communities.

SA Health is committed to the provision of safety and protection of children from Culturally and Linguistically Diverse (CALD) backgrounds who are vulnerable. Vulnerable children and young people from CALD backgrounds may have significant medical, psychological, developmental and challenges as a result of trauma, abuse and neglect. It is imperative they have priority access to planned and coordinated services and supports to ensure their opportunities for healthy development are optimised.

8.1.3 Promoting the Safety of Children with a Disability

The SA Health Disability Action Plan 2008-2013 recognises the access requirements of people with disabilities vary according to the nature of the disability. Examples of what these requirements may include are as follows:

- people with mobility disabilities who use wheelchairs and those with ambulant disabilities require designed access paths and circulation space into and within buildings.
- people who are deaf or have other hearing impairments require access to communication, information, emergency warning systems and broadcast facilities.
• people with low or no vision require a safe and clearly identified pathway within which to travel, for example the use of tactile indicators, access to communication, information, emergency warning systems and broadcast facilities.
• people with intellectual or psychiatric disabilities or people with acquired brain injuries may require access to information and communication in plain English, clear picture/graphs or symbols or may require access to someone who can provide access to information where appropriate.
• people with speech impairments may require access to aids or technologies to enable communication with others, including access to communication services, people with time and patience to listen and understand and to observe their right to communicate.

Each child’s abilities and needs should be assessed on a case by case basis in consultation with family members and where possible, with the child or young person receiving the service.

8.1.4 Promoting the Safety of Children Under Guardianship

Children and young people under Guardianship Orders may have significant medical, psychological, developmental and educational needs and behavioural challenges as a result of trauma, abuse and neglect. It is important they have priority access to services and supports that are well planned and coordinated to ensure their opportunities for healthy development are optimised.

An assessment of risk should be made for children and young people under guardianship in conjunction with DCP to determine whether there is a need to ensure secure care whilst in hospital. SA Health staff need to be vigilant and prevent entry of persons who are not identified by the current legal guardian as prescribed visitors.