



Young Children at Risk | Learner Guide

# Learner Guide

# Young Children at Risk

CHCPRT025

Identify and report children and young people  
at risk



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**Trigger Warning - This Learner Guide discusses topics relevant to different types of abuse and neglect which may be confronting for some readers. If you need support, please reach out to a trusted friend, speak to your community supports or call Lifeline on 13 11 14.**

## Introduction

### About this Learners Guide

This Learner Guide covers the unit of competency, CHCPRT025 Identify and report children and young people at risk, which is part of the Health and Community Services training package.

This guide has been designed to describe the performance outcomes, skills and knowledge required to identify children and young people who are at risk and report in line with legislative requirements. This work occurs within legislative and policy frameworks and carries a duty of care responsibility.

On successful completion of this unit you will be able to:

1. Identify children and young people at risk
2. Report indications of possible risk of harm
3. Apply ethical practices in work with children and young people

### Information for Learners

Training Unlimited is a nationally recognised training organisation offering competency based training and assessment.

Competency based training and assessment means you will receive training and be assessed against the national competency standards in line with your job role.

The competency checklist and knowledge summary in this workbook are from national competency standards.

Training Unlimited Training Specialists are highly skilled industry professionals who offer you the support and guidance you need to achieve the outcomes required. Your training is a combination of both theoretical knowledge and practical skills that you will be required to demonstrate. Training may take place in the workplace on the job, or in a classroom as part of a formal training program or course, or a combination of both. The purpose of the training is to provide you with the skills and knowledge to succeed in your role.

Competence in this unit leads to the issuance of a nationally recognised *Statement of Attainment*.



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## About the workplace

The guide is structured to allow you to develop your skills and knowledge as you work. That means that you will need to work within the organisational requirements of the employer, support your work team and colleagues, maintain personal hygiene and presentation in line with job role requirements, and develop effective work habits relevant to your job role.

In order to achieve competency in this unit, a learner must demonstrate:

### Performance evidence

- implement work practices which support the protection of at least two children and young people, including:
  - complying with regulations, legislation and duty of care responsibilities
  - employing child-focused and ethical work practices to uphold the rights of children and young people
  - maintaining confidentiality
  - identifying and responding to concerns in the protection of children and young people
- read and interpret the procedures for reporting children and young people at risk in line with organisational policies and procedures and legislative requirements.

### Knowledge evidence

- types, indicators and dynamics of abuse:
  - physical
  - emotional
  - psychological
  - sexual
  - neglect
  - parental
  - pre-natal
- protective and risk factors that apply to different groups:
  - age
  - gender
  - disability
  - culture
  - sexuality
- key aspects of the United Nations Convention on the Rights of the Child
- impact of risk of harm
- characteristics of children and young people of risk
- characteristics of child-focused work practices
- engagement techniques for working with children and young people:
  - establishing rapport
  - asking non-leading and open questions
  - active listening techniques
- duty of care, professional boundaries, and responsibilities



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- impact of trauma on children and young people
- ethical needs and considerations including:
  - approaches that incorporate the conventions on the rights of the child and human rights
  - obligations as defined by the job specification and employing organisation
  - obligations as stated in relevant codes of practice, licensing, accreditation registration to professional bodies and service agreements
  - principles of ethical decision making
- overview of legal system and how it pertains to the job role:
  - child protection system, including reporting protocols, responses to reporting and interagency policies
  - child protection legislation in the relevant State or Territory
  - Commonwealth, State or Territory requirements and processes for notifying risk, suspected harm and reporting process
  - statutory and policy requirements relating to job role
- organisational policies and procedures for:
  - gathering information
  - documentation
  - reporting
  - communication
  - privacy and confidentiality.



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### Assessment

Once you have completed your training and practiced your skills, you will be ready to have your skills and knowledge assessed. Assessment involves you completing a number of assessment activities over a period of time. Sometimes assessment activities may assess a number of units; as the evidence gathered by your Training Specialist aligns to a number of units you are enrolled in.

All units are graded Competent or Not Yet Competent. If you have been deemed Not Yet Competent in a unit, you will be provided with feedback on areas you need to develop and will be provided with another opportunity to undertake the assessment.

Upon successful completion, you will be awarded a Statement of Attainment for the unit/s you have completed.

#### Assessment methods include but are not limited to:

- Observation of performance within the workplace, or simulated classroom environment reflecting industry realistic operating conditions
- Answers to questions and case studies evidencing knowledge application
- Review of workplace documents and portfolios of evidence
- Third party workplace reports of on-the-job-performance

We acknowledge the need to make reasonable adjustments within our assessment and learning environments to meet your individual needs. If you would like to speak confidentially to someone about your needs, please chat with your Training Specialist.

### Recognising Prior Knowledge and Skills

You may already have some or all of the skills and knowledge required of this unit, if so you may apply for Recognition of Prior Learning (RPL).

If you hold a relevant Qualification, Statement of Attainment or have had experience or previous training in this area, provide a copy of your transcript and evidence of your experience to your Training Specialist who will explore your eligibility for credit transfer or enrolment into the unit via a recognition pathway.



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### Learning Tips

Your Training Specialist is committed to your learning and development needs. Feel free to ask questions at any time to ensure you understand what is required.

- Set aside time each week to read through the Learner Guide.
- Ask your Training Specialist for feedback as you work through the activities
- Practice your skills as often as you can, 'remember practice makes perfect'
- Seek more information by using the Internet, relevant textbooks or maybe ask your supervisor or manager at your workplace for help; your Training Specialist can provide you with information on recommended resources
- When you have successfully completed the requirements you are ready for assessment





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The protection and safety of children and young people is always of the highest priority. This unit will cover each area of abuse and its impacts on children and their families' lives. It will assist you in becoming confident to identify indicators and behaviour of potential abuse and be able to respond in a sensitive and lawful manner.

Please read through your services 'Child Safety' or 'Child Protection' policy to understand your specific role and responsibilities as a mandatory reporter and within your duty of care requirements.

### Why Do We Need Child Protection Legislation and Services?

Far too many children and young people are in need of protection services. Statistics show that the number of reports of children and young people at risk of harm is increasing and rose to almost 360,000 in 2015–2016. Sadly, there are many children and young people in our society who continue to live in danger of neglect and harm, in most cases, from those who are supposed to protect and care for them.



For more information about the prevalence of child abuse and neglect in Australia, explore the following links:

- 'The Prevalence of Child Abuse and Neglect' from the Australian Institute of Family Studies (AIFS) <https://aifs.gov.au/resources/policy-and-practice-papers/prevalence-child-abuse-and-neglect>
- 'Australia Facing an "Epidemic of Child Abuse and Neglect", According to Experts' from ABC News <https://www.abc.net.au/news/2018-09-16/australia-facing-an-epidemic-of-child-abuse-and-neglect/10233898>

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## What Is Child Abuse?

The World Health Organization defines child abuse and neglect as follows:

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.

*World Health Organization*

This definition makes it clear that there are many aspects to harm. Abuse and neglect can result in harm to a child's:

- Physical welfare and physical health
- Emotional wellbeing and mental health
- Development, both physical and psychological
- Self-esteem and identity
- Development of social relationships

The impacts of abuse and neglect can last for a lifetime. Abuse and Neglect Abuse is the intentional infliction of harm, whether it is physical, emotional or sexual harm, and involves deliberate acts. Neglect is the failure to protect or provide for a child's needs, either intentionally or through negligence. It refers to the failure to provide the necessary care.



**Example:** Physically injuring a child on purpose is abuse. Allowing a child to be injured by failing to provide a safe environment is neglect. The outcome of both situations is harm to the child. Child protection legislation, policies and services address harm arising through both abuse and neglect.



For a clear introduction to the topic of child abuse and neglect, watch the following video: 'What Is Child Abuse and Neglect?' by Centers for Disease Control and Prevention (CDC) on YouTube <https://scnv.io/5iKm>



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## Types of Abuse

Child abuse includes physical, sexual, psychological and emotional abuse and neglect. It can also include exposure to domestic and family violence or other forms of violence – allowing a child to witness violence is a form of abuse.

### Physical Abuse

Physical abuse is intentional injury to a child. It does not always leave visible marks or injuries. Physical injury to the child may not be the perpetrator's primary intention. Injury may happen in the course of disciplining or punishing the child, but the key point is that the person's actions are intentional, not accidental. In the past, some forms of physical abuse were justified as 'discipline', and it is only recently that physically punishing children has come to be frowned upon in Australia. Physical abuse can include:

- Hitting
- Shaking
- Choking
- Smothering
- Throwing
- Burning
- Biting
- Poisoning
- Using physical restraints
- Any other act that causes physical injury

### Sexual Abuse

Sexual abuse involves using power, authority, manipulation, physical force or coercion to engage a minor in a sexual act. A minor is anyone under the age of 18. Exposing children to sexual behaviour or material also constitutes sexual abuse. The abuser may be an adult, an adolescent or another child.

#### Key Points:

- Sexual abuse usually occurs in secret.
- The child often feels shame, guilt and self-blame and is reluctant to tell anyone about the abuse.
- When the abuser is a trusted adult (e.g. a primary caregiver), the child is often coerced into silence through fear of the abuser being punished.
- The child is usually dependent on the abuser for their basic needs.
- Children may be led to believe that the abuse is an expression of love or that they are responsible for the abuse. Except in cases of abuse between children of similar ages, the abuser always has more power than the child

### Grooming

Grooming is the process whereby an abuser manipulates a child into sexual activities. Grooming behaviours include:

- Targeting or selecting a child to whom the perpetrator has access
- Bribing, which may involve giving the child 'special' attention, including spending time with the child and giving gifts



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- Maintenance behaviours, meaning encouraging dependence, fostering secrecy, making the child believe they are responsible for the abuse and have chosen to participate in the sexual activities, and using a combination of bribes and threats to ensure secrecy – fear, shame and feelings of responsibility also work to maintain secrecy

### Psychological and Emotional Abuse

All forms of abuse have an emotional and psychological impact. However, some forms of abuse use emotions and psychological 'bullying' as the primary means of abuse. Emotional abuse occurs over a period of time and includes a person or people using negative verbal and non-verbal language to put down a child. This abuse moulds the child's self-belief and worth. Emotional abuse behaviours include:

- Constantly putting a child down by telling them they are stupid, worthless, incompetent, ugly, unwanted and so on
- Humiliating or shaming a child by mocking or laughing at their mistakes or calling them humiliating names, often in front of other people
- Not showing love, support or guidance
- Continually ignoring or rejecting the child
- 'Blowing hot and cold' with inconsistent and unpredictable praise/affection and rejection
- Exposing the child to family and domestic violence
- Threatening abuse, bullying a child or to harm loved ones, property or pets

Psychological abuse is the act of treating or speaking to a child in a manner that moulds the child's thought processes and actions in a negative way, often impacting the child's ability to develop appropriate behaviours to be successful in life. Psychological abuse behaviours include:

- Constantly belittling, shaming and humiliating a child (as with emotional abuse)
- Intentionally misrepresenting other people to child to mould their thoughts or actions
- Calling the child names to minimise their self-worth
- Threatening a child
- Keeping a child isolated from other people or friends and not allowing them to participate in normal activities, such as sports and attending classmates' birthday parties
- Encouraging a child to act inappropriately

### Neglect

Neglect refers to a child not being provided the basic survival needs. This can be either out of choice or because of hardship. Survival needs include food, shelter, medical treatment, supervision and care.

Neglect may be acute, episodic or chronic. Acute neglect is severe and/or causes immediate harm, for example, leaving a child in an unsafe environment where they are very likely to be injured or harmed. Episodic neglect occurs as a series of separate events, for example, a child occasionally being left alone in the house or not being provided with meals. Chronic neglect is ongoing over a long period of time. For example:

- Leaving a child alone without appropriate supervision
- Not ensuring that a child attends school or not enrolling a child in school
- Allowing a child to contract infections because of poor hygiene or lack of medication
- Not giving a child affection or emotional support
- Not getting medical help when required



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- Not providing a safe environment for the child (e.g. exposing the child to drugs and alcohol, allowing strangers unsupervised access to the child’s home or leaving the child with strangers)
- Exposing the child to violence within the family or other violent situations

### Parental Abuse

Abuse directed at a parent, often by a child or adolescent. Abuse can manifest in diverse forms, encompassing physical, verbal, psychological, emotional, and financial dimensions.

Whilst it is normal for adolescents to demonstrate healthy anger, conflict and frustration during their transition from childhood to adulthood, anger should not be confused with violence. Violence is about a range of behaviours, including non-physical acts, aimed at achieving on-going control over another person by instilling fear.

Most abused parents have difficulty admitting even to themselves that their child is abusive. They feel ashamed, disappointed and humiliated and blame themselves for the situation which has led to this imbalance of power. There is also an element of denial where parents convince themselves that their son or daughter’s behaviour is part of normal adolescent conduct.

The repercussions of enduring abuse from one's offspring can be substantial, exerting influence on the physical and mental well-being of parents, both in the immediate and prolonged periods.

Some other reasons for the cause of the abuse could include:

- Aggressive behavioural tendencies
- Frustration or inability to deal with problems
- Unable or unwilling to learn how to manage behaviour
- Witnessing other abuses at home
- Lack of respect for a parent because of perceived weakness
- Lack of consequences for bad behaviour
- Being abused themselves
- Not being able to properly care for a disabled or mentally ill parent(s)
- Revenge or punishment
- Mental illness

Signs/Indicators	Dynamics - <i>refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.</i>
<ul style="list-style-type: none"> <li>- Physical injuries to the parent</li> <li>- Intimidation or threats from the child</li> <li>- Property damage or financial exploitation</li> <li>- Parent expressing fear or helplessness</li> </ul>	<ul style="list-style-type: none"> <li>- Can stem from behavioural or mental health issues</li> <li>- Often underreported due to stigma or shame</li> <li>- May involve role reversal in family dynamics</li> </ul>



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### Pre-natal Abuse

Pregnancy is a time when violence toward women is known to increase. For many, it is the first time that they will actually experience family violence. Women who are already in an abusive relationship may hope that pregnancy and/or having a baby will reform their partner and that their violence and/or manipulation will stop; however, it is more likely to have the opposite effect, as rates of violence actually increase.

In pregnancy, emotional abuse may take several forms. It may, for example, take the form of threats to report the woman to child welfare authorities as an unfit mother. A partner may obstruct access to antenatal care. They may refuse to support a woman financially during pregnancy. Physical violence in pregnancy is more likely to target the woman’s abdomen, breasts or genitals.

Many women who experience family violence in pregnancy are reluctant to leave because they are financially vulnerable or they fear what their partner may do.

Violence during pregnancy is harmful to both the woman and her unborn baby. Research has shown that women reporting abuse during pregnancy had higher rates of intrauterine growth retardation, preterm labour and lower birth weight, as well as a higher risk of miscarriage. The baby can also be damaged by physical assault.

Family violence has significant mental health impacts for women and is linked to antenatal depression, anxiety, and decreased attachment to the baby. It is also associated with lower rates of breastfeeding.

<b>Signs/Indicators</b>	<b>Dynamics</b> - <i>refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.</i>
<ul style="list-style-type: none"> <li>- Physical harm to the pregnant person</li> <li>- Stress-related complications (e.g., premature birth)</li> <li>- Lack of prenatal care due to control or isolation</li> <li>- Increased vulnerability and dependency</li> </ul>	<ul style="list-style-type: none"> <li>- Abuse may begin or escalate during pregnancy</li> <li>- Can have long-term effects on both mother and child</li> <li>- Often involves emotional, physical, and financial control</li> </ul>

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### The People Who Abuse and Neglect Children

We all warn our children not to speak to or accept sweets from strangers. However, statistics show that many sexual abusers are actually people from within the child's social or family circles, and physical and emotional/psychological abuse and neglect are mostly carried out by parents or caregivers.



#### Note

A lot of abuse and neglect goes undisclosed and unreported, which makes it difficult to record an accurate picture of who abuses and neglects children.

In recent years, evidence of historical abuse and neglect of children in institutional settings has come to light. The problem was widespread in Australia, especially within programs such as the child migrant schemes and in institutions charged with caring for children removed from their families. Indigenous and Torres Strait Islander children removed from their families (the Stolen Generations) suffered abuse and neglect in addition to losing their families, language and culture. This has had a lasting impact within these communities over several generations. There are still stories emerging of children taken into 'care' experiencing abuse and neglect.



Great new resource - [Children's safety and safeguarding in early childhood services — Early Childhood Australia Learning Hub](#)



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### Indicators of Abuse and Neglect

Indicators are signs or symptoms of something. They may be physical and visible, or they may be behavioural. In identifying indicators of abuse and neglect, it is important to look at the context, avoid jumping to conclusions and seek further information. A single indicator is not conclusive evidence, but it can serve as a 'red flag'.

### Skills for Identifying Indicators of Risk and Harm

To identify and respond appropriately to indicators that a child or young person may be at risk of harm, the following skills are needed.

#### Observation Skills

Observation skills are the foundation for identifying signs that a child or young person is at risk or has been harmed. Look for any obvious physical signs of injury or neglect, for example, bruises, burns, cuts and other injuries; and torn, dirty or inadequate clothing. Remember that not all physical injuries are visible, so also look for signs of pain, for example, limping, favouring one side or part of the body, or flinching when a painful area is touched.

Look for behaviours and changes in behaviour that might indicate emotional or psychological distress, for example, withdrawing from social contact, aggressive behaviour, crying and signs of depression. Children and young people who may have trouble communicating verbally about painful subjects might create drawings and engage in play featuring injuries, harm and frightening subjects, indicating they may be at risk.

Early childhood services will observe and document concerns in a formal matter. Services will have developed templates that educators should use to document any suspicions of child abuse. Necessary information to add to documentation will include the date, time and details of the event or observations. The information must be factual and also include any physical or behavioural indicators of abuse and neglect.

#### Questioning Skills

Asking questions – including asking open-ended questions and allowing the child to tell their story in their own time – is one of the main methods of gathering more information on an issue. Probing and pushing questions should not be used - leave investigation to Department of Communities - Child Protection.

Using active listening and demonstrating empathy is also important in establishing trust and helping children feel listened to. Observe the child's body language and other non-verbal communication. It is important to remember when having a discussion with a child that you should not lead the child with your questioning. It is important to give the child space to tell you their story. Leading a child to an answer can cause the confession to be dismissed in court.

Reassure the child that they will not get into trouble for talking about painful subjects and provide a safe and private environment for them to do this.



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The following lists are not exhaustive. These are only examples of some of the warning signs for different kinds of abuse. When a child exhibits these signs, it does not necessarily mean they are being abused. The child or young person's circumstances and their age or other vulnerabilities, for example, disability or chronic illness, also need to be taken into consideration.

**Talk to your supervisor if you have good reason to suspect that a child is at risk of harm.**

**Neglect-** *Neglect usually has an impact on a child's health and wellbeing, so there are physical signs as well as behavioural signs.*

Child Signs/Indicators	Parent/Caregiver Signs	Dynamics - <i>refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.</i>
<ul style="list-style-type: none"> <li>- Failure to thrive, including not meeting development milestones for education or socialising (developmental delay)</li> <li>- Low weight for age and/or failure to thrive and develop</li> <li>- Untreated physical problems e.g. sores, serious nappy rash and urine scalds, significant dental decay</li> <li>- Poor standards of hygiene i.e. child consistently unwashed</li> <li>- Poor complexion and hair texture</li> <li>- Child not adequately supervised</li> <li>- Scavenging or stealing food and focus on basic survival</li> <li>- Extended stays at school, public places, other homes</li> <li>- Longs for or indiscriminately seeks adult affection</li> <li>- Rocking, sucking, head-banging</li> <li>- Prone to illness, repeated infections, common colds, with no indication of medical care</li> <li>- Abnormal hunger, stealing or hoarding food</li> </ul>	<ul style="list-style-type: none"> <li>- Unable or unwilling to provide adequate food, shelter, clothing, medical attention, safe home conditions</li> <li>- Leaving the child without appropriate supervision</li> <li>- Abandons the child</li> <li>- Withholding physical contact or stimulation for prolonged periods</li> <li>- Unable or unwilling to provide psychological nurturing</li> <li>- Has a limited understanding of the child's needs</li> <li>- Has unrealistic expectations of the child</li> </ul>	<ul style="list-style-type: none"> <li>- Can be passive (due to ignorance) or active (intentional withholding)</li> <li>- Often affects children, elderly, or disabled individuals</li> <li>- May coexist with other forms of abuse</li> </ul>

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**Sexual Abuse** - In many cases, there may be no obvious physical signs of sexual abuse, but as with emotional and psychological abuse, sexual abuse can lead to behavioural changes that indicate potential abuse.

Child Signs/Indicators	Parent/Caregiver Signs	Dynamics - refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.
<ul style="list-style-type: none"> <li>- Fear of being touched</li> <li>- Becoming withdrawn and distant</li> <li>- Depression</li> <li>- Anger</li> <li>- Expression of guilty feelings</li> <li>- Bruising or bleeding in the genital area</li> <li>- Sexually transmitted diseases</li> <li>- Bruising to breasts, buttocks, lower abdomen or thighs</li> <li>- Describing sexual acts</li> <li>- Child or child's friend telling you about it, directly or indirectly</li> <li>- Sexual knowledge or behaviour inappropriate for the child's age</li> <li>- Regressive behaviour e.g. sudden return to bed-wetting or soiling</li> <li>- Self-destructive behaviour e.g., self-mutilation</li> <li>- Unexplained accumulation of money and gifts</li> </ul>	<ul style="list-style-type: none"> <li>- Exposing a child to prostitution or pornography or using a child for pornographic purposes</li> <li>- Intentional exposure of a child to sexual behaviour of others</li> <li>- Previous conviction or suspicion of child sexual abuse</li> <li>- Coercing a child to engage in sexual behaviour with other children</li> <li>- Verbal threats of sexual abuse</li> </ul>	<ul style="list-style-type: none"> <li>- Often involves coercion, manipulation, or threats</li> <li>- May be hidden due to shame or fear</li> <li>- Can occur in any relationship, including familial or caregiving</li> </ul>

**Emotional / Psychological Abuse** - All types of abuse and neglect harm children psychologically, but the term 'psychological harm' or 'emotional abuse' applies to behaviour that damages the confidence and self-esteem of a child or young person, resulting in serious emotional deprivation or trauma.

Child Signs/Indicators	Parent/Caregiver Signs	Dynamics - refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.
<ul style="list-style-type: none"> <li>- A reluctance to go home (particularly if the abuser is in the family home)</li> <li>- Being unusually upset</li> <li>- Being withdrawn and non-communicative</li> <li>- Reporting verbal or emotional mistreating</li> </ul>	<ul style="list-style-type: none"> <li>- Constant criticism, belittling and teasing of a child</li> <li>- Ignoring or withholding praise and attention</li> <li>- Excessive or unreasonable demands</li> </ul>	<ul style="list-style-type: none"> <li>- Often subtle and long-term</li> <li>- Can be harder to detect than physical abuse</li> <li>- Undermines the victim's confidence and independence</li> <li>- Manipulative and controlling</li> </ul>

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Child Signs/Indicators	Parent/Caregiver Signs	Dynamics - <i>refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.</i>
<ul style="list-style-type: none"> <li>- Unable to value others</li> <li>- Lack of trust in people</li> <li>- Extreme attention-seeking behaviour</li> <li>- Obsessively eager to please or obey adults</li> <li>- Takes extreme risks</li> <li>- Markedly disruptive, bullying or aggressive</li> <li>- Highly self-critical, depressed or anxious</li> <li>- Persistent running away from home</li> <li>- Dishonesty, including lying or stealing for no reason</li> <li>- Poor self-image and self-esteem, 'putting themselves down' through negative comments</li> <li>- Self-harming behaviours, such as pinching, pulling out hair or hitting themselves</li> <li>- Changes in appetite, weight or eating habits</li> <li>- Changes in sleeping patterns</li> </ul>	<ul style="list-style-type: none"> <li>- Persistent hostility and severe verbal abuse, rejection and scapegoating</li> <li>- The belief that a particular child is bad or 'evil'</li> <li>- Using inappropriate physical or social isolation as punishment</li> <li>- Domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>- Often involves distortion of reality</li> <li>- Can lead to long-term trauma and mental health issues</li> </ul>

### Physical Abuse

Child Signs/Indicators	Parent/Caregiver Signs	Dynamics - <i>refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.</i>
<ul style="list-style-type: none"> <li>- Unexplained reoccurring injuries</li> <li>- Inconsistent or absent explanation for bruises</li> <li>- Bruises in unlikely places (e.g. face, back, ears, hands, buttocks, upper thighs and soft parts of the body)</li> <li>- Unlikely excuses for injuries</li> <li>- Self-destructive behaviour</li> <li>- Aggressiveness</li> </ul>	<ul style="list-style-type: none"> <li>- Frequent visits with their child or children to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or with internal complaints</li> <li>- Explanation of injury offered by the parent is</li> </ul>	<ul style="list-style-type: none"> <li>- Often escalates over time</li> <li>- May be used to exert control or in still fear</li> <li>- Victims may minimise or deny the abuse due to fear or shame</li> </ul>



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Child Signs/Indicators	Parent/Caregiver Signs	Dynamics - <i>refers to the patterns, behaviours, and power relationships that shape how the abuse occurs and evolves over time.</i>
<ul style="list-style-type: none"> <li>- Wearing clothes that do not match the weather in order to cover injuries</li> <li>- Lacerations and welts, which may show the shape of the object that caused it e.g. belt buckle, hand print</li> <li>- Drowsiness, vomiting, fits or pooling of blood in the eyes, which may suggest head injury</li> <li>- Adult bite marks and scratches</li> <li>- Fractures of bones, especially in children under three years old</li> <li>- Dislocations, sprains, twisting</li> <li>- Burns and scalds (including cigarette burns)</li> <li>- Consistent, unexplained abdominal pain</li> <li>- Signs of poisoning or significant overmedicating</li> </ul> <p>Children who have been physically abused may also show some behavioural signs, such as:</p> <ul style="list-style-type: none"> <li>- Fear in facial responses or body language, especially in the presence of the abuser</li> <li>- The infliction of the same form of abuse on younger children, pets or toys</li> <li>- Aggressive behaviour, such as fighting with other children, throwing tantrums or destroying property/toys</li> <li>- Withdrawal and depression or anxiety symptoms</li> <li>- Changes in appetite or eating habits</li> <li>- Changes in sleeping patterns, including bedwetting, nightmares or night terrors</li> </ul>	<p>not consistent with the injury</p> <ul style="list-style-type: none"> <li>- The family history of violence</li> <li>- History of their own maltreatment as a child</li> <li>- Fears injuring their child</li> <li>- Uses excessive discipline</li> </ul>	



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**Physical abuse** can be difficult to distinguish from accidental injury. There are four things to take into consideration when trying to determine if an injury was accidental or a result of abuse.

### 1. Location of the injury:

When a child falls by accident, injuries typically occur on the hands, elbows, knees, shins, and forehead. If injuries occur on parts of the body that are usually protected (buttocks, back of legs, thighs, back, torso and face) it is less likely an accident.

### 2. Number and regularity of injuries:

It is not common to experience multiple injuries on different parts of the body, especially not over and over again. Multiple injuries that are at different stages of healing are also an indicator that abuse is occurring.

### 3. Size and shape of the injury:

Often, intentional injuries are caused by an abuser using familiar objects, like a stick, a board, a belt or a hairbrush. The marks these objects leave on the body resemble the objects themselves. Accidental marks resulting from bumps and falls usually have no defined shape.

### 4. Description of how the injury occurred:

If an injury is accidental, the explanation of how it happened should be reasonable and consistent with the appearance of the injury. When the description of how the injury occurred and the appearance of the injury are inconsistent, there is cause for concern.

There are some common signs of abuse and neglect to look out for in the early childhood education and care setting. For example:

- Bruises and abrasions in places that are less likely to be injured in normal activity (see above)
- Burns
- Talking about private parts in an inappropriate way (beyond the usual interest that occurs in the bathroom)
- Talking about sexuality or acting out sexually
- Play scenarios (either in pretend to play with peers or with dolls) that include abusive behaviours
- Severely low weight
- Excessively poor hygiene
- Extreme avoidance or fear of conflict, especially among adults



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### Risk Factors

The following risk factors (either individually or in combination) are associated with increased risk of harm for children and young people:

- Social or geographic isolation of the child, young person or family, including lack of access to extended family.
- Previous abuse or neglect of a brother or sister.
- Family history of violence including domestic violence.
- Parent/caregiver suffering from physical or mental health issues that affect their ability to care for the child or young person.
- Parent/caregiver alcohol and/or other drug misuse that affects their ability to care for the child or young person.
- Young age - Power imbalance between older people and young children. May not know or understand their rights. Easily frightened.
- Disability - May be rejected by parents. Long hospitalisation after birth may lead to attachments not being formed properly. Child may need significant care which parents are not equipped to give.
- Gender - Both boys and girls are subject to abuse, but sometimes in different ways. A boy may be expected to be 'strong' or be labelled a baby if he cries, or have more expectations put on them. Children may observe their mother being abused by the father. Girls may be more subject to sexual abuse although this happens to both gender.
- Culture - Different cultures have different ideas about nurturing and discipline. Some cultures expect children to grow up tough and not misbehave. Strict rules may be imposed that are not reasonable for a child to conform to which then leads to punishment. Some cultures may have issues with poverty, isolation, and drug and alcohol abuse which may lead to increased harm of children in that culture.
- Sexuality - LGBTQIA+ individuals may face stigma, isolation, or lack of inclusive services, leading to mental health risks or reluctance to seek help.

**A risk factor is NOT a determinant of abuse and/or neglect. Not all children who fall into these categories will experience abuse and neglect. Exercise caution and always consult with your lead educator and nominated supervisor if you have concerns.**

Abuse and neglect do not always happen in families in certain groups or socio economic status. From the outside, parents can seem very involved, attentive, etc., so while your intuition plays a role in recognising abuse, it is important to take note of all signs and symptoms, regardless of your impressions of the parent. Remember that exposure to domestic abuse between the parents, even if the child is not physically harmed, is also considered abuse if the child witnesses it. Young children are often unable to communicate about abuse and neglect; so early childhood educators are in a unique position to help these children if the proper care is taken. Using open and non-leading questions is a key strategy for getting reliable answers from children.

It can be difficult to get good answers or explanations from children who are not yet very verbal. You may ask how a child got a certain mark, and they won't be able to tell you. It can be helpful, if you're comfortable, to ask the parents themselves and "feel out" their answer to help you decide if you're still concerned.



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Open and non-leading questions require that the person give more than a “Yes” or “No” response. They usually begin with “what, why, how”. An open question asks the person for his or her knowledge, opinion or feelings. “*Tell me about...*” and “*Describe how that happened...*” can also be used in the same way as open questions.

How to use questions effectively:

- Know the purpose of your question
- Formulate the question carefully
- Keep questions clear, concise and easy for the child to understand to understand
- Include only one main idea per question
- Listen to their response

Be careful not to lead the child or young person into giving you a certain answer. You may have concerns about their safety or suspicions that they are being harmed, but you cannot ask the type of questions that will force the child to confirm your suspicions.

### The Impact of Abuse and Neglect in Childhood

There are many factors that affect the impact of child abuse and neglect on children, including:

- The child’s age and developmental stage at the time of the abuse
- The type of abuse
- The frequency, duration and severity of the abuse
- The relationship between the child and the perpetrator
- The support systems available to the child
- The child’s connections to their community and culture
- The individual and personal characteristics of the child

The impacts of abuse and neglect during childhood can last for a lifetime. Some of the short-term effects may include the following:

**Physical Damage** - This may be relatively minor, such as bruising, or severe, such as broken bones, internal bleeding or deep tissue burns. While physical injuries may heal, the associated emotional and psychological damage may be longer lasting.

**Developmental Damage** - Abuse and neglect can cause brain damage and impair development in domains such as cognitive ability, language and speech. Sustained abuse can result in anxiety and ongoing distress, causing the child to have difficulty concentrating and self-regulating. This in turn impairs learning and leads to poor performance at school.

**Mental Health** - Child abuse and neglect can have lifelong consequences for a person’s mental health. Problems such as post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), and anxiety and mood disorders (e.g. depression) are common among adolescents who suffered abuse as children. Research shows a strong link between childhood abuse and depression later in life.

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**Social Problems** - Abused and neglected children can struggle to develop and maintain trusting relationships and attachments in childhood and in later life. Some studies indicate that neglect results in children feeling unwanted, while physical abuse does not necessarily result in feelings of abandonment or rejection. Both abuse and neglect lead to insecure attachment, with neglected children experiencing high levels of anxiety in relationships in adulthood, while abused children may develop dependent and co-dependent relationships based on low levels of self-esteem.

**Behavioural Issues** - Abused and neglected children often develop 'challenging' and aggressive behaviours in childhood and in adolescence, or they become withdrawn and isolated. Anxiety and depression are common, as are self-harming behaviours, eating disorders, and promiscuous and risk-taking behaviours.



### Key Points

The consequences of abuse vary, with some children experiencing significant damage across many aspects of their lives, and others experiencing less. Positive relationships with caring adults after the abuse can reduce the negative impacts.

### A Rights-Based Approach to Abuse and Neglect

Rights-based approaches focus on breaches of rights. In the case of child abuse and neglect, this means the violation of children's basic human rights. A rights-based approach aims to remedy the violation and works to uphold the rights of the child.

Rights-based approaches are constructed using principles of empowerment, participation, equality and equity. These approaches, used with people who have survived childhood abuse, work to re-establish self-esteem and, if the abuse occurred within an institution, seek redress from the institution responsible. For example, redress was sought in recent cases of institutional abuse within churches.



### Key Points

All forms of abuse and neglect are a violation of children's rights. Children have the right to expect that adults, especially those in positions involving childcare, will do their best to keep them safe from harm.



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## The Australian Legal System

Duty of care is a part of common law (i.e. there is no 'Duty of Care Act').

We will take a brief look at our legal system so that you can understand the legal context for child protection laws in Australia. In Australia's legal system, there are two kinds of law:

- Legislation
- Common law

Legislation is the statutes or laws enacted by parliaments (state/territory and/or federal/Commonwealth). These are called Acts of Parliament, or Acts. Common law is a body of law built up over many years based on precedent or previous decisions made by courts and judges. It is sometimes called 'judge-made' law. Australian common law was inherited from English common law and later extended by decisions made in Australian courts.

Duty of care is a part of common law (i.e. there is no 'Duty of Care Act').

Because Australia is a federation of states and territories, each of which has its own parliament, there may be different laws in different states/territories.

Federal or Commonwealth laws apply to the whole country, and if there is a conflict between a state/territory law and a federal/Commonwealth law, the federal/ Commonwealth law usually predominates.

Each state and territory has its own child protection legislation, so you will need to refer to the relevant Acts (statutes) for your own state/territory. There are some differences in these laws between states/territories. There is no overriding federal law relating to child protection.

### **Criminal Matters and Civil Matters**

Within our legal system, there are two avenues for dealing with breaches of laws:

- The civil courts
- The criminal courts

Civil courts deal with civil disputes, such as property disputes and lawsuits for negligence compensation or debts, and any matters where there is a dispute that does not involve a criminal offence.

Criminal courts deal with criminal offences, such as theft, assault, distribution of illegal drugs, public indecency or damage to property, and identity or financial fraud.

Matters relating to breaches of duty of care are usually dealt with in the civil courts, unless a criminal offence is involved.



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Australia is also a party to the seven core international human rights treaties, which means voluntarily accepting legal obligations under international law. The seven treaties are

Treaty	Date
International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)	1965
International Covenant on Civil and Political Rights (ICCPR)	1966
International Covenant on Economic, Social and Cultural Rights (ICESCR)	1966
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	1979
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)	1984
Convention on the Rights of the Child (CRC)	1989
International Convention on Protection of the Rights of All Migrant Workers and Members of Their Families (ICMRW)	1990



# Young Children at Risk | Learner Guide

## Duty of Care

Duty of care is particularly important in relation to children and young people at risk of harm. You need to understand this concept and its implications for your work as well as for your everyday conduct.

### Duty of Care and Negligence

#### What Is Duty of Care?

Australian common law imposes a 'duty' on all of us to take 'reasonable care' that our actions do not cause foreseeable harm or injury to others. In daily life, we should behave sensibly when we are around other people and avoid causing harm to others by being careless.

As an early childhood employee, you sign a contract that binds you to a duty of care that requires you to report any suspicions of abuse against children. Duty of care extends to the role of workers in relation to child protection.

#### What Is Negligence?

Negligence is another word for carelessness. To be negligent means to fail in your duty of care by acting carelessly and causing harm to others.

In the context of child protection, if you are aware of indications that a child has been harmed and you fail to meet legislative or practice requirements for reporting this and for safeguarding the child, this is likely to be counted as negligence.

## The Legality of Duty of Care and Negligence

### Duty of Care Relationship

A duty of care relationship exists whenever one person's actions may reasonably be expected to affect another person. The key word here is 'reasonably' – we are not expected to predict unlikely or unusual outcomes of our actions.

### Standard of Care

The general 'standard' for duty of care is how a 'reasonable person' would be expected to behave in each situation.

This sets a minimum standard of care, but there is no simple formula or precise legal definition of a 'reasonable person'. What is considered 'reasonable behaviour' can change over time and from one situation to another and can vary across cultures.

Standards of care may be applied differently according to the role and status of the person, the context and the circumstances. For example, the standard of reasonable behaviour for an adult is usually higher than the standard for a child. The standard of care expected of a surgeon in treating a patient is higher than that of a first responder. Workers in community services are usually expected to have more skills and knowledge than their clients in relation to their job roles, so a higher standard of care applies to them.

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### Breach of Duty of Care

For legal action to be taken, a breach of duty of care must have occurred. This means that one person must have done something, either intentionally or unintentionally, that failed to meet a relevant standard of care. For example, a worker who has failed to follow a particular procedure or has overlooked a task that is part of their normal duties has failed in their duty of care.

### Harm, Injury and Loss

Unless someone has sustained harm, injury or loss as a result of another person's careless or negligent actions, there is no basis for legal action.

In most cases, harm, injury or loss will be physical or economical, but intangible harm, such as psychological damage and emotional distress, loss of status and damage to reputation, may also be included.

### Legal Action for Negligence

Legal action for compensation following negligence is conducted through the civil courts. Breaching your duty of care is not a criminal offence unless it also involves a criminal offence, such as assault or theft. There is no 'Negligence Act' or 'Duty of Care Act' – negligence and duty of care are part of common law.



# Young Children at Risk | Learner Guide

## Child Protection in Australia

The child protection system in Australia includes:

- Child protection legislation
- Child protection authorities
- Child protection and support services

The overriding principle is that the welfare and best interests of the child are paramount. This includes the understanding that within a child's family is the best place for a child to be cared for, so removing a child from their family should happen only as a last resort. Supporting the family to care for the child is preferable to removal. However, a child who is at risk of immediate harm may be removed to a place of safety. In Australia, state/territory governments have the responsibility for statutory child protection.

As an early childhood educator your role is shaped by a range of legal and policy frameworks that ensure the safety and wellbeing of children in your care. The child protection systems which outlines the responsibilities of professionals to protect children from harm.

### The National Framework for Protecting Australia's Children

The Coalition of Australian Governments (COAG) endorsed the first National Framework for Protecting Australia's Children 2009-2020 and it aims to provide the foundation for national, coordinated reform across all states and territories.

The Framework can be accessed via the Department of Families, Housing, Community Services and Indigenous Affairs here <http://www.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>



#### Key Points

A key principle of the framework is that everyone has a role to play in keeping children safe and that child protection is a community and societal responsibility.

Practical measures and intervention for child, youth and family protection are implemented by individual governments of states and territories. The area of child protection is highly regulated; however, across Australia, the standards and guidelines differ.



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### Child Protection Legislation in Australia

As stated previously, each state/territory has its own child protection laws and authorities. These are summarised in the following table:

Overview of Key Australian Child Protection Legislation	
Jurisdiction	Principal Child Protection Act
National	Family Law Act 1975 Australian Human Rights Commission Act 1986
AC	Children and Young People Act 2008
NSW	Children and Young Persons (Care and Protection) Act 1998
NT	Care and Protection of Children Act 2007
Qld	Child Protection Act 1999 Child Protection Reform Amendment Bill 2017
SA	Children's Protection Act 1993
Tas	Children, Young Persons and their Families Act 1997
Vic	Children, Youth and Families Act 2005
WA	Children and Community Services Act 2004

Below is a list of relevant child protection authorities across states and territories that can provide detailed information on the various facets of child protection work.

State/Territory	Department or Office	Website
Australian Capital Territory	<b>Agency:</b> Child and Youth Protection Services (CYPS) <b>Role:</b> Coordinates care and protection for children at risk.	<a href="#">Child protection and youth justice - ACT Government</a>
New South Wales	<b>Agency:</b> Department of Communities and Justice <b>Role:</b> Handles reports of child abuse and neglect.	<a href="http://www.facs.nsw.gov.au">http://www.facs.nsw.gov.au</a>
Northern Territory	<b>Agency:</b> Territory Families, Housing and Communities <b>Role:</b> All individuals are legally required to report suspected abuse.	<a href="https://families.nt.gov.au/child-protection">https://families.nt.gov.au/child-protection</a>

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State/Territory	Department or Office	Website
Queensland	<b>Agency:</b> Department of Child Safety, Seniors and Disability Services <b>Role:</b> Leads child protection services.	<a href="https://www.families.qld.gov.au/our-work/child-safety">https://www.families.qld.gov.au/our-work/child-safety</a>
South Australia	<b>Agency:</b> Department for Child Protection <b>Role:</b> Protects children from abuse and neglect.	<a href="https://www.childprotection.sa.gov.au/">https://www.childprotection.sa.gov.au/</a>
Tasmania	<b>Agency:</b> Department of Health and Human Services <b>Role:</b> Operates Child Safety Service.	<a href="https://www.health.tas.gov.au/health-topics/child-and-youth-health/child-safety-and-wellbeing">https://www.health.tas.gov.au/health-topics/child-and-youth-health/child-safety-and-wellbeing</a>
Victoria	<b>Agency:</b> Department of Families, Fairness and Housing <b>Role:</b> Child Protection Service for children at risk of significant harm.	<a href="https://services.dffh.vic.gov.au/child-protection">https://services.dffh.vic.gov.au/child-protection</a>
Western Australia	<b>Agency:</b> Department of Communities <b>Role:</b> Provides child protection and family support services.	<a href="https://www.wa.gov.au/organisation/departments-of-communities/child-protection">https://www.wa.gov.au/organisation/departments-of-communities/child-protection</a>

Child protection procedures help to ensure that children are not placed in further or additional harm while the concerns are being investigated. Several issues need to be considered when planning to provide a safe supportive environment for children and young people:

- Keeping children safe is a state of mind – think ‘protection’.
- In any situation, the protection of children is the most important thing.
- Treat children at all times with dignity, respect, and concern for their rights.
- Give children a voice – listening to children will help keep them safe.
- Child protection is everybody’s business – we all have responsibilities for protecting children.
- Learn about the problem of abuse and the risks to children in your area of work.
- Manage risk – think about how children could be harmed and address this.
- Be sensitive to children and signs that may indicate abuse.
- ‘Think the unthinkable’ – children are usually abused by people they know and trust.
- If you have reason to believe a child is at risk or is being abused, you must tell someone.



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State and territory governments are responsible for administering and operating child protection services. Legislation in each state and territory govern the way these services are provided. The principal child protection Acts in each state and territory are provided on the Australian Institute of Family Studies website - <https://aifs.gov.au/resources/resource-sheets/mandatory-reporting-child-abuse-and-neglect>

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:

Principles	Practices	Outcomes
<ul style="list-style-type: none"><li>•Secure, respectful and reciprocal relationships</li></ul>	<ul style="list-style-type: none"><li>•Holistic, integrated and interconnected approaches</li><li>•Responsiveness to children</li></ul>	<ul style="list-style-type: none"><li>•Children have a strong sense of wellbeing</li></ul>



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Respond to disclosure, information or signs, and symptoms in accordance with state legislative responsibilities and the service policies and procedures

### Adhere to policies and procedures

Policies and procedures are in place to serve the children. This is best accomplished when everyone involved in the process knows his or her role and follows it. Early childhood education centres have policies in place to ensure that their service is committed to providing a safe, friendly and supportive environment for the children in their care. The centre will then develop a series of procedures to implement this policy. These procedures will include but may not be limited to:

- **Lawful and legislative requirements** – this refers to what is legal and what is not and is covered by various government Acts and Regulations.
- **Code of Conduct** – this refers to the standard of behaviour, human interactions and values that the organisation expects from their staff when either supporting, caring, interacting or working with children and young people. ECA Code of Ethics [ECA-COE-Brochure-web-2019.pdf](#)
- **Job and role descriptions** for all staff.
- **Professional development** that will enhance the skills of the staff identifying children and young people at risk of harm.
- **Human resources and flexible support to staff**, particularly when staff are faced with the difficult situation of ensuring the welfare of children and young people accessing the service.

**Duty of Care statement** – this refers to:

- The organisation's commitment to keeping children and young people safe and free of danger or injury as reasonably possible.
- Providing services, support, and childcare if applicable in a warm and caring manner.
- Upholding the rights of the child or young person.
- Being responsible and accountable for one's own actions as an adult.



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## Mandatory Reporting

The word 'mandatory' means that something is authorised, required and made compulsory by law. Child protection legislation identifies certain occupations in which reporting concerns about children at risk of abuse or neglect is mandatory.

Mandatory reporting stipulates particular industry workers, including teachers, early childhood education and care workers and health professionals as having legal obligations to report suspected abuse. Any suspicion of child abuse must be acted upon and reported.

Depending on the state/territory, legislation dictates that mandatory reporters must comply with legislative requirements regardless of their organisational requirements.

In addition to mandatory reporting, voluntary reporting is possible, and a person who makes a voluntary report receives the same protections regarding confidentiality and legal liability as someone who is legally mandated to report.

Legislative requirements and procedures vary across services and states/territories, so if you are in doubt about the proper procedure, talk with your supervisor.

### Australian Mandatory Reporting Requirements

The National Institute of Family Studies has put together a guide to mandatory reporting of child abuse and neglect. It is recommended that you locate the relevant department or organisation to clarify the requirements in your state/territory.

State	Mandatory Reporters	What must be reported
QLD	A doctor or registered nurse	Awareness or reasonable suspicion during the practice of his or her profession of harm or risk of harm.
	School staff	Awareness or reasonable suspicion that a child has been or is likely to be sexually abused; and the suspicion is formed in the course of the person's employment.
	An authorised officer, an employee of the Department of Child Safety, a person employed in a departmental care service or licensed care service.	Awareness or reasonable suspicion of harm caused to a child placed in the care of an entity conducting a departmental care service or a licensee. <ul style="list-style-type: none"> <li>- Physical abuse</li> <li>- Sexual abuse or exploitation</li> <li>- Emotional/psychological abuse</li> <li>- Neglect</li> </ul>

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State	Mandatory Reporters	What must be reported
NSW	<p>A person who, in the course of his or her professional work or other paid employment delivers, or supervises the provision of:</p> <ul style="list-style-type: none"> <li>- Health care</li> <li>- Welfare</li> <li>- Education</li> <li>- Children's services</li> <li>- Residential services or law enforcement, wholly or partly, to children</li> </ul>	<p>Reasonable grounds to suspect that a child is at risk of significant harm and those grounds arise during the course of or from the person's work.</p>
ACT	<ul style="list-style-type: none"> <li>- Doctors</li> <li>- Dentists</li> <li>- Nurses enrolled nurses</li> <li>- Midwives</li> <li>- Teachers</li> <li>- Person providing education to a child or young person who is registered or provisionally registered, for home education under the Education Act 2004</li> <li>- Police officer</li> <li>- Person employed to counsel children or young people at a school</li> <li>- Person caring for a child at a child care centre</li> <li>- Person coordinating or monitoring home-based care for a family day care scheme proprietor</li> <li>- Public servant who, in the course of employment as a public servant, works with, or provides services personally to, children and young people or families</li> <li>- The public advocate</li> <li>- An official visitor</li> <li>- Person who, in the course of their employment, has contact with or provides services to children, young people and their families and is prescribed by regulation</li> </ul>	<p>A belief, on reasonable grounds, that a child or young person has experienced or is experiencing sexual abuse or non-accidental physical injury and the belief arises from information obtained by the person during the course of, or because of, the person's work (whether paid or unpaid).</p>
NT	Any person	<p>A belief on reasonable grounds that a child has suffered or is likely to suffer harm or exploitation.</p>



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State	Mandatory Reporters	What must be reported
		<ul style="list-style-type: none"> <li>- Physical abuse</li> <li>- Sexual abuse</li> <li>- Emotional/psychological abuse</li> <li>- Neglect</li> <li>- Exposure to physical violence (e.g., a child witnessing violence between parents at home)</li> </ul>
	Registered Health Professionals	Reasonable grounds to believe a child aged 14 or 15 years has been or is likely to be a victim of a sexual offence and the age difference between the child and offender is greater than 2 years.
SA	<ul style="list-style-type: none"> <li>- Doctors</li> <li>- Pharmacists</li> <li>- Registered or enrolled nurses</li> <li>- Dentists</li> <li>- Psychologists</li> <li>- Police officers</li> <li>- Community corrections officers</li> <li>- Social workers</li> <li>- Teachers in educational institutions including kindergartens</li> <li>- Family day care providers</li> <li>- Employees/volunteers in a government department, agency or instrumentality, or a local government or non-government agency that provides health, welfare, education, sporting or recreational, childcare or residential services wholly or partly for children;</li> <li>- ministers of religion (with the exception of disclosures made in the confessional)</li> <li>- Employees or volunteers in a religious or spiritual organisation</li> </ul>	<p>Reasonable grounds to suspect that a child has been or is being abused or neglected; and the suspicion is formed in the course of the person's work (whether paid or voluntary) or carrying out official duties.</p> <ul style="list-style-type: none"> <li>- Physical abuse</li> <li>- Sexual abuse</li> <li>- Emotional/psychological abuse</li> <li>- Neglect</li> </ul>
TAS	<ul style="list-style-type: none"> <li>- Registered medical practitioners, nurses, midwives</li> <li>- Dentists, dental therapists or dental hygienists</li> <li>- Registered psychologists</li> </ul>	A belief, suspicion, reasonable grounds or knowledge that a child has been or is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004.



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State	Mandatory Reporters	What must be reported
	<ul style="list-style-type: none"> <li>- Police officers</li> <li>- Probation officers</li> <li>- Principals and teachers in any educational institution including kindergartens</li> <li>- Persons who provide child care or a child care service for fee or reward</li> <li>- Persons concerned in the management of a child care service licensed under the Child Care Act 2001</li> <li>- Any other person who is employed or engaged as an employee for, of, or in, or who is a volunteer in, a government agency that provides health, welfare, education, child care or residential services wholly or partly for children, and an organisation that receives any funding from the Crown for the provision of such services; and any other person of a class determined by the Minister by notice in the Gazette to be prescribed persons</li> </ul>	<ul style="list-style-type: none"> <li>- Physical abuse</li> <li>- Sexual abuse</li> <li>- Emotional/psychological abuse</li> <li>- Neglect</li> <li>- Exposure to family violence</li> </ul>
WA	<ul style="list-style-type: none"> <li>- Doctors</li> <li>- Nurses and midwives</li> <li>- Teachers</li> <li>- Police officers</li> </ul>	Belief on reasonable grounds that child sexual abuse has occurred or is occurring.
	<ul style="list-style-type: none"> <li>- Court personnel</li> <li>- Family counsellors</li> <li>- Family dispute resolution practitioners, arbitrators or legal practitioners representing the child's interests.</li> </ul>	Reasonable grounds for suspecting that a child has been: <ul style="list-style-type: none"> <li>- Physically or sexually abused or is at risk of being abused.</li> <li>- Ill-treated, or is at risk of being ill-treated.</li> <li>- Exposed or subjected to behaviour that psychologically harms the child.</li> </ul>
VIC	<ul style="list-style-type: none"> <li>- Registered medical practitioners, midwives, registered nurses</li> <li>- Teachers registered under the Education, Training and Reform Act 2006 or teachers granted permission to teach under that Act</li> </ul>	Belief on reasonable grounds that a child is in need of protection on a ground referred to in Section 162(c) or 162(d), formed in the course of practising his or her office, position or employment. <ul style="list-style-type: none"> <li>- Physical abuse</li> <li>- Sexual abuse</li> </ul>



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State	Mandatory Reporters	What must be reported
	<ul style="list-style-type: none"><li>– Principals of government or non-government schools</li><li>– Members of the police force</li></ul>	

(Commonwealth of Australia 2013)

You will need to know the regulations that apply to your jurisdiction. Visit <https://aifs.gov.au/resources/resource-sheets/mandatory-reporting-child-abuse-and-neglect> for further information on these and other state and federal government Acts and Regulations.



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### Responding to Disclosure

A child or young person who has been abused or is being abused will often feel very uncomfortable about telling someone. This due to a number of reasons including the victim's age, level of development and may include:

- The victim feeling scared because the abuser may have threatened to hurt them or their loved ones if the person tells anyone else about the abuse.
- Feelings of guilt because the abuser has made the victim feel guilty by telling the victim that they are bad, naughty, etc., or that something bad will happen to the abuser e.g., a dad who is the abuser will have to go to jail and never see the child again.

Older children and young people may feel used, degraded, worthless, embarrassed and shameful.

Children and young people sometimes fear repercussions for themselves or siblings or consequences for parents or other family members. Because of this, a child might ask an adult to promise secrecy before disclosing. Such a promise should not be made. The mandatory reporter can reassure the child and encourage them to speak out about the abuse.

When a child tells you that s/he has been abused, s/he may be feeling scared, guilty, ashamed, angry and powerless. You, in turn, may feel a sense of outrage, disgust, sadness, anger and sometimes, disbelief. It is important for you to remain calm and in control, and to reassure the child that s/he has done the right thing by telling somebody about what is happening. Let the child know that you are willing to listen and that you want to try to help.

Let the child take their time. It is important the child does not feel rushed or panicked and that the mandatory reporter has plenty of time to calm and reassure them. Let the child or young person use their own words. Children and young people have their own way of describing their experiences. It is important not to ask questions that suggest the 'right' words to a child or young person, or in a way that can be seen as putting words in the child's mouth.

Do not panic and say things like "That's terrible!" or "Oh no!" or act shocked and disgusted. Remember, they are already feeling bad and your shocked reactions may only make them feel worse. Disclosures can happen at any time and often when you least expect it. For example, if a child or young person trusts you and feels safe in your company they may bring it up during play.

Educators must report any disclosed incidents of abuse or neglect. If a child tells you something has happened, it should be reported to your nominated supervisor. It can feel scary, overly dramatic, or like a betrayal to report your concerns. It's important to remember that your ultimate responsibility is to the child, and even if there is a chance that your report could stop them from harm, it is worth making.

If you suspect abuse or a disclosure is made follow our centre's procedure for reporting abuse within your own job role description.



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Important things to remember during a disclosure:

- Remain calm
- Tell the child that you believe her/him
- Reassure the child that telling you was the right thing to do
- Reassure the child that the abuse is not her/his fault
- Find a quiet place to talk
- Listen carefully to what they have to say or show you
- Do not put words into their mouths or ask leading questions, such as, "Did he touch you here?"
- Ask open questions such as, "Tell me about it, and what happened next?"
- Thank them for sharing this with you
- Don't promise not to tell anyone else
- Never push the child into giving details of the abuse. Your role is to listen to what s/he wants to tell you. Do not ask leading questions or attempt to investigate what has been said.
- Tell them you will have to tell someone else who can help.
- Tell them that you will only tell someone who can help them feel safer.

Let the child or young person know what you will do next. Child abuse often leaves children feeling disempowered and lacking control in their own life. Making sure the child or young person is fully aware of each step can make the process less intimidating and can help return a sense of power and safety?

Do not confront the person believed to be abusing the child or young person. Confrontation has the potential to place the child, the mandatory reporter or others at risk. Professional child protection workers or the Police will take any necessary action.

All staff must take action if children disclose information about inappropriate behaviours of other educators or staff at the centre. It is not acceptable to minimise, ignore or delay responding to such information.

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:





# Young Children at Risk | Learner Guide

## Child-Focused Work Practices

A child-centred or child-focused approach involves keeping the child at the heart of making decisions about their lives and working in partnership with them and their families. The needs of the child are always the primary consideration.

According to the Australian Institute of Family Studies (AIFS), the terms 'child-focused' and 'child-centred' are often used interchangeably to mean focusing on 'protecting and promoting children's safety and wellbeing and ensuring that they are heard in situations that directly affect them'. The AIFS has identified four principles that characterise child-centred/child focused approaches:

1. Recognising critical times and intervening as early as possible in the life of the child and their problem
  2. Taking developmental needs of the child into account
  3. Providing children and young people with opportunities to participate in decisions that affect them
  4. Taking a collaborative approach and working with the child's family, school, community and society/culture
- Child-centred approaches also recognise the child's unique perspective and experience.

### Child-Focused Work Practices

Using child-focused work practices means working in ways that are 'child-friendly', keep the child safe and keep the child as the focus of the work. The aim is to uphold children's rights and ensure that children are safe and can reach their full potential.

Child-focused and child-centred approaches are based on a belief that children have the right to grow and develop free from harm and that the best interests of the child should be the primary focus of practice.

Child focus practices encompass:

- The learning or care environment
- The organisation's policies and procedures
- The worker's knowledge and skills

### Examples of Child-Focused Work Practices

1. **Following the Child's Interests**  
Educators observe and respond to children's interests by planning activities that reflect what the child is curious about (e.g., dinosaurs, cooking, nature).
2. **Play-Based Learning**  
Learning is embedded in play, allowing children to explore, experiment, and make sense of the world in a way that feels natural and enjoyable.
3. **Respecting the Child's Voice**  
Children are encouraged to express their thoughts, make choices, and contribute to decisions about their learning environment and activities.
4. **Individualised Learning Plans**  
Educators tailor learning experiences to suit each child's developmental stage, strengths, and needs.
5. **Safe and Inclusive Environments**  
Creating spaces where children feel emotionally and physically safe, respected, and included regardless of background or ability.



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### 6. Positive Relationships and Attachment

Building strong, trusting relationships between educators and children to support emotional wellbeing and secure attachments.

### 7. Encouraging Independence and Agency

Children are supported to do things for themselves, make decisions, and take responsibility in age-appropriate ways.

### Other Aspects of Child-Focused Approaches

Child-focused approaches and practices are holistic. This means that the child is seen in context as part of a family, community, social network and culture. Child-focused practices take these considerations into account and work to collaborate with the child's family and social networks (e.g. school, sporting teams and other social and community contacts and agencies) and acknowledge and respect cultural factors and requirements.

Strength-based approaches are also used in working with children to focus on the child's social network supports and build the child's capacity, skills and resilience in line with the principles of strength-based approaches. (For more information about strength-based approaches, please refer to your Fundamentals of Community Services Learner Guide [Eduworks Resources]).

### Human Rights

Children's sense of themselves improves as they are treated with respect and encouraged to participate in age-appropriate decision-making. This can help children speak up for themselves or avoid situations in which they are at risk of harm or when their rights are being violated.

In addition to basic human rights, children and young people are entitled to 'special protection' rights due to their vulnerability to exploitation and abuse. These rights are described in the United Nations Convention on the Rights of the Child.

The core principles in the Convention on the Rights of the Child (CRC) (1989) are:

- The right to survival and development
- Respect for the best interests of the child as a primary consideration
- The right of all children to express their views freely on all matters affecting them
- The right of all children to enjoy all the rights of the CRC without discrimination of any kind

(Australian Human Rights Commission, 2009)

One of the main human rights protections for children is that the best interests of the child must be of primary consideration in all decisions and actions concerning children. Children with a physical, intellectual or mental disability have a right to enjoy a full and decent life and have access to appropriate health care and education facilities.

Protecting the rights of young people can be achieved by upholding the following:

- **Best interests** – the best interests of the child must be a primary consideration in all actions concerning children.



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- **Non-discrimination** - each child's rights are ensured without discrimination of any kind.
- **Participation** - children who are capable of forming his/her own views have the right to express those views freely in all matters affecting them.
- **Empowerment and Participation**
  - Encourages children to express their views and make choices.
  - Values their input in planning and decision-making processes.
- **Safe and Supportive Environments**
  - Creates spaces where children feel physically and emotionally safe.
  - Promotes trust, consistency, and predictability in interactions.
- **Cultural Sensitivity and Inclusion**
  - Respects cultural, linguistic, and religious backgrounds.
  - Ensures inclusive practices that reflect diversity.
- **Collaboration with Families and Communities**
  - Engages families as partners in care and support.
  - Builds connections with community resources to enhance outcomes.

### Child-focussed work practices

The impact that educators have on children while they are in care can be enormous and can have an especially great effect when the child's home-life is less healthy. By employing child-focussed work practices, educators can uphold the rights of children in their care and help foster their independence and self-worth.

Child-focused work practices that uphold the rights of the child include:

- Getting down to the child's level and engaging them in conversation.
- Supporting them in developing age-appropriate friendships.
- Talking about what you are doing as you do it or asking for permission. For example, "I'm going to have a look at your arm now, can you lift up your sleeve?" rather than approaching an unprepared child and lifting their shirt without their input.
- Offering choices between acceptable options.
- Employing routines so that children can follow them independently after becoming familiar, in order to limit the amount that you give directions.
- Being respectful and patient when giving directions and giving children enough time to choose to respond.

It's important to encourage children to participate in decision-making (when age appropriate) that affects their lives.

Educators can facilitate this by employing the following strategies:

- Offer choices whenever possible. For instance, instead of saying, "We're going outside now. Put on your shoes," you can frame it as a choice, such as, "We're going outside now. Do you want to put on your boots or your shoes?"



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- Involve children in decisions about activities. This can be casual, such as enlisting their help in choosing art materials to put out on a table, or more formal, like taking votes at Circle Time about what book to read.
- Allow ample time for child-directed free play, in which there is little to no adult direction. You can still be involved in this play and play along. Just allow the child to lead it.
- Allow children to make decisions about what to wear, eat, and do whenever possible. Don't worry about things being "just so." Allow the child's decisions to stand.
- Teach children tools for social problem-solving, and then, when conflict arises and they need your help, guide them in using the tools rather than stepping in to directly solve the problem.
- Base curriculum on children's emerging interests. If you notice that several children keep gathering chairs and pretending to "ride the bus," you can plan activities around that interest, like reading books about buses, adding bus toys to the Block Area, or going on a field trip to ride the bus. Let the children know that you are choosing these things because you have seen their interests.
- Ask children what they know and what they'd like to learn about and allow that to influence your teaching.
- Involve families in the classroom, using children's backgrounds, traditions, and home-life to enrich the school.

Some things are not a choice and sometimes children really do just need to follow an adult's directions, primarily when it's related to safety. Luckily, the more a child is allowed to make choices, the easier it can be for them to give up some control every once in a while.

Planning and adjusting curriculum according to children's interests takes time, flexibility, creativity, and sometimes research. You also may have to sometimes scrap ideas you are excited about because the children are no longer interested. Some children may be reluctant to make a choice or share an opinion. It can be tempting to stop trying to engage these children in decision-making over time but keep trying. It can be hard to give up control of little details. For example, if you allow a child to choose their own clothes to change into after getting messy, they may pick things that look silly together. As long as the clothing is appropriate for the weather though, try to let them wear it. Parents will sometimes comment on this, as in, "I packed two matching outfits and my child is wearing half of each one" but it can help to explain your reasoning and focus on the pride the child felt in picking out the clothes and dressing him or herself.

It can be time-consuming to employ child-focused practices with every child, every time. But it is essential to the children's development and the protection of their rights as individuals. You may have to adjust the amount of time you take to complete certain routines when you shift your focus toward collaboration with the children and away from just being efficient.

### Engagement Techniques for Child-Focused Practices

#### Communication



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Communication is the foundation of child-focused practices. Effective communication, especially active listening skills, is the basis for establishing respectful, trusting relationships with children and young people at risk. Effective communication requires:

- Developing skills in listening, questioning, clarifying and responding to what is being communicated
- Being aware of our body language, facial expressions and tone of voice
- Demonstrating understanding, respect and honesty in all our interactions
- Using age-appropriate communication styles and strategies

Effective communication with children and young people includes:

- Listening to the child with the intention to hear and support the child
- Encouraging the child to express themselves and providing praise and encouragement when they do
- Using body language that shows you are interested and care: getting down to the child's level, making eye contact and using an appropriate tone of voice
- Making sure your interactions are appropriate for the child's age, including considering how long you engage for and the way you express yourself

### Active Listening

Active listening involves giving the speaker your full attention and actively engaging in the conversation. Here are a few tips to develop the practice of active listening:

- Build on what the child is telling you and show your interest by saying things such as 'Tell me more about...', 'Really!' and 'Go on'.
- Observe the child's facial expressions and body language. Listening is not just about hearing words – it is also about trying to understand what is behind those words
- Let the child know that you are listening and ensure that you have really understood the important messages that they are telling you. Repeat what the child has said back to them and make lots of eye contact.
- Allow the child time to find the words they want to say – do not interrupt or hurry them.
- Prompt the child only if necessary. This could include sounding out a word they are struggling with or posing a question.

### Observation Skills

Good observation skills are essential. Changes in posture, facial expression, gestures, tone of voice and movements can tell us as much as or more than words do. Observe the child or young person carefully when you are listening to them. Watch for reactions to particular topics or words. For example, if a child flinches away from a particular person, that might indicate fear; if a child looks away or looks down when a topic is introduced, that might indicate they find the topic painful. A change in tone of voice (becoming softer, louder, more hesitant) often indicates an emotion. Protective or self-soothing gestures and postures, such as hugging oneself, rocking, thumb sucking, can also indicate strong negative emotions.

### Asking Questions

There are three kinds of question that you can ask:

#### Closed questions



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They work to close the conversation down by limiting the number of possible responses, which are typically just 'Yes', 'No' or 'Maybe'.

### ✓ Example - Closed questions:

- Did you go to the football on Saturday?
- Did you enjoy the football match?
- When did you go to the football?

### Open questions

They work to open the conversation up and usually begin with words such as how, when, what, where, who and why. Open questions elicit details, descriptions and stories. Closed questions check or confirm information.

### ✓ Example - Open questions:

- How did you feel about your team losing the game on Saturday?
- What did you do on Saturday?
- Why did you miss the match on Saturday?

### Probing questions

They seek to gain more information from the person.

### ✓ Example - Probing questions:

- And then what happened?
- How did you feel about that?

Both closed and open questions are useful, but when communicating with children and young people at risk, you will most likely need to ask a lot of open questions. Include questions that focus on the specifics of what the child is telling you to elicit more detail and more information about what happened and how the child was affected.

### ✓ Example - If a child is telling you that they were harmed by a family member, you could ask questions such as:

- So how did this affect your relationship with Uncle Sam?
- Do you think that Uncle Sam was wrong to do that?
- How do you think a good uncle is supposed to behave towards you?
- Did this make it hard for you, given that Uncle Sam was still living in your home?  
How did you feel about that?

### Alternative Communication Strategies

Many children and young people find it hard to put certain things into words, so providing alternative ways of communicating may be helpful. With very young children, it may be more productive to use techniques such as drawing or playing with toys to elicit their story or talk about sensitive subjects. There are specialised toys, such as anatomically correct dolls, that can be used to gather information in cases of



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sexual abuse. A word of caution, though: To use these dolls, you need specialised training, and there is debate on their value and concerns about whether they may be suggestive to children.

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:

Principles	Practices	Outcomes
<ul style="list-style-type: none"><li>•Secure, respectful and reciprocal relationships</li><li>•High expectations and equity</li><li>•Ongoing learning and reflective practice</li></ul>	<ul style="list-style-type: none"><li>•Holistic, integrated and interconnected approaches</li><li>•Responsiveness to children</li><li>•Play-based learning and intentionality</li></ul>	<ul style="list-style-type: none"><li>•Children have a strong sense of identity</li><li>•Children are connected to and contribute to their world</li><li>•Children have a strong sense of wellbeing</li><li>•Children are confident and involved learners</li><li>•Children are effective communicators</li></ul>



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### Employ information-gathering techniques with children and young people in accordance with the current recognised good practice

#### The importance of good communication

Children in early childhood have a less concrete sense of things that happened in the past, and their cognitive and language development can affect the information they give you. It can be tricky to get reliable information from children, and it's easy to lead them to say things they believe you want to hear. Children are more likely to agree to leading questions. For example, if you say, "Did your mommy give you that bruise? Was she angry?" the child might say yes even if this is not true. It is best to ask open-ended and non-leading questions or make statements like, "Oh, you have a bruise here. That looks like it hurts!" and allow children to say what they will.

#### Information-Gathering

Each adult who interacts with a child has the opportunity and responsibility to ensure that that child receives the support they need. This can only be achieved by talking with the child and gathering as much accurate information as you can. Gathering information is an ongoing process. Whenever you have a concern, gather as many details as you can, and write it down, with dates, so that you can be very specific in the case that your supervisor makes a formal report.

Always talk to children at their level, eye-to-eye. Sit down with the child. They may not want to look at you while they talk. It can be helpful to engage in an activity together during the conversation, like drawing or playing with clay. But make sure to be on their level rather than hovering over.

Ask them to tell you about things, rather than asking yes or no questions. For example, if you suspect that a child is being neglected at home, instead of asking "Do your parents take good care of you? Do they cook meals? Is your house very dirty?" you might say, "Tell me about a day at home. What do you do? Who does that with you?" etc.

Focus on open-ended questions that don't lead or suggest that you are looking for a certain kind of answer. Children are suggestible and also want to please. Open-ended questions would be something like, "Do you ever feel scared? What do you feel scared of? Who helps you when you're scared?" as opposed to "Are you scared at your house? Are you scared of your dad?" Do not press if a child seems very uncomfortable.

Allow the child's answers to stand. Don't contradict them or make comments that suggest they are not telling the truth. For example, you wouldn't want to respond to disclosure with a statement like, "That doesn't make sense! Are you sure that's what happened?"

Only ask questions until you have established a reasonable sense that you need to report the issue. The child will be interviewed by the official agency later, regardless of how much information you get, and it's best not to force the child to have more of these uncomfortable conversations than are necessary, with people who are not specifically trained for this type of work.

With infants and non-verbal toddlers, you will have to assess the risk of harm by only observing signs and symptoms.



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## Communication Techniques

**Active Listening** is a way of listening and responding to another person that improves mutual understanding. It is a structured form of listening and responding that focuses the attention on the speaker. Educators must take care to attend to the child fully, and then repeat, in your own words, what you think the child has said. This lets the child know that you have really understood.

**Attending** means to 'be' with the other person. Face the child, use open body language, lean towards them, maintain eye contact, don't fidget and keep your own emotions in check. This technique is an important way to communicate to the child that you are there for them and you are listening and encourages them to open up.

Attending includes the following behaviours [remember them by SOLER]:

**Squarely** face the child ⇒ so that you are facing them

**Open** your posture ⇒ don't cross your arms or legs

**Lean** towards the person ⇒ this conveys empathy

**Eye** contact maintained ⇒ where appropriate, look them in the eye

**Relax** while attending ⇒ don't fidget or stress about the time

Please note that some attending behaviours will be determined by cultural norms. For example, Aboriginal and/or Torres Strait Islander people prefer that you sit next to them instead of directly facing them. Eye contact is another attending behaviour that differs between cultures. Please refer to and follow the cultural protocols of your client group.

Clarify anything you do not understand or doesn't make sense to you. Sometimes children's thinking and words become jumbled and mixed up when they are under stress. Remember to be yourself, don't rush them, or give them words to say, just help them sort out their thoughts and their next actions while remembering to keep them safe.

Sometimes you can't tell if you should be worried about an issue or not. Remember it's not your job to determine if abuse or neglect has actually occurred, only to report a reasonable suspicion. You might not do this perfectly. Always talk to your nominated supervisor if you think you made some kind of misstep or accidentally asked a question in a leading way.

## Establishing Rapport

Building rapport is about creating a trusting and respectful relationship. Here's how:

- Be approachable and warm: Smile, use a calm tone, and show empathy.
- Be patient: Allow time for the child to open up.
- Be non-judgmental: Accept them as they are, without criticism.
- Use humour appropriately: Light-heartedness can ease tension and build connection.
- Model respectful behaviour: Show how to treat others with kindness and fairness.

## The Early Years Learning Framework



## Young Children at Risk | Learner Guide

The principles, practices, and outcomes included in this section:

Principles	Practices	Outcomes
<ul style="list-style-type: none"><li>•Secure, respectful and reciprocal relationships</li><li>•Respect for diversity</li></ul>	<ul style="list-style-type: none"><li>•Holistic, integrated and interconnected approaches</li><li>•Responsiveness to children</li><li>•Cultural responsiveness</li></ul>	<ul style="list-style-type: none"><li>•Children have a strong sense of identity</li><li>•Children have a strong sense of wellbeing</li><li>•Children are effective communicators</li></ul>



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Ensure decisions and actions taken are within own level of responsibility, work role, state legislation and service policies and procedures

### Follow legislative guidelines

Every profession, whether it is early childhood education, teaching, nursing or construction, has a set of legislative guidelines that help workers conduct their duties in a safe, ethical and professional manner. Some affect your rights as a worker and others affect your responsibilities towards others in the workplace.

All workers should know how and where to access the legislation that affects their work and apply it correctly. Legislation is continuously being updated and amended and it is your responsibility to maintain current knowledge of all legislation relevant to your area of work.

Each state and territory has legislation that is specific to that state/territory, but in most cases, Commonwealth legislation will help guide your work. Most areas of work require that you are familiar with both State and Commonwealth legislation.

### Policies and Procedures

As well as Commonwealth and State legislation, you are also governed and protected in your work by the guidelines, policies, and procedures that your organisation has put in place. Policies, procedures and job specifications are the tools that provide an interface between the organisation and the individual worker. Policies and procedures describe a framework for your actions as workers, in a specific context. These documents ensure that everyone is doing the same thing the same way. When written in a formal document that is available for everyone to refer to, policies and procedures ensure that the organisation's values, decision-making processes, and goals are understood and upheld.

A policy is a framework or set of principles that guide decision-making and action. It is a written statement of agreed standards, views or procedures on a particular issue. It could be described as the 'law of the organisation'.

### Roles and responsibilities

All workers must perform their work within identified policies, protocols and procedures and ensure they deliver services in a legal and ethical manner. Most organisations support their workers by implementing policies that clarify roles and responsibilities when working with clients. These policies then act as a code of conduct for workers and offer them support if they receive a complaint about their actions.

It is very important to understand your role within the organisation. If you do not understand what is expected of you, you cannot uphold responsibilities.

All workers should be aware of the following documentation that outline their obligations:

- Duties and responsibilities, as outlined in the position description or service agreements
- Duty of care obligations
- Professional obligations outlined in relevant codes of practice and licensing accreditation registrations to professional bodies – ACECQA, NQF, Early Childhood Australia (ECA)
- Organisation guidelines and standards
- Relevant codes of ethics and code of practice - Early Childhood Australia Code of Ethics
- Organisation policies and procedures



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Together, these obligations ensure that educators maintain safe, inclusive, and developmentally appropriate environments that support children's learning and wellbeing. They also foster a culture of professionalism, accountability, and continuous improvement.

In cases of abuse and neglect, your role as an early childhood educator is only to report disclosure or suspicion that you experience in your work with the child. Beyond that, the responsibility lies with the authorities. There is possible risk to you and to the child if you overstep your bounds.

All the policies of your centre must still be followed, even when there is suspicion of abuse. For example, you cannot take a child home with you or prevent them from going home with their parent because you are concerned for their safety.

### Be clear on your role

Remember, you are an early childhood educator, and in some cases, a mandatory reporter, but you are not a social worker. Your job in this instance is to keep the child safe while at the centre and to report necessary issues to the appropriate person within the centre and outside agencies, who specialise in interviewing children, determining if abuse has occurred, taking over custody, working with parents to end the abuse.

Things that are not legal or not within the scope of an educator's professional level of responsibility:

- Taking over custody of the child
- Counselling the child or the parents
- Determining whether or not the child should remain with their parents
- Contacting siblings or their teachers
- Denying the parents access to their children
- Excluding children from a program based on suspected abuse or neglect
- Discussing these issues with anyone other than your lead educator, nominated supervisor and the agencies to whom the report is made.

If you strongly believe a child is in immediate danger of harm, it could be very hard to "do nothing." You just have to remember that making your report in a timely manner is the most helpful thing you can do. It may be determined that abuse has not occurred, or you may disagree with the outside agency's response to your report. In those cases, you must go along with their determination. However, this doesn't mean that you shouldn't continue to report any more signs or disclosures that you witness.

You may still have to interact with the parents or guardians after filing a report. Don't let this stop you from doing so, but let it hold you to high standards of objectivity and confidentiality.



## Young Children at Risk | Learner Guide

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:





# Young Children at Risk | Learner Guide

## General Ethical Principles

Child protection is a very sensitive area full of ethical dilemmas. Decisions about children at risk can have serious consequences, so acting in an ethical way is essential.

Ethical dilemmas are about deciding the right thing to do in a situation. Ethical issues and legal issues may overlap, but they are not the same. You must act within the law, but you must also consult relevant codes of ethics, codes of practice, service standards and other sources of information about ethical practice for your industry sector.

The following are outlines of some broad ethical principles that apply to all community services work:

### **Beneficence**

This means doing good and avoiding doing harm. It may include protecting the weak and vulnerable, and advocating for and defending their rights.

### **Justice and Equity**

This means being fair and avoiding discrimination. It also means that rules of behaviour should be applied to all people equally. Being impartial and non-judgemental is a part of justice and equity.

### **Respect**

This means treating everyone with respect for their rights, dignity and autonomy. Respecting others includes being truthful, honest and sincere.

### **Accountability and Transparency**

To be accountable is to be responsible for your actions. Accountability also means that someone else can check to see if you have followed the rules when making a decision. This principle is linked to transparency, which means not making decisions in secret, showing you are following principles and rules, and being open and honest about your actions. You must also be able to explain and justify your actions and decisions with reference to relevant legislation, policies, procedures and guidelines.

### **Confidentiality**

Confidentiality means not sharing information about someone without their knowledge and consent. This can be difficult in a child protection context because a child who discloses information about abuse or neglect might ask you not to tell anyone about it – but to keep the child safe, you will have to tell someone. Breaching confidentiality is justifiable in the following circumstances:

- In order to prevent harm to a person
- When the information has been requested by a court



## Young Children at Risk | Learner Guide

Apply ethical and nurturing practices in work with children and young people

### Children's rights explained

It is important that educators understand children's rights and how they are connected to their responsibilities in responding to the risk of harm.

Everyone has the right to:

- Privacy and protection
- Access to appropriate and equitable services
- Confidentiality
- Participation and autonomy
- Responsive, culturally aware services
- Reliable, convenient and adequate resources
- Be treated in a dignified, safe and comfortable manner
- Express own feelings, ideas, and opinions
- Associate with whom they choose

### Rights of Children and Young People

In addition to basic human rights, children and young people are entitled to 'special protection' rights due to their vulnerability to exploitation and abuse. These rights are described in the United Nations Convention on the Rights of the Child.

The core principles in the Convention on the Rights of the Child (CRC) (1989) are:

- The right to survival and development
- Respect for the best interests of the child as a primary consideration
- The right of all children to express their views freely on all matters affecting them
- The right of all children to enjoy all the rights of the CRC without discrimination of any kind  
(Australian Human Rights Commission, 2009)

One of the main human rights protections for children is that the best interests of the child must be of primary consideration in all decisions and actions concerning children. Children with a physical, intellectual or mental disability have a right to enjoy a full and decent life and have access to appropriate health care and education facilities.

Protecting the rights of young people can be achieved by upholding the following:

- **Best interests** – the best interests of the child must be a primary consideration in all actions concerning children.
- **Non-discrimination** - each child's rights are ensured without discrimination of any kind.
- **Participation** - children who are capable of forming his/her own views have the right to express those views freely in all matters affecting them.

In the early childhood education and care setting, the expectations are as follows:



## Young Children at Risk | Learner Guide

- Children are in charge of their own bodies and are entitled to be safe and handled gently.
- Children deserve to be treated with respect and consideration, and each child should be dealt with appropriately; there should not be “favourites” who receive more or different interactions with educators.
- Children have the right to be provided with food, water, safety, a stimulating environment, and positive interaction with adults and peers.
- Each child has a right to have their needs consistently met by caregivers.
- It is expected that educators and staff members will help to create this kind of environment and will speak up when they notice a threat to the rights of any child.

### What this means to you and your role

Everyone has the right to a dignified and secure way of life with equal human rights. Upholding these rights begins with ensuring children have access to what they need, when and where they need it, without judgement, criticism or discrimination.

Depending on your work role and type of centre, you are expected to protect client rights by:

- Understanding your role and responsibilities when working with children
- Working within your job specifications
- Maintaining current knowledge on legislation
- Understanding and complying with organisation policies and procedures
- Managing your personal values and attitudes
- Providing non-judgemental services
- Consulting with your supervisor when you have a value conflict
- Providing advocacy services where required
- Upholding your legal and ethical responsibilities
- Following duty of care responsibilities
- Gathering relevant information about children in an appropriate manner
- Researching all avenues for support
- Making referrals when appropriate
- Providing a safe environment
- Providing clear information regarding service delivery and scope of practice
- Providing access to information regarding other services when relevant
- Providing information regarding legal rights and obligations when required
- Acting as liaison with other community services when required

Sometimes, you may repeatedly report issues to a supervisor, or directly confront a co-worker about something you see happening in the centre that you feel is inappropriate, and you may feel like nothing is done about it, or nothing changes. In this case, you might decide to report specific instances to the appropriate outside agencies.

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:



## Young Children at Risk | Learner Guide

Principles	Practices	Outcomes
<ul style="list-style-type: none"><li>•Secure, respectful and reciprocal relationships</li></ul>	<ul style="list-style-type: none"><li>•Holistic, integrated and interconnected approaches</li><li>•Responsiveness to children</li></ul>	<ul style="list-style-type: none"><li>•Children have a strong sense of wellbeing</li></ul>



## Young Children at Risk | Learner Guide

Identify and seek supervision support for issues of ethical concern in practice with children and young people

### Indicators for Ethical Concern

These may signal a breach of ethical standards or professional boundaries:

#### 1. Behavioural Indicators

- Sudden changes in a child's mood or behaviour (e.g., withdrawal, aggression, anxiety)
- Fearfulness around certain individuals
- Reluctance to participate in activities they previously enjoyed

#### 2. Physical Indicators

- Unexplained injuries or marks
- Signs of neglect (e.g., poor hygiene, malnutrition)
- Inappropriate or sexualized behaviour for their age

#### 3. Emotional Indicators

- Low self-esteem or excessive guilt
- Expressions of hopelessness or distress
- Disclosure of abuse, neglect, or inappropriate conduct

#### 4. Professional Misconduct

- Staff forming overly personal relationships with children
- Breaches of confidentiality without valid reason
- Favouritism or discriminatory behaviour
- Inappropriate communication (e.g., texting, social media contact)

### When to seek support?

Supervisors have the power to make staffing changes or provide additional training and support when they feel that something inappropriate has happened or is happening in the centre. They are also required to maintain a healthy and respectful environment for children and cannot do this well if staff-members do not communicate with them about concerns or issues.

Common ethical concerns when working with children in an early childhood education and care setting:

- Rough handling of children's bodies
- Disrespectful language toward children
- Inappropriate punishments
- Exposure of children to the inappropriate adult conversation
- Ignoring a child's physiological or emotional needs
- Talking about children and/or their families in a disrespectful way

It can be difficult to identify a true ethical concern. For example, some educators are warmer than others. Be careful not to accuse a co-worker of mistreatment just because they have a different approach. Mistreatment of children is very different than simply being very straightforward or "no nonsense."

You can identify ethical concerns by paying attention to the following:



## Young Children at Risk | Learner Guide

- Touches should be gentle and consensual, and children should be allowed to make their own decisions about things before being physically moved by an educator.
- Language and voices should be kind. Educators should speak to children and adults as though they were modelling respectful dialogue.
- Conversations with and around children should be child-focussed or at least child-appropriate. Any (appropriate) side-conversations between adults should be paused immediately if a child has a need or a question.
- Specific needs, such as toileting or wiping a runny nose, should be met responsively, in a timely fashion. When a child is emotionally distressed, it is an Educators responsibility to be responsive, reassuring and support the child through their expression of feelings.

A good measure of ethical behaviour is: Would the behaviour be acceptable to the parent? Or, would the staff member engage in this behaviour if the parent were in the room?

### How can a supervisor help?

Talking with a supervisor can help to limit gossip, miscommunication or unproductive conflict. Depending on the issue, the supervisor you speak with may still ask you to talk directly to your colleague, but having that supervisor in the loop protects you, and they may also be able to give you tips for communicating your concerns effectively.

Supervisors can help you by:

- Discussing your concerns
- Providing feedback, input, and support
- Strengthening your professional boundaries
- Continually developing your professional practice
- Supporting your psychological health
- Mediating issues between co-workers

It may also be beneficial to seek help from experts. For example, you may have a child whose behaviour is very hard to manage and leaves you and your colleagues frazzled and not working at your best. In that case, you are able to reach out to an inclusion support professional, support agencies, leadership team, with the parents permission in specific circumstances. Please ensure you read through your services related policies to identify support agencies.

Being an ethics “whistle-blower” won’t always make you popular but remember that your highest responsibility is to the children. You can mitigate the negative impact of speaking up with your colleagues by:

- Doing it respectfully, privately and confidentially



## Young Children at Risk | Learner Guide

- Also pointing out positive things you see around the centre with as much enthusiasm
- Being consistent in your own ethics, “practicing what you preach”

Working with young children, who may be at risk of abuse neglect, can have a lasting personal impact on you. After a time, responding to these demands can begin to wear a person out; this is known as compassion fatigue or burnout. Your supervisor can help you address issues of burnout.

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:



# Young Children at Risk | Learner Guide

## The Role of Personal Values, Beliefs and Ethics

Our own personal values and beliefs will inevitably come into play when we are faced with an ethical dilemma. We cannot ignore our own values and beliefs, but when we are working in a professional capacity, we must ensure that we are open about values and beliefs that might affect how we reach a decision about an ethical issue.

If our own personal values will not allow us to act fairly or impartially in a situation, support a workplace standard or meet an ethical requirement, we should state this clearly and seek advice from a supervisor. For example, a worker who has a strong belief that it is wrong to terminate a pregnancy for any reason might find it difficult to support a woman who is pregnant as a result of rape and seeking a termination. In such a case, the worker should make their beliefs explicit and discuss with a supervisor whether or not they are able to act impartially. As another example, a worker who strongly believes that paedophiles are unredeemable sinners will find it difficult to work with perpetrators of child abuse.



### Note

Awareness of our own values and beliefs and how they influence our work practice is an essential part of professional practice.

Values, beliefs and ethics are interrelated: Values are fundamental beliefs about what is worthwhile and good. Beliefs are thoughts that person perceives to be true. Values and beliefs guide our actions and help us decide what is important. Ethics are standards, principles or guidelines that indicate what is 'right' or 'moral' and tell us how we should behave.

We develop our values, beliefs and ethical standards as part of our socialisation into our culture and society, and in response to our own individual experiences. We learn them from our family (meaning those who acted as our parents and raised us), religious institutions, the education system, our peers, influential cultural figures who we admire and our personal experiences.



### Think

Reflecting on our own values and beliefs can be challenging. We often take them for granted until we encounter a situation that challenges them.

It would be beneficial to read a code of ethics relevant to your area of work and compare your own values and beliefs to those expressed in the code. Ask yourself whether there are any conflicts, and if there are, how you could resolve them.



## Young Children at Risk | Learner Guide

### Professional boundaries

Caring for, and educating young children in a centre setting is different than being a parent or guardian. It is important to observe professional boundaries to ensure that all children have the best possible experience with you.

A professional boundary is the line between acceptable and unacceptable behaviour and emotional attachment in relation to a child (or a child's family) within or outside your place of work.

You control the impact that your time with these children will have on them. Nurturing relationships with early caregivers can positively affect all aspects of a child's future.

Professional boundaries are the limits and responsibilities set on you for the people you interact with in the workplace. Professional boundaries also represent a way of holding the educator/child relationship in trust. They are the conditions upon which a relationship of vulnerability can be entered into without risk.

Professional boundaries:

- Keep the relationship between you and the child (and their family) clear and defined
- Uphold a minimum standard of behaviour, accepted by your profession
- Ensure the safety of the children

Working within the boundaries of your work role is a constant challenge. You must maintain professional relationships at all times. This means that you are responsible for setting up and maintaining ethical and helpful working relationships that are both safe and respectful. Professional boundaries must be in place in every situation and it is your responsibility to establish and maintain appropriate boundaries in the context of the services you provide.

In some communities, educators may be neighbours, go to the same social clubs and have children in the same school as the families they work with. It is especially important in these situations to be clear about your professional boundaries.



## Young Children at Risk | Learner Guide

### Crossing Professional Boundaries

Crossing of professional boundaries happens when you allow or initiate behaviour that compromises your professional relationship with a child and/or family, when the nature of the relationship moves from a professional one to a personal one and/or is clearly harmful to or exploitative of a child and/or family.

Crossing professional boundaries includes:

- Accepting or giving money and gifts
- Giving a client or their family special treatment and showing favouritism
- Disclosing and sharing private or personal information about yourself
- Providing your personal contact details, such as your personal phone number or social media accounts
- Social networking (e.g. communicating with a client or their family on Facebook or similar platforms)
- Contacting or visiting a client or their family outside your normal working hours
- Inviting a client to your home or including them in your family's activities
- Participating in a client's social activities when this is not within the remit of your role
- Any sexual relationship with a client or client's family member

Some of these behaviours may be well intentioned, and they may seem innocuous, but they can result in harm to your clients and to yourself.

Working within professional boundaries is particularly important when working with vulnerable people. Blurring the boundaries of a professional relationship results in confusion about roles and expectations. For example, becoming a client's 'friend' can lead to unrealistic expectations, resulting in hurt and distress when these are not met. It can also increase stress for a worker who is already working in a demanding industry and may damage professional reputations.

Working outside your job role and undertaking duties outside your area of competence can also have legal implications. It may result in breaches of your duty of care, and if harm results from this, you will not be protected by your employer against any legal action for negligence.



### Key Points

If you are asked or instructed to take on tasks and activities that fall outside your job role, discuss this with your supervisor and always ask

for these instructions to be given in writing so that you have a record of them.

Use your best judgement and do not take on any tasks and activities for which you do not have the skills, knowledge and competence.





## Young Children at Risk | Learner Guide

### Managing Boundaries

Professional boundaries are maintained when you consistently work within the parameters of your designated role.

This involves:

- Complying with legislation, professional obligations and other policy and procedures that impact on practice and conduct.
- Understanding the difference between a professional relationship and a non-professional relationship.
- Demonstrating professionalism, integrity, and respect towards children and their families.
- Actively managing all situations that may fall outside acceptable limits of a professional relationship.
- Understanding the laws governing the confidentiality of children’s information, the mandatory reporting of abuse and explaining to families the limits on confidentiality of personal information.
- Responding appropriately and in a timely fashion to every child’s physiological and emotional needs.
- Consciously building a relationship of trust with each child in your care.
- Getting to know children’s individual preferences and temperaments and using this knowledge to inform your relationship with them.
- Remembering that you are the adult, and you are capable of more patience and flexibility than the children in your care are capable of.
- Meeting the needs for nurturing touch, eye-contact and meaningful interaction that is mutually satisfying.
- Treating all children with equal affection.
- Respecting parents as the child’s most important relationships and supporting and strengthening these relationships.
- Helping children to bond and gain comfort with all consistent adults working with them in the classroom.
- Encouraging children to explore and learn on their own terms, rather than yours, as long as they are safe.
- Practicing good self-care so that your needs are met when you enter the classroom, and you are healthy, calm and able to be responsive to the children.



## Young Children at Risk | Learner Guide

One strategy for maintaining boundaries is to reflect on your own work. Reflective practice is an internal process and does not necessarily involve feedback from others. It is a process of thinking about your work, how you approach situations and how you can improve.

Reflective practice strategies include:

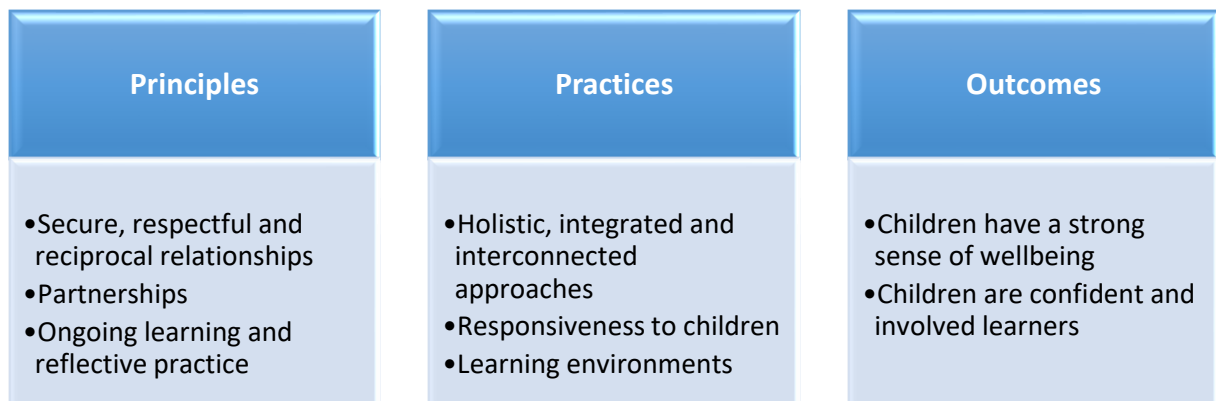
- Collaborating with co-workers, supervisors, network members, other organisations.
- Engaging in thoughtful dialogue and reflection with co-workers to solve work-related problems.
- Participating in making and implementing centre-wide decisions.
- Contributing to centre-wide events and development activities.
- Establishing and maintaining relationships with the community.
- Observing and learning from co-workers.
- Preventing and resolving personal and professional conflicts with colleagues.
- Contributing to the development of co-workers.
- Sharing best practices with co-workers.
- Engaging in self-evaluation.
- Establishing professional goals.
- Managing your time.

Educators are often tempted to treat certain children more favourably. Children are people, and sometimes you just really like certain people. But it's important to treat all the children in a way that makes them feel individually appreciated. Alternatively, sometimes educators enjoy feeling especially needed or favoured by a child. You can't let that get in the way of encouraging the child to self-soothe, form new relationships and explore on their own.

When you spend a lot of time caring for a child, you get to know them and understand their needs. Sometimes you may disagree with the beliefs or practices of their parents. In these cases, focus on being collaborative and respectful with parents. You can share your expertise, but also recognise their role and their ultimate responsibility to the child.

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:





# Young Children at Risk | Learner Guide

## Sources of Information on Ethical Principles and Practice

When we are making decisions about the right thing to do in a particular situation, there are several sources of information that we can consult, including:

- Relevant laws and legislation
- Government policies and guidelines
- Industry standards, policies and procedures
- Codes of ethics, codes of practice and codes of conduct for our industry sector, profession or organisation

When handling a child abuse or neglect scenario within your work role, it is imperative that you:

### **Act within the law**

Check your state/territory legislation and find out what it requires you to do. Your legal responsibilities are part of your framework for reaching a decision. In the case of a child protection issue, consult the policies, procedures and guidelines provided by your state/territory child protection authority.

### **Consider your duty of care**

You should also think about your duty of care and what you must do in order to meet your duty of care in the situation. What are the risks? What is a reasonable response to these risks?

### **Check your job role description/duty statement**

Working within professional boundaries and your job role is an important part of ethical practice. It may not be your direct responsibility to deal with a child protection issue. It is everyone's responsibility to report concerns. Work within your job description and abide by centre policies and procedures.

### **Check industry standards**

Some community care sectors, such as aged care and disability services, have legislated service standards that providers must meet. These can be useful guides to consult.

### **Codes of Practice and Codes of Ethics**

Codes of practice and codes of ethics are very similar:

- Codes of ethics tend to be applied more widely.
- Codes of practice may be more specific to an occupation, profession, industry sector or organisation.



### **Key Points**

Codes of practice and codes of ethics support human rights and the rights of service users.



# Young Children at Risk | Learner Guide

## Making Ethical Decisions

### What are ethics?

It is common to confuse legal and ethical issues, given that they are often tied to your duty of care responsibilities, but they are in fact very different. Legal issues have a specific law behind them, which will result in legal consequences if not complied with. Ethical issues, however, have no force of law, but are of a nature that affects the society around you, or has consequences for the people involved.

Ethics are the moral principles by which human actions may be judged as good or bad, right or wrong. You are likely to work with a multitude of people and value systems – sometimes, disempowered, vulnerable or in crisis. Your ethics are a point of orientation or a tool to guide your actions. They are a reflection on how you act in relation to others and what you see as right and wrong in a given situation.

### Dilemma

You will recognise when you are experiencing an ethical dilemma because there will be more than one set of values and interests involved in the situation and you will need to decide which of them is more important. Within a child protection context, your primary responsibility is towards the child – this much is always clear. How best to protect and safeguard the child and respect their rights is not always quite so clear. Some of the factors that complicate making ethical decisions include:

### Competing rights and duties

For example, you may be working with a toddler who likes to take risks. The toddler has a right to self-determination and to make choices, but you have a duty to protect them from harm.

### Competing obligations

For example, you may be working with a family in which the child at risk is not your primary client, and you become aware of the risks to the child in the course of working with another family member of theirs. To whom would you owe an overriding duty of care?

### Competing values

For example, your personal values may conflict with the action that you are expected to take in your work role. The acronym DECIDE represents a simplified version of the steps you can take to help you make an ethical decision:


- Define the problem
- Ethical reflection
- Consider options
- Investigate possible outcomes
- Decide on actions
- Evaluate results

## Young Children at Risk | Learner Guide

### Nurturing and Ethical Practice

Children and young people who have experienced or are experiencing abuse and neglect are very vulnerable, so you need to be especially sensitive to their needs and provide nurturing support.

To nurture someone means to support them in a caring way. Nurturing helps a person's growth and development, and can help to heal injuries and hurts. Multiplying Connections states that, with children, nurturing involves 'validating their feelings; providing physical affection and comfort when sought; laughing and playing games; providing safe mental, physical and social challenges that promote healthy growth'.



**Think**  
It is important to check your organisation's policies on touching and showing physical affection to children, as this may not be appropriate depending on your job role and the context of the service that you are providing.

### Trust and Working Ethically

Trust is an important aspect of nurturing practices, and behaving ethically is an important element in establishing a trusting relationship.

### Working Ethically with Children and Young People

Working ethically means safeguarding the rights and interests of children and young people. It includes:

- Treating everyone with respect
- Including children and young people in making decisions that affect them, where possible
- Maintaining confidentiality when appropriate and safe to do so
- Avoiding bias and discrimination, and maintaining a non judgemental attitude
- Responding appropriately to indicators of harm and risk
- Following legislative requirements and a relevant code of ethics when you are making decisions
- Working within your organisation's policies, procedures and code of conduct
- Seeking further support and advice when needed
- Keeping your professional skills and knowledge up to date and in line with current practices/policies

# Young Children at Risk | Learner Guide


## Responding to Unethical Conduct

### Unethical Conduct

Unethical conduct violates acceptable work standards. Monitor your conduct for warning signs of unethical conduct and ensure that all interactions and behaviours are within designated ethical guidelines. Always talk with your nominated supervisor if you are concerned.

Examples of unethical conduct include:

- Not providing appropriate services because you don't like a child or their family
- Seeing the child outside of working hours
- Not acting on a special request because you think the parent is too needy
- Doing favours for children or their families
- Giving or receiving gifts
- Sharing personal information
- Having a personal relationship outside of service delivery



**Example**  
A colleague who gossips about clients and their families or who behaves inappropriately around children and young people, or a colleague who steps outside professional boundaries in their relationships with clients is behaving unethically.

In these situations, your first step should be to talk to the person and express your concerns. Always focus on the behaviour rather than the person. We respond better to constructive feedback than we do to personal criticism. If this is not possible or is unsuccessful, you may need to report the unethical conduct to your supervisor or someone else in authority.



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## Addressing Ethical Issues

Working ethically refers to professional standards, which you must adhere to at all times. Given the complicated nature of personal values and how they interact with ethical standards, addressing unethical actions and behaviour can be challenging.

Always report indications of serious ethical issues to your nominated supervisor. It is better to be wrong and have done the right thing, rather than keep quiet and put a child at risk.

Approaching an ethical situation:

<b>1. Recognise the issue</b>	<ul style="list-style-type: none"> <li>– Know what an ethical issue 'looks like'</li> <li>– Be clear that it is not a legal issue</li> </ul>
<b>2. Identify the issue</b>	<ul style="list-style-type: none"> <li>– At the first sign of inappropriate or unethical behaviour, discuss your concerns with your supervisor or with an experienced co-worker with respect to privacy</li> <li>– Be specific and objective</li> <li>– Make sure it is, in fact, an ethical issue and not a value conflict</li> <li>– Examine the problem from several perspectives: ethical, legal, moral and professional</li> </ul>
<b>3. Apply code of conduct/ethics</b>	<ul style="list-style-type: none"> <li>– These will assist you to navigate through the issue</li> <li>– Follow the course of action identified</li> <li>– Report concerns to your supervisor</li> </ul>

To be able to apply the codes of ethics or ethical standards, it is critical that you have read them carefully and that you understand their implications. If the issue cannot be resolved by the code of conduct/ethics or practice standards documents, it is likely that it is a true ethical dilemma, in which case further steps are needed. It may be useful to apply the Ethical Decision Making Model.

1. The Ethical Decision Making Model
2. Identify the problem
3. Apply the Code of Ethics (or relevant practice standards)
4. Determine the nature and dimensions of the dilemma
5. Generate potential courses of action
6. Consider the potential consequences of all options and choose a course of action
7. Evaluate the selected course of action
8. Implement the course of action

(Forester-Miller & Davis, 1996)

When you recognise unethical conduct in others, you must report it to your nominated supervisor. It may be appropriate to discuss the issue with the person directly. Do not make it personal, simply note what you observe and refer them to the relevant policy and procedures, and codes of ethics.



## Young Children at Risk | Learner Guide

### Reporting Unethical Conduct

When reporting unethical conduct:

- Follow your organisation’s policies and procedures.
- Refer to your organisation’s code of conduct, a relevant code of ethics, service standards or legislation.
- Describe your observations accurately, clearly and objectively.
- Avoid personal and emotive comments.

In reporting unethical conduct, include information about:

- Who is involved
- What happened, when and where
- Why you believe the conduct to be unethical, citing relevant legislation and/or policies, where appropriate
- Any actions that you have taken and the responses to those actions

Occasionally, you may need to help co-workers with ethical dilemmas of their own. Always suggest that they speak with their supervisor and review the code of conduct/ethics policy. It is essential that you do not tell them what to do or make the decision for them. This could make you vulnerable to legal action if someone is harmed as a result of your actions.

The following questions are useful for helping a co-worker with an ethical dilemma:

- Who can help you make the decision?
- Why is making this decision difficult for you?
- What are your options/alternatives?
- Who might be affected by the decision that you make?
- What are the risks/benefits of each option?
- What are the “trade-offs” or compromise decisions that you might make?

Other things you can do:

- Lead by example by following the rule and spirit of the law in all actions
- Take immediate action to address and resolve ethical issues
- Prompt ethics discussions in staff meetings
- Participate in ethics training

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:



## Young Children at Risk | Learner Guide

Principles	Practices	Outcomes
<ul style="list-style-type: none"><li>•Partnerships</li><li>•Ongoing learning and reflective practice</li></ul>	<ul style="list-style-type: none"><li>•Holistic, integrated and interconnected approaches</li></ul>	<ul style="list-style-type: none"><li>•Children have a strong sense of wellbeing</li></ul>

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### What Is Trauma-Informed Care?

Trauma-informed approaches are currently 'best practice' in several areas of community service work, including the mental health and child protection sectors, so it is important for you to understand what they are. Trauma-informed approaches provide a framework for human services based on knowledge and understanding of how trauma affects people and their service needs in both the short and long term. They consider the impact of trauma on an individual, a family and/or a community.



Read further on In Focus: Trauma-informed Care -

<https://emergingminds.com.au/resources/in-focus-trauma-informed-care/>

### What Is 'Trauma'?

In common usage, the word 'trauma' means injury, usually in the sense of a serious injury. We respond to injury with our whole being: psychologically, emotionally, physically and behaviourally. The injury itself does not have to be a physical one – psychological and emotional injury can be just as damaging. In the context of trauma-informed care, 'trauma' is used to refer to the psychological, behavioural and emotional responses to an experience or an event that is deeply distressing, painful and disturbing.

### Trauma-Informed Practice at a Glance

The principles underpinning trauma-informed practice are:

- Possess 'trauma awareness' (awareness of the impact of trauma).
- Emphasise safety and trustworthiness.
- Provide opportunities for choice, collaboration and connection. • Utilise strength-based and skill-building approaches.

Additional key principles of trauma-informed practice include:

- Do no harm – avoid re-traumatising the person through the provision of services.
- Encourage optimism and demonstrate belief that recovery is possible.
- Treat survivors of trauma as individuals who have managed the best they can in abnormal situations.
- Work from the understanding that:
  - Many people with mental health conditions have experienced trauma
  - Trauma may be a factor for people in distress
  - The impact of trauma can be lifelong
  - Trauma can impact on the person, their emotions and their relationships
  - Trauma is defined by its impact on the individual, not by the event itself

### Children and trauma informed practice.

Children who are abused and neglected suffer trauma, so trauma informed practice is an appropriate approach to working within a child protection context. Depending on the age and developmental stage of the child, practices may need to be adapted to meet the child's needs. Educators should always follow the process of respond to disclosure/sign and report. Whatever the age and developmental stage, the key principles of trauma informed care and practice should be followed to recognise the short and long term



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impact of abuse on the child, and to work in ways that provide a safe environment and as many opportunities as possible for the child to regain and retain control.



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### Report indications of possible risk of harm

#### Roles and Responsibilities

How you respond to situations where a child or young person may be at risk will depend on your job role and responsibilities, the requirements of child protection legislation for your state/territory, and your organisation's policies and procedures.

Unless you are specifically employed in a child protection capacity, your role will almost certainly be confined to identifying signs and indicators of risk and harm and reporting these to your supervisor or to the relevant child protection authority. Workers from the child protection authority will then take responsibility for carrying out any further investigations and for dealing directly with the situation.


If the child or young person is in immediate danger or needs immediate support because their safety is at risk, you should contact the emergency services immediately before informing your supervisor.

#### Immediate Responses

As an immediate response to a child or young person in need, check whether there are any physical injuries that need attention. If there are, provide first aid or refer the child or young person for medical treatment. Your organisation will have policies and procedures for doing this.

If the child or young person is in distress, respond by providing emotional support (again, within the boundaries of your organisation's policies and procedures). Use active listening and empathy; remain calm; and avoid making judgemental comments.

As soon as is practical, report your observations and concerns to your supervisor and discuss what action should be taken next.



#### Example

If a child or young person is in need of medical treatment or first aid, providing this support or referring them to an appropriate service will be your responsibility, as it would if a child had been harmed in your workplace. Always follow your organisation's policies and procedures.



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### Mandatory Reporting

As we discussed earlier., some occupations are mandated to report concerns about child abuse and harm. The occupational categories involved vary across different states/territories, so check which categories are included and what is expected of them in your state/territory.

### Ethical Issues in Reporting

While there is a clear duty to report actual and suspected harm to children and young people, there is a risk that reporting may affect the relationship between the child and the worker. For example, if a child or young person asks you to keep information confidential and you cannot, this will damage their trust in you and may mean that they are reluctant to disclose further information or to continue working with you.

In such cases, you must weigh up the risks of losing your connection with the child by disclosing information they want kept confidential and the risk to the child of a potentially harmful situation continuing. In all cases you must comply with legal requirements such as mandatory reporting, and you should consult and follow the code of practice or code of ethics relevant to your job role, as well as your organisation's policies and procedures. In all cases, the safety and wellbeing of the child takes precedence.

### Responding to Disclosure of Abuse or Harm

No matter what your role or job description is, as an adult, you have a significant impact on a child or young person who discloses that they are being abused or harmed. Your response can affect a child's recovery from trauma and how, or if, they seek further help.

The initial response to a disclosure of abuse or harm is very powerful in determining future directions for the child or young person.

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When a child discloses that [they have] been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse... [and] to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma.

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*Australian Institute of Family Studies (AIFS)*

Child protection authorities for each state/territory have their own guidelines for responding to disclosures of abuse. You will need to find out what these are for your own state/territory and follow them.



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## The Process for Reporting Concerns

Reporting your concerns about actual or potential abuse and harm to children and young people is a significant step in protecting them. Your state/territory will provide guidelines and procedures for notifying and reporting concerns about harm and risk of harm.

Some authorities will provide guidelines for what to include in a report or a checklist of questions, a template and prompts to help you to report your concerns in writing. Your organisation will also have its own policies and procedures for you to follow. In an early childhood service, you should follow the centre's policies and procedures in relation to child abuse reporting. These policies and procedures will be in line with your state's legal requirements and regulatory authority.

The following steps are the general process within an early childhood service for reporting suspected abuse:

1. Observe and document your suspicions and concerns in a formal manner.
2. Report concerns to the management team.
3. Consider the indicators and behaviour signs and decide if an official report to a regulatory authority is required. (If you are ever not sure, you can call and check with the authority.)
4. When a decision to make a report has been made, contact your state/territory's regulatory authority and provide them with your observation evidence.
5. Continue to monitor and support the child. Do not inform the child's family of the report, as this could put the child in further danger

## Techniques for Reporting Concerns

Whether you are reporting a concern in person, by telephone or in writing, you will need skills in reporting objectively and accurately.

Objective reporting means presenting 'the facts' based on evidence collected by direct observation and/or questioning. Objective statements and descriptions are not based on assumptions about what happened, opinions or interpretations of a person's behaviour, or guesses about what someone meant or might be feeling. Objective statements can be checked and verified.

Accurate reporting means describing events and observations clearly and with enough detail to allow a person who was not present to understand what happened. Accurate reporting can be checked and verified.

Remember that, for a child protection authority to take action to protect a child or young person, they need information to substantiate the concern and grounds to carry out an investigation. It is not your job to prove that harm has occurred, but it is your job to provide as much accurate factual information as you can.

Factual information includes what the child or young person has told you as well as your observations of their behaviour and any visible signs of injury or harm.

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It is imperative to always keep in mind that reporting concerns about a child's welfare and safety can have a significant impact on the child and their family.

### The importance of accurate written and digital reports

You are ethically (and legally) bound to report suspected child abuse or risk of harm and all details surrounding reports are to be kept confidential. If a colleague confides in you that they witnessed something or feel like a child is at risk, encourage them to report it, and remind them of their responsibility to do this. If you do not believe that they have reported it, you can make a report yourself, using the information that you know.

Subjective statements express opinions, assumptions, interpretations and judgements about something. They might sound like descriptions, but they are not.



#### Example

If you say 'Sam was angry', you are expressing your interpretation of Sam's behaviour – the statement does not describe Sam's behaviour.

Sam's actual behaviour could have included anything from frowning to throwing furniture at you or hitting you. You have assumed that Sam's behaviour means he is angry, but different people will interpret behaviour differently.

Words like 'aggressive' and 'violent' are useful shorthand, but they are subjective and do not describe or express facts. Subjective words express judgements, and different people will judge the same piece of behaviour in different ways. One person might judge a child stamping their foot to be violent or aggressive, while another might judge them to be simply impolite. If you say 'Sam was aggressive', you tell us only about your interpretation of Sam's behaviour and not the physical things Sam did nor the things he said.

Objective statements report facts. They describe behaviour and events.



#### Example

'Sam shouted and threw a chair at me' is a description of what Sam did. It is reasonable to assume that Sam is angry, but if we are reporting something significant, we must back up any subjective statements, opinions, assumptions and judgements with evidence and facts.



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When reporting concerns about a child's safety, you must include any evidence. You can include your interpretations and assumptions, but you must also include factual, objective descriptions of what you saw, heard or were told.

### Emotions

Your report will carry more weight if it does not focus on your own emotions or opinions. This can be difficult when you are reporting something as painful as abuse or neglect of a child, but it is the child who is the focus of the report, not your reactions to the child's experiences or your own distress at hearing or seeing what has happened to them.

### Accuracy and Clarity

Accuracy is essential in reporting concerns about a child. Check the facts and be precise about dates, times, places, events and your observations. It is good practice to describe your own observations in as much detail as you can and report a person's actual words if you are reporting what you have been told.

If you are reporting your concerns in writing, avoid using long, complex sentences and 'flowery' language. Keep it simple and to the point. Use correct, plain English and short sentences, and avoid jargon.

### What to record?

The information you are expected to record:

- Anything a child discloses – try to write things down word for word and include these quotes in the report. This makes details concrete, and the agency can use this information during any investigation.
- Also, record the questions you asked or ways that you prompted the child to share; as this information can help the agency determine whether or not the child may have been led to say something inaccurate.
- Signs or symptoms of suspected abuse:
  - Physical abuse: bruises, abrasions, bumps, broken bones, burns, or other injuries, including their location, severity, and when you noticed them, as well as details about the child's and/or parents' explanation of the injury. You might also suspect physical abuse if a child plays, writes, or talks about violent scenarios, in which case you would write these things down similarly to disclosures.
  - Sexual abuse: physical signs of sexual trauma, direct quotes from the child that you find suspicious or objective descriptions of scenarios where you felt the child was acting out sexually.
  - Psychological abuse: Direct quotes from the child that you find troubling, including any questions you asked or ways that you prompted the sharing. Incidents you have witnessed between the parent and the child that you felt were inappropriate.

Signs of abuse of one or both of the parents, or a sibling (exposure to domestic violence is considered psychological abuse).



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- Neglect: Detailed notes on the symptoms you notice in the child, such as ill health, withdrawn or anti-social behaviour, poor hygiene, as well as when you noticed them. Direct quotes from the child about their daily life at home.
- Size and location of injuries, if any, with descriptions of any bruising.
- Date and time of disclosures or incidents – this information is vital in creating an accurate picture of what is going on with the child. Accurate records assist agencies in investigating your report.
- Describe any caregiver behaviour that is of concern, including how often and how severe.
- Describe any behaviour by the child that is of concern, including how often it occurs.
- The type of risk the child may be facing, whether you believe it is ongoing and urgent if you believe the child is facing immediate harm.
- As many details as possible about what you witnessed, noticed or heard – write down everything, to help you give a detailed report even under pressure.

Other details you may be asked to record include:

- Status of the parent's relationship, married, separated, divorced
- If any Family Court orders are in place, and what they relate to
- What is known about the functioning of the family:
  - Domestic violence
  - Drug/alcohol misuse
  - Violence against people outside of the family
  - Relevant health factors
  - Extended family or other support networks
  - Child care arrangements
  - Nature of involvement with any agencies
  - Mental health problems
  - Physical or intellectual disability
  - Family members or other adults living with the child
  - Siblings or other children who may be in danger



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## Writing reports

It's important to write things down as soon as you can, to help keep your recollections as accurate as possible. All claims of abuse and neglect will be investigated, and false or incorrect information can throw things off course, or even make investigators believe that nothing has happened when the child really is at risk. Prompt reporting helps to make sure that the child faces as little continuing risk as possible.

Writing in the reports should be as objective as possible, leaving judgments, opinions, and conjecture out, so that the facts of the report are clear and easy to identify. Recording the circumstances surrounding the risk of harm helps you to give an accurate and detailed report. The more detailed the report, the easier it is for agencies to follow up on.

Making the report may not be a one-time thing. You may be asked further questions, or even asked to testify at hearings. You may be asked to repeat yourself many times, to different people. Your accurate and detailed written records will help with this. The agencies you report to can help you make your report as effective as possible because they know what types of information and details they need to start an investigation. Try to be as specific as possible and ask questions if you are unsure.

How to ensure your writing in reports is non-judgemental:

Guideline	What to say	Do not say
<b>Focus on the facts, not perceptions</b>	"Charlie appears very underweight and pale and has much less energy than the other children in the class. He eats several helpings of food during meals and snacks at school. When I discussed this with his parents, they reported that they have not taken him to the doctor and they believe he is fine,"	"Charlie is malnourished and sick. He is so starving when he gets to school that he eats as much as he can at every meal and snack. I have discussed this with his parents, and they don't care at all."
<b>Use objective language - do not make guesses about how the child feels</b>	"Charlie had bruises on his back and began to cry and look away when I asked him to tell me about them,"	"Charlie had bruises on his back and was sad and embarrassed when I asked him to tell me about them."
<b>Do not make guesses as to why things happened</b>	If a child tells you, "I heard Mummy and Daddy yelling last night, then Mummy came in my room and locked the door," and you noticed bruises on the mother's face at drop off, report those things.	Avoid inventing a possible story of what happened, such as, "The father appeared annoyed and hurried at pick-up time, and I know the mum hasn't been working, and I heard the father complaining about how the mum was still buying things for the child even though things were tight financially..."



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There is a lot to remember about the process of reporting suspected abuse or possible risk of harm, and hopefully, there will not be many instances in which you need to do it, so you may get “rusty.” It can help to review training materials from time to time, discuss the process periodically with your lead educator and nominated supervisor, and continue to seek out new resources on the topic.

### The Early Years Learning Framework

The principles, practices, and outcomes included in this section:

Principles	Practices	Outcomes
<ul style="list-style-type: none"><li>•Secure, respectful and reciprocal relationships</li><li>•Partnerships</li><li>•Ongoing learning and reflective practice</li></ul>	<ul style="list-style-type: none"><li>•Holistic, integrated and interconnected approaches</li><li>•Responsiveness to children</li></ul>	<ul style="list-style-type: none"><li>•Children have a strong sense of wellbeing</li></ul>



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## Important Contacts for Self Wellbeing

Queensland	South Australia	Western Australia	Tasmania	ACT
<b>Domestic Violence Support</b>				
<b>Domestic and Family Violence Support Services (DVConnect):</b> Free 24 hours a day, 7 days a week telephone and online crisis counselling service for anyone - women, men and young people, who have been sexually assaulted or abused and for anyone who is concerned someone they care about might have been assaulted or abused. Sexual Assault: 1800 010 120 Womensline: 1800 811 811 Mensline: 1800 600 636 <a href="http://www.dvconnect.org">www.dvconnect.org</a>	<b>Yarrow Place Rape and Sexual Assault Services:</b> 24 hours a day, 7 days a week, free confidential service for anyone who has been sexually assaulted. (08) 8226 8777 (9am to 5pm Mon – Fri) After hours 1800 817 421	<b>Crisis Care Helpline:</b> Free 24 hours a day, 7 days a week telephone information and counselling service for people in crisis needing urgent help. (08) 9223 1111 or country 1800 199 008	<b>Family Violence Counselling and Support Service (FVCS):</b> 1800 608 122 9am – midnight weekdays 4pm – midnight weekends and public holidays If someone is at immediate risk or in danger call Tasmania Police on 000	<b>Domestic Violence Crisis Support:</b> 02 6280 0900 Provides information, support, referral, and counselling service for individuals in crisis affected by domestic violence.
<b>1800 RESPECT:</b> Free 24 hours a day, 7 days a week helpline. National confidential counselling helpline, information and support for anyone who is experiencing sexual assault or domestic and family violence. 1800 737 732 <a href="http://www.180orespect.org.au">www.180orespect.org.au</a>				
<b>General Health, Wellbeing and Mental Health Support</b>				
<b>Lifeline:</b> Crisis support, suicide prevention. 13 11 14				
<b>Kids Helpline:</b> Counselling and support for 5-25 year olds. 1800 551 800 <a href="http://www.kidshelpline.com.au">www.kidshelpline.com.au</a>				
<b>Headspace:</b> Provides early intervention mental health services to 12-25 year olds. This covers: mental health, physical health, work and study support and alcohol and other drug services. To find your nearest centre, visit: <a href="http://www.headspace.org.au/headspace-centres">www.headspace.org.au/headspace-centres</a>				
<b>Beyond Blue:</b> Free 24 hours a day, 7 days a week mental health information, resources and support. 1300 224 636 <a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>				
<b>Amaze-Autism Connect</b> A free, national autism helpline, providing independent and expert information over the phone, via email and webchat. 1300 308 699 <a href="https://www.amaze.org.au/about-amaze/what-we-do/">https://www.amaze.org.au/about-amaze/what-we-do/</a>				
<b>Benevolent Society</b> Practical support to live your best life. Our team provides counselling and other support services to help maintain mental health and wellbeing. 1800 236 762 <a href="https://www.benevolent.org.au/contact-us/locations">https://www.benevolent.org.au/contact-us/locations</a>				
<b>WellWays</b> Our mental health and wellbeing services provide support for people living with mental health issues or who have mental health concerns to develop coping strategies and recover in their community. 1300 111 400 <a href="https://www.wellways.org/service-category/mental-health-wellbeing/">https://www.wellways.org/service-category/mental-health-wellbeing/</a>				
<b>Sane Australia:</b> Offers information, advice and referral for mental illness. 1800 187 263 <a href="http://www.sane.org">www.sane.org</a>				
<b>Suicide Call Back Service:</b> Free confidential 24 hours a day, 7 days a week phone and on-line counselling for anyone affected by suicide. 1300 659 467 <a href="http://www.suicidecallbackservice.org.au">www.suicidecallbackservice.org.au</a>				
<b>Doctor:</b> To find a doctor in your local area. <a href="http://www.doctors.com.au">www.doctors.com.au</a>				