

4 Critical Actions

Responding to Incidents, Disclosures and Suspicions of Child Abuse

MASS Child Safety Officers (03 5775 2876 Mansfield Office)

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1 Responding to an Emergency

If there is no immediate harm go to Action 2

If a child is at immediate risk of harm you **MUST** ensure their safety by:

- Separating alleged victims and others involved
- Administer first aid
- Call **000 for urgent medical and/or police assistance** to respond to immediate health or safety concerns
- Contact a MASS Child Safety Officer and they will identify a contact person for future liaison with the Police

2 Reporting to Authorities

As soon as immediate health and safety concerns are addressed you **MUST** report all incidents, suspicions or disclosures of child abuse as soon as possible. Failure to report physical and sexual child abuse may amount to a criminal offence.

Source of Abuse Within MASS

VICTORIA POLICE

You **MUST** report all instances of suspected child abuse involving a MASS staff member, contractor or volunteer or visitor to Victoria Police.

MASS

You must also report internally to a MASS Child Safety Office or the Director. MASS will report to the Commission for Children and Young People (CCYP) where a staff member is involved. **1300 782 978**

Client

For suspected client/student abuse, contact a MASS Child Safety Officer.

MASS will report all allegations of 'reportable contact' as soon as possible to the Commission for Children and Young People **1300 782 978**.

Source of Abuse Within Family or Community

DHHS Child Protection

You **MUST** report to DHHS Child Protection if a child is considered to be:

- In need of protection from child abuse
- At risk of being harmed (or has been harmed) and the harm has had, or is likely to have a serious impact on the child's safety, stability or development.

You must also report to **Victoria Police** and **MASS Child Safety Officer** or **Director**.

Other Concerns

If you believe a child is not subject to abuse, but you still hold **significant concerns** for their wellbeing, you **must** still act. This may include making a referral or seeking advice from:

- CHILD FIRST/The Orange Door (in circumstances where the family are open to receiving support),
- DHHS Child Protection. or
- Victoria Police.

3 Contacting Parents / Carers

The Director **MUST** consult with DHHS Child Protection or Victoria Police to determine what information can be shared with parents/carers. They may advise:

- **Not to contact** the parents/carers (e.g in circumstances where the parents are alleged to have engaged in the abuse, or the child is a mature minor and does not wish for their parents/carers to be contacted).
- **To contact** the parents/carers and provide agreed information (this must be done as soon as possible, preferably on the same day of the incident, disclosure or suspicion).
- **How to communicate** with all relevant parties with consideration for their safety.

4 Providing Ongoing Support

MASS must provide support for children impacted by abuse. This should include the development of a **Client Support Plan** in consultation with support professionals. This is an essential part of the duty of care to clients.

Strategies may include development of a safety plan, direct support and referral to wellbeing professionals and support.

You **must** follow the **Four Critical Actions** every time you become aware of a further instance or risk of abuse. This includes reporting new information to authorities.

For **student** sexual assault, please follow the **Four Critical Actions: Student Sexual Offending**

YOU MUST TAKE ACTION

As a MASS staff member you play a **critical role** in protecting children in your care.

You must act by following *Four Critical Actions* as soon as you witness an incident, receive a disclosure or for a reasonable belief* that a child has, or is at risk of being abused.

You must act if you form a suspicion/ reasonable belief, even if you are unsure and have not directly observed child abuse (e.g. the victim or another person tells you about the abuse).

It is strongly recommended that you use the Responding to Suspected Child Abuse template to keep clear and comprehensive notes, even if you make a decision not to report.

* A reasonable belief is a deliberately low threshold. This enables authorities to investigate and take action.

CONTACTS

DHHS Child Protection

North Division 1300 664 977
South Division 1300 655 795
East Division 1300 360 391
West Division (rural) 1800 075 599
West Division (metro) 1300 664 977
After Hours 13 12 78

Victoria Police

000 or your local police station

Independent Schools Victoria

(03) 9825 7200

Child First

<https://services.dhhs.vic.gov.au/referral-and-support-teams>

The Lookout

Service directory information and evidence based guidance to help you respond to family violence <http://www.lookout.org.au>

Commission for Children and Young People

1300 782 978

Orange Door

<https://www.vic.gov.au/familyviolence/the-orange-door.html>

1800 Respect

Family violence victims/survivors counselling, information and referral service. **1800 737 732**

4 Critical Actions

Responding to Student Sexual Offending

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Immediate Response

If there is no immediate harm go to Action 2

If a child is at immediate risk of harm you **MUST** ensure their safety by:

- Separating alleged victims and others involved
- Administer first aid
- Call **000 for urgent medical and/or police assistance** to respond to immediate health or safety concerns
- Contact a MASS Child Safety Officer and they will identify a contact person for future liaison with the Police

2 Reporting to Authorities

As soon as immediate health and safety concerns are addressed you **MUST** report all incidents, suspicions or disclosures of student sexual offending as soon as possible.

VICTORIA POLICE
All instances **000**

MASS
You must also report internally to a MASS Child Safety Office or the Director.

MASS must identify a contact person for future liaison with Victoria Police and/or Child protection and see advice about contacting parents/carers (see **Action 3**).

DHHS Child Protection
Contact DHHS Child Protection if you believe that:

- The victims parents/carers are unable or unwilling to protect the child
- The student who is alleged to have engaged in the student sexual offending is:
 - Aged over 10 and under 15 years of age and may be in need of therapeutic treatment to address these behaviours
 - May be displaying physical and behavioural indicators of being a victim of child abuse (see the *Four Critical Actions for Responding to Incidents, Disclosures and Suspicions of Child Abuse*)

YOU MUST TAKE ACTION

As a MASS staff member you play a **critical role** in protecting children in your care. As for responding to Incidents, Disclosures and Suspicions of Child Abuse, you must TAKE ACTION and follow the Four Critical Actions. You **must** act even if you are unsure and have not directly observed student sexual offending (e.g. if a victim or another person tells you about the offence).

You must use the **Responding to Student Sexual Offending template** to keep clear and comprehensive notes.

3 Contacting Parents / Carers

The Director **MUST** consult with **DHHS Child Protection** or **Victoria Police** to determine what information can be shared with parents/carers of all impacted students. They may advise:

- **Not to contact** the parents/carers (e.g in circumstances where contacting the parents/carers is likely to adversely affect a Victoria Police investigation or where the student is a mature minor and has requested that their parents not be notified).
- **To contact** the parents/carers and provide agreed information (this must be done as soon as possible, preferably on the same day of the incident, disclosure or suspicion).

4 Providing Ongoing Support

MASS must provide support for children who are victim to a student sexual abuse AND students who have engaged in a sexual offence. This is an essential part or your duty of care requirements.

This should include the development of a **Client Support Plan** in consultation with support professionals outlining support strategies.

Strategies may include development of a safety plan, direct support and referral to wellbeing professionals.