

11 Tobruk Tce  
(PO Box 1370)  
PORT LINCOLN SA 5606

learn@tobrukcentre.com.au  
P: 8683 4488  
F: 8683 4650



**Tobruk Centre for**  
**Children's**  
**Development**

<b>Document Title:</b>	<b>Protective Practices for TOBRUK CENTRE Staff during their interactions with children and young people</b>
<b>Author:</b>	Michelle de la Perrelle
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# **Protective practices for Tobruk Centre**

## **staff during their interactions with children and young people**

Adapted from the Guidelines for staff working or volunteering in education and care settings 2017: DECD, Catholic Education and Association of Independent School, South Australia.

This document was first published in June 2005, revised April 2009 and September 2011. New section on Grooming in January 2017 and revised in November 2018. Published in March 2019. It is now authored by the Department for Education, Catholic Education and Association of Independent Schools, South Australia.

Tobruk Centre staff work across sectors on Lower Eyre Peninsula. Staff provide services in a range of locations including home visits, centre based services and education sites. This policy should be read in conjunction with the Guidelines for Staff Working or Volunteering in Education and Care Settings 2019.

[https://www.education.sa.gov.au/sites/default/files/protective\\_practices\\_for\\_staff\\_in\\_their\\_interactions\\_with\\_children\\_and\\_young\\_people.pdf?acsf\\_files\\_redirect](https://www.education.sa.gov.au/sites/default/files/protective_practices_for_staff_in_their_interactions_with_children_and_young_people.pdf?acsf_files_redirect)

### **1. Definitions:**

For the purposes of this document the following definitions apply.

**Staff:** employees, professional service providers, tertiary / work experience students and volunteers

**Location of Services:** is a service location where services are delivered. This may include Tobruk Centre, schools and preschools, alternative education centres, health services or the home of client, children's centres and child care centres.

**Manager:** Manager (or delegate) of Tobruk Centre. This individual has responsibility for the welfare of children and young people

**Children/ all children and young people:** are engaged with services delivered by Tobruk Centre

**Parents:** adults who have the parenting responsibility for children and young people, including biological parents, step-parents, legal guardians and extended family members such as grandparents, foster and kinship carer

**Disability:** disability includes physical, intellectual, psychiatric/psychological, sensory, neurological, learning disabilities, physical disfigurement, and the presence in the body of a disease causing mechanism. The term covers a disability that a person has now, may have in the future or is believed to have

**Glossary Relevant convention, law and policy**

**“United Nations Convention on the Rights of the Child:** The Convention enshrines the entitlement of all children, regardless of race, colour, sex, religion or nationality, to be protected from sexual abuse, to receive special help if they are to have their opinions heard about matters that affect them, to receive and share information, and to be treated with dignity if disciplined.

**Supporting documents:**

- National Principles for Child Safe Organisations published by the Australian Human Rights Commission (the **National Principles**);
- Children and Young People (Safety) Act 2017
- Child Safety (Prohibited Persons) Act 2016
- Criminal Law Consolidation Act 1935 (SA) defines illegal criminal behaviour.
- Equal Opportunity Act 1984 (SA) defines sexual harassment, prohibits other forms of unlawful discrimination including on the ground of disability and provides a complaint process through the Equal Opportunity Commission of South Australia.
- Sex Discrimination Act 1984 (Cth) as amended by the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth) defines sexual harassment and provides a complaint process through the Australian Human Rights Commission.
- Disability Discrimination Act 1992 (Cth) and Disability Standards for Education 2005 (Cth) provides legal protection against disability discrimination in specified areas. The DSE states the legal obligations of service providers within the DDA and the rights of the learners with disability.

## **2. Legal issues and professional boundaries for adults working or volunteering with children and young people**

Staff who act inconsistently with these guidelines may be subject to disciplinary action and/or an adverse finding in relation to their suitability/fitness to work for Tobruk Centre.

### *a. Duty of care*

In this setting, Duty of Care is a common law concept that refers to the responsibility of staff to provide children and young people with an adequate level of protection against harm. It is usually expressed as a duty to take reasonable care to protect children and young people from all reasonably foreseeable risk of injury. The question of what constitutes reasonable care in any given case will be determined objectively by a court and will depend on the individual circumstances of each case. In their relationships with children and young people, staff are required to ensure that the physical and emotional wellbeing of children and young people is safeguarded, and that their own behaviour is guided by this duty of care both within and beyond Tobruk Centre. Within the protective practices, this duty of care particularly relates to staff:

- expectations about their own conduct
- intervening in the inappropriate conduct of other adults
- reporting unprofessional behaviour of other adults if they observe or are informed of such behaviour.

### *b. Professional and role boundaries*

Professional and role boundaries are parameters that describe limits of a relationship where one person entrusts their welfare and safety to a professional and often in circumstances where a power imbalance might exist. Practitioners and those working at Tobruk Centre rely on positive

relationships between adults and children and young people. Therapy is a place where all staff can have significant influence in the lives of children and young people because the relationship involves regular contact over relatively long periods of time. These features make it extremely important that staff understand how to foster positive relationships in ways that do not compromise children and young people's safety and welfare. The professional boundaries outlined in these guidelines apply beyond specific settings and beyond specific cohorts of children and young people. For example, where staff are participating or have participated in community health education event, they are expected to respect professional boundaries with all the children and young people involved in those activities. Professional boundary violations by a staff member represent a breach of trust, a failure to meet a duty of care to children and young people, and a failure to follow conduct requirements of the employer.

When staff violate boundaries they risk:

- serious and harmful consequences for the child or young person
- seriously undermining the child or young person's development
- seriously undermining their professional reputation and the confidence the service and their suitability to work with children and young people
- formal directions or other disciplinary action from their employer or registering/regulating authority
- termination of employment
- criminal charges.

Any concern a staff member has about whether a situation may compromise or breach a professional relationship must be discussed with the Manager (or delegate). The Manager will develop an appropriate plan of action and ensure it is followed. Failure to report a boundary violation will also be subject to disciplinary action.

The following examples will assist staff in establishing and maintaining expected boundaries. This list is not exhaustive.

<b><i>Boundary</i></b>	<b><i>Example of violation</i></b>
Communication	<ul style="list-style-type: none"> <li>• Inappropriate comments about a child/young person's appearance, including excessive flattering comments</li> <li>• Inappropriate conversation or enquiries of a sexual nature (eg questions about a child or young person's sexuality or their sexual relationship with others)</li> <li>• Disrespectful or discriminatory treatment of, or manner towards, young people based on their perceived or actual sexual orientation</li> <li>• Use of inappropriate pet names</li> <li>• Vilification or humiliation</li> <li>• Jokes or innuendo of a sexual nature</li> <li>• Obscene gestures and/or language</li> </ul>

- Facilitating/permitting access to pornographic material
  - Facilitating/permitting access to sexually explicit material that is not part of an endorsed curriculum
  - Failing to intervene in sexual harassment of children and young people
  - Correspondence of a personal nature via any medium (eg phone, text message, letters, email, social media, internet postings) that is unrelated to the staff member's role.
  - Introduce 'secrets'
  - Communication related to the role but carried out via private personal devices, eg communication to taxi drivers of client's personal details, with parent or outside agencies and services
- Personal disclosure
- Discussing personal lifestyle details or opinions of self, other staff or children and young people unless directly relevant to the learning topic and with the individual's consent
- Physical contact
- Unwarranted or unwanted touching of a child or young person personally or with objects (eg pencil or ruler)
  - Corporal punishment (eg physical discipline or, smacking)
  - Initiating, permitting or requesting inappropriate or unnecessary physical contact with a child or young person (eg massage, kisses, tickling games) or facilitating situations which unnecessarily result in close physical contact with a child or young person
  - Inappropriate use of physical restraint/restrictive practices – may constitute assault
- Place
- Inviting/allowing/encouraging children and young people to attend the staff member's home (see p 11 country and local community considerations)
  - Attending children and young people's homes or their social gatherings
  - Being alone with a child or young person outside of a staff member's responsibilities
  - Entering change rooms or toilets occupied by children or young people when supervision is not required or appropriate
  - Transporting a child or young person unaccompanied
  - Using toilet facilities allocated to children and young people
- Targeting individual
- Giving personal gifts or special favours people
  - Offering overnight/weekend/holiday care of children and young people as respite to parents
  - Privately giving money and/or gifts to individual children/young people

Role	<ul style="list-style-type: none"> <li>• Adopting an ongoing welfare role that is beyond the scope of their position or that is the responsibility of another staff member (eg a counsellor/wellbeing leader)</li> <li>• Photographing, audio recording or filming children or young people via any medium when not authorised by the Manager to do so and without required parental consent</li> </ul>
Possessions	<ul style="list-style-type: none"> <li>• Correspondence or communication (via any medium) to or from children and young people where a violation of professional boundaries is indicated and where the correspondence has not been provided to the Manager by the staff member</li> <li>• Still/moving images or audio recordings of children and young people on personal equipment or kept in personal locations such as car or home that have not been authorised by the Manager</li> </ul>
Digital/electronic	<ul style="list-style-type: none"> <li>• Email, social media, internet postings that is unrelated to the staff member's role.</li> <li>• Allowing children and young people access to a staff member's personal internet locations (eg social networking service locations)</li> <li>• Uploading or publishing still/moving images or audio recordings of children and young people to any location, without parental and Manager's consent</li> <li>• Correspondence of a personal nature via social media, internet postings</li> <li>• Creating/using private online chat rooms</li> <li>• Filming/recording for the use of behaviour training/modification without Manager authority and parent consent.</li> </ul>

***Activities must be undertaken transparently and with the knowledge and consent of the Manager.***

• ***Make it public***

• ***Make it authorised***

• ***Make it timely***

• ***Make it purposeful.***

The following questions may assist staff in recognising when professional and/or legal boundaries are at risk of being breached:

- Am I dealing in a different manner with a particular child or young person than with others under the same circumstances?
- Is my dress/availability/language/demeanour different from the normal with a particular child or young person?
- Would I modify my behaviour with a child or young person if a colleague were present?
- Would I judge my conduct negatively if I observed it in another adult?

- Is it possible that the consequences of my actions will have negative outcomes for children and young people?
- Is it possible that the consequences of my actions will negatively affect people's confidence in my suitability to work with children and young people?

If an honest answer to any of the above questions is 'yes' then a staff member must alter their behaviour immediately and consider seeking professional support or counsel.

### **3. Legislation**

Staff conduct representing a breach of legislation includes:

- failure to report child harm and risk of harm, defined in the Children and Young People (Safety) Act 2017
- alleged breaches of the Criminal Law Consolidation Act 1935 (SA)\*
- sexual harassment defined in the Equal Opportunity Act 1984 (SA) and Sex Discrimination Act 1984 and Amendment Act 2013 (Cth)
- harassment or victimisation of a student with a disability, defined in the Disability Standards in Education 2005 (Cth)
- unprofessional conduct pursuant to the disciplines Code of Conduct

### **4. Grooming behaviour**

Positive adult-child/young person relationships are essential to learning, however it is essential that staff understand how to foster these relationships without compromising child and young person's welfare. The term 'grooming' refers to actions deliberately undertaken with the aim of befriending and influencing a child, and in some circumstances members of the child's family, for the purpose of sexual activity with the child. These actions are designed to establish an emotional connection in order to lower the child's inhibitions and gain access to the intended victim. In this respect grooming involves psychological manipulation that is usually very subtle, drawn out, calculated, controlling and premeditated' (Victorian Parliamentary Inquiry into the Handling of Child Sexual Abuse by Religious and Other Non-Government Organisations, 2013).

Grooming can be conducted in person or online eg via interaction through social networking service locations, chat rooms, digital forums or emails. Perpetrators gain trust by watching and gathering information about a child/young person, getting to know their needs and how to exploit them. They may also mix effortlessly with parents and carers because they seem warm, understanding and caring.

Vulnerable children or young people are most often targeted as they are seen as easy victims to manipulate. For example:

- age (too young to tell)
- disability (unable to tell, or to 'stand up' as a witness)
- emotional deprivation (already neglected or abused, low self-confidence, emotional neediness)

- isolation and disadvantage (children in care, new arrivals, non-English speaking, in a remote community).

Opportunistic or situational grooming may occur:

- when there are ambiguities over boundaries and roles,
- where there is a lack of supervision which allows opportunities for inappropriate touch or conversations eg online, individual clinical sessions
- where the seriousness of the activity, or potential harm is discounted
- where the personal traits or actions of a person are tolerated or dismissed.

If a suspicion on reasonable grounds is formed regarding inappropriate adult behaviour, then staff are obliged to take action and report the inappropriate behaviour. Refer to Staff responsibilities in responding to behaviour section.

#### **5. Sexual relationships between legally consenting adults where a staff– client relationship once existed**

Staff should be aware that where a relationship develops with an ex-client or sibling of a client, their employer is entitled to consider whether their actions suggest an abuse of their position as a staff member. Where there is a reasonable belief that the emotional intimacy of the relationship developed while the staff-client relationship existed, a judgment that abuse of their position has occurred is likely. What is significant in staff-client relationships are the differences in authority and power held by the staff member and levels of trust held by the child and young person. These differences do not suddenly disappear at a specific point in time. They linger as an imbalance between the two individuals and as a potential impediment to their capacity to make decisions in their own and others' best interests.

Consequently, staff cannot assume they will be protected from disciplinary action taken by their employer or registering/regulating authority because a relationship is claimed to have begun after the intervention period concluded. The length of time between the conclusion of the staff– client relationship and the beginning of an intimate relationship is only one of a number of critical factors employers or registering/regulating authorities will take into consideration when judging the appropriateness of a staff member's conduct.

Other significant factors include:

- the age difference between the staff member and the ex-client
- the developmental capacity of the ex-client
- the vulnerability of the ex-client
- evidence of the nature of the relationship while the staff–client relationship existed
- other concerns or allegations regarding the staff member's conduct.

\* Staff should be aware that unlawful sexual intercourse where an individual holds a position of authority over the other involves a higher age of consent (18 years) than where no authority relationship exists (17 years).

#### **6. Guidance for staff in managing professional boundaries**

### *a. Working in country and local communities*

Staff working in country or local communities face additional challenges in managing professional boundaries. They are more likely to have social relationships with the families/ parents of the children and young people with whom they work and are, therefore, more likely to share social and sporting events or membership at various community clubs or associations. This means they will have legitimate reasons, on occasions, to attend social/cultural events with the children and young people with whom they work, to visit their homes or to be visited by them in the company of their parents. These social/cultural engagements are an important part of community life and a positive contribution to the wellbeing of staff working in country and local communities.

The advice below will assist staff to enjoy these social engagements without compromising their professional responsibilities. The guiding principles in managing these situations are that:

- social contact should be generated via the relationship the staff member has with the parents of children and young people or by an event (such as a sporting event)
- staff should avoid being alone with children and young people in these situations
- staff should conduct themselves in a way that will not give others reason to question their suitability to work with children and young people and that will not create discomfort for children and young people in their learning relationship with them. Consuming alcohol in these situations may lessen a staff member's capacity to judge when a professional boundary is at risk
- staff should politely refuse to discuss matters relating to the workplace and should not discuss children and young people's learning or social progress other than at times specifically set aside for that purpose
- any concern a staff member has about whether or not a situation may be compromising or breaching a professional relationship should be discussed with the Manager and an approved plan of action followed.

### *b. Using digital forums/social networking service locations*

There are many legitimate social media spaces that can be used effectively as part of treatment and learning programs to facilitate children and young people's learning. These digital forums need to be completely separate from staff personal virtual spaces and staff should consider the following questions prior to using them:

- how can I use these social media tools appropriately?
- what are the risks?
- what will be the benefits?
- what protocols or permission need to be considered?
- are these approved tools?
- have parents been informed?

Staff are expected to model responsible and respectful conduct to the children and young people with whom they work. Staff need to consider the electronic social environments they utilise as part of this community and employer expectation.

The internet does not provide the privacy or control assumed by many users. Staff must appreciate that no matter what protections they place around access to their personal service locations their digital postings are still at risk of reaching an unintended audience and being used in ways that could complicate or threaten their employment.

Staff should be aware of the following expectations in considering their use of social networking service locations:

- they have considered the information and images of them available on their service locations and are confident that these represent them in a light acceptable to their role in working with children and young people
- they do not have children or young people in their community as 'friends' on their personal/private service locations
- comments on their service location about their workplace, work colleagues or children or young people, if published, would not cause hurt or embarrassment to others, risk claims of libel, or harm the reputation of the workplace, their colleagues or children and young people.

*c. Working one-to-one with children and young people*

The following summary of expectations applies to all situations where staff are providing one-to-one.

**Make it public:** The more visible, public and busy the location the better. Use the service location's authorised ICT systems. Do not use personal email, phones, social media, apps or webservice locations to communicate with children and young people

**Make it authorised:** Parents should be present if possible and at a minimum informed/ give consent. Activity must be authorised by the Manager. The activity is a legitimate part of your role

**Make it timely:** As far as possible, provide support during normal work hours. Sessions should be concise and not unnecessarily prolonged.

**Make it purposeful:** The activity addresses or is linked to an identified wellbeing and/or learning need of the child or young person

*d. Managing privacy expectations*

Clinicians and service providers rely in different ways on being able to provide a degree of privacy for children and young people. This may be to protect the child or young person's dignity, to provide an environment conducive to the service/assessment being provided or to respect the child or young person's desire for confidentiality. Children and young people will often assume a high level of confidentiality when disclosing serious issues of a personal nature or reporting harassment or bullying. For these reasons, Tobruk Centre needs to find a careful balance between, on the one hand, respecting the sensitive and private nature of counselling or service provision and, on the other hand, the professional's duty of care obligations for the safety and wellbeing of the child or young person (mandatory notification).

Good practice in managing these circumstances is the following:

- health/physical care should be provided with respect for the child or young person's dignity and in a manner approved by the child or young person and with their parents

- clinical consultations should be provided in unlocked rooms that are located near staff traffic areas
- avoid out of hours contact
- while parental consent is often not applicable in many counselling situations, best practice for Tobruk Centre is to provide all parents with information about varying roles of clinicians that outlines confidentiality and privacy issues
- ensure appointments and notes are documented appropriately; include information about location, type of service and those involved in the session.

*e. Conducting sessions at a variety of other locations:*

Staff must ensure they follow the Child Safe Environments Policy and Code of Conduct and the Working Safely with Clients in a Variety of Settings protocol is followed. The key principle is that a session at another location should place no one at unreasonable risk and that identified minor risks are consciously managed. A summary of general expectations is provided below.

**Inform:** Home visits or transport arrangements must be authorised and documented at Tobruk Centre in the diary and on the In/Out board, and the service location must have information about when and where visits are being undertaken, the expected outcomes and return times

**Prepare:** All available information about the safety of the proposed visit must be considered and risks managed. Mobile phones must be taken, ID should be visible. Inform parents of intended visit, where appropriate. Complete the Risk Assessment Form for new visits off site.

**Protect:** A colleague should accompany a staff member carrying out a home visit for the first time. Do not enter the house if parents are not at home. Speak with the child or young person where the parent is present or clearly visible. Document the visit.

## **9. Staff responsibilities in responding to behaviour**

### *a. Behaviour of staff towards children and young people*

#### Suspected harm or risk of harm to a child or young person

Staff are mandated notifiers and are, therefore, required under the Children and Young People (Safety) Act 2017 to report suspected harm and risk of harm to children and young people to the Child Abuse Report Line (CARL) on 131 478. A report of suspected harm or risk of harm must be made to CARL irrespective of who is implicated: a colleague, friend, senior staff member, volunteer, parent, visitor, family member or other child or young person. Staff are strongly encouraged, but not required, to advise the Manager after to making a notification.

The concern must be documented in the casenotes and reported to the Child Safety Officer. Such procedures are designed to ensure that children and young people's wellbeing is safeguarded and that staff members' rights are respected.

If the Manager is the subject of the suspicion, observation or allegation, staff must report their concerns to SAPOL and the Child Abuse Report Line. The complexities of these situations are acknowledged. Nevertheless, staff must manage their sensitivities or discomforts because their duty of care to the child or young person remains their paramount legal, professional and moral responsibility.

#### Inappropriate behaviour

Staff may also observe behaviours in other adults that they view to be inappropriate rather than harmful or that sit on the border of violating a professional boundary. Staff must ensure, through their Manager, that the adult concerned is made aware of the potential of their actions to impact negatively on children and young people, and on themselves. Professional advice of this kind may be particularly valuable to young or newly appointed staff. The Manager should document what is discussed.

All staff must take action if children and young people disclose information about inappropriate behaviours of other adults on the service location. It is not acceptable to minimise, ignore or delay responding to such information. For the wellbeing of all, a report is to be made to the Child Abuse Report Line and then the Manager informed *Behaviour of children and young people towards staff*

Should a child or young person engage in inappropriate behaviour of a sexual nature, then immediate respectful steps must be taken to discourage the behaviour by the child or young person. The matter should be reported and documented promptly with the Manager and a plan of action developed to support the child or young person and relevant staff member. Depending on the age/developmental capacity of the child or young person and contextual information, this plan of support may involve:

- communication with parents
- referral to and liaison with specialist counselling
- formalised support within the service location, which may include closer monitoring or supervision of the child or young person in his/her interactions with other children and young people
- referral to and liaison with an appropriate agency with disability-specific expertise.

Sometimes, the inappropriate sexual behaviour of younger children towards staff can elicit a suspicion that the child in question has been sexually abused. In these situations, staff must:

- make a mandatory notification to the Child Abuse Report Line on 131 478
- consider the safety of other children and young people with whom the child has contact
- develop and document a plan of action and communication with all relevant parties (including other agencies).

Some children and young people may actively seek a relationship with a staff member that would constitute an inappropriate relationship. In such circumstances, staff are advised to immediately report the information to the Manager and seek assistance from a senior staff member to actively manage the situation in a way that respects the emotional wellbeing of the child or young person and provides support to the staff member. Examples of child/young person behaviours that should be reported and addressed are:

- receiving gifts of an inappropriate nature or at inappropriate times (eg not as part of end of the year gift giving that some children and families follow)
- flirtatious gestures and comments
- inappropriate social invitations
- inappropriate touching or invasions of personal space
- inappropriate postings using any medium

- correspondence or communication that suggests or invites an inappropriate relationship.

The staff member and Manager should document the incident that initially prompted the concern and the plan of action that has been established. Contact with parents is recommended unless there are reasonable grounds to believe that this will create serious risks for the child or young person.

Sexual harassment—via any medium\* (including positing on websites, whether private or not) at any time or place—or assault of a staff member by a child or young person should be dealt with following normal behaviour management protocols, with the involvement of parents and, where appropriate, police. Along with this response, consideration must also be given to the most appropriate counselling and support that can be provided to the child or young person and family. It is important to use these incidents as opportunities to organise meaningful interventions that address early sexual and other offending behaviours

#### **10. Appropriate physical contact by a staff member to assist or encourage a child or young person**

At times, staff will be required to give practical assistance to a child or young person who is hurt or needs particular assistance or encouragement. Examples of appropriate physical contact are:

- administration of first aid
- supporting children and young people who have hurt themselves
- non-intrusive gestures to comfort a child or young person who is experiencing grief and loss or distress, such as a hand on the upper arm or upper back
- non-intrusive touch (e.g. congratulating a child or young person by shaking hands or a pat on the upper arm or back). Staff should remember the importance of accompanying such touch with positive and encouraging words.

#### Good practice with school-age children and young people

- Seek children and young people's permission to make physical contact (keeping in mind that a highly distressed child or young person may be incapable of expressing their wishes) eg first aid, a minimal gesture of comfort.
- Avoid being with a child or young person alone in a one-to-one, out of sight situation, and never touch a child or young person in such a situation.
- Do not presume that physical contact is acceptable to a particular child or young person. Even non-intrusive touch may be inappropriate if a child or young person indicates he/she does not wish to be touched.
- Respect and respond to signs that a child or young person is uncomfortable with touch.
- Use verbal and/or visual directions rather than touch (eg ask a child or young person to move in a particular way, rather than physically place the child or young person in the required position).
- Use the above approach for demonstrations in clinical interactions or teach parents and ask them to provide the physical supports to the young person.
- In some circumstances, staff may need to discourage younger children from inappropriate expectations of hugs or cuddles. This should be done gently and without embarrassment or offence to the child and offer a replacement gesture (eg 'high five').

### Good practice with children, birth to school age

In providing intervention to very young children, staff should be aware of the following good practice:

- When children indicate they want comfort, ensure that it is provided in a public setting and that it is in keeping with the guidelines provided above.
- Signs of discomfort in children such as stiffening, pulling away or walking away must be respected.

In these situations the child must continue to be observed/ monitored until his/her distress is managed.

- Children must not be left in states of high distress for long periods. Parents need to be contacted under these circumstances.

Physical contact between individuals must be: • discretionary • careful • consensual • respectful • age appropriate • gender appropriate • considerate of others who may be in the area.

## **11. Managing Challenging Behaviour**

It is highly recommended that a support plan is developed for a child/young person with challenging behaviours which outlines the appropriate support and intervention. This plan should be completed in consultation with parents, staff and appropriate support staff. Reference should be made to the [Minimising Restrictive Practices Guidelines](#).

### *a) Non-physical intervention*

Non-physical intervention is the recognised means of managing the behaviour of children and young people. Where a problem with a child or young person's behaviour becomes apparent, non-physical interventions include:

- directing other children and young people to move away from the situation
- talking with the individual child or young person (asking the child or young person to stop the behaviour, and telling the child or young person what will happen if he/she does not stop)
- directing the child or young person to a safe place
- directing other children and young people to a safe place
- following the emergency plan in 'one and two staff' centres
- sending for assistance from other staff, or in extreme cases, the police.

Use of verbal directions is always preferred to physical intervention. It is not appropriate to make physical contact with a child or young person (eg pushing, grabbing, poking, pulling, blocking) in order to ensure they comply with directions. Under no circumstances should staff engage in any form of conduct which might cause physical or emotional harm to children and young people.

### *b) Physical restraint where a child or young person's or adult's safety is threatened*

Staff may make legitimate use of physical restraint based on best practice (eg Non-Violent Crisis Intervention – NVCi) if all non-physical interventions have been exhausted or are impossible in the circumstances and a child or young person is:

- attacking another child or young person or adult
- posing an immediate danger to themselves or others.
- property destruction
- verbal threats
- leaving the centre without adult supervision

Use of appropriate physical force may be permitted to ensure that the staff's duty of care to protect children and young people and staff from foreseeable risks of injury is met. Common law and statutory defences such as self-defence and defence of others remain legitimate reasons for the use of physical restraint. All people have the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so.

It may be a valid decision for staff not to use physical restraint in a situation involving several children and young people, or a physically larger child or young person, where staff believe that doing so would increase the likelihood of injury to themselves. In such cases, the staff member should guide other children and young people away from danger and seek immediate help from other staff or police.

Staff are not expected to place their own safety at risk in responding to violence or aggression in others and are supported by Workplace Health and Safety legislation in making this judgment.

#### *c) Safe practice when using physical restraint*

The use of restraint/restrictive practices with a child or young person may only be used in situations where the safety of others is threatened or to prevent injury. The restraint must be reasonable in the particular circumstances and must be in proportion to the circumstances of the incident. It must always be the minimum force needed to achieve the desired result, and take into account the age, stature, disability, understanding and gender of the child or young person. For example, if restraining a female, care should be taken to avoid contact with breasts.

Parents should be informed of the service location's policy on physical restraint/restrictive practices with children and young people and staff who may be expected to use physical restraint should access appropriate training.

#### *d) Cultural considerations*

Different cultures have different attitudes and traditions surrounding the concept of appropriate touch. Staff have a responsibility to become as familiar as possible with the values of the various cultural groups enrolled in an education or care service location. Many culturally-based community organisations are very keen to address staff about the values of their culture so as to establish optimum understanding and respect between parents, their children and staff at the service location. It is critical that staff appreciate culturally specific expectations regarding touch so that embarrassment or offence can be avoided for everyone, and particularly for children and young people.

Some children and young people attending TOBRUK CENTRE have recently arrived in Australia or are under guardianship/kinship care. Some have backgrounds of severe trauma, ranging from the observation of extreme physical violence and abuse to being victims of such violence and abuse themselves. The needs of these children and young people and their families are acute and the issue

of establishing what will be received as appropriate, helpful touch is, therefore, all the more essential.

Staff need to employ considerable diplomacy, care and effort in their interactions with the children and young people and families that are known or suspected to have escaped traumatic circumstances.

*e) Managing staff health and safety*

There are inherent risks that staff face on a daily basis working with children and young people. The Work Health and Safety Act 2012 requires the employer, as the person conducting business or undertakings to ensure that risks are identified and adequately controlled so far as is reasonably practicable.

*f) Legal action against children and young people*

Staff who progress with criminal proceedings of any nature against children and young people are requested to report the action to their Manager: Managers are responsible for managing these circumstances in a way that respects their duty of care to children, young people and staff, and should seek advice if these responsibilities appear to be in conflict.

\* The Young Offenders Act 1993 prohibits the publication of information that might identify an offender under the age of 18. While identifying information should not be recorded on TOBRUK CENTRE systems the legislation is not intended to prohibit private and confidential discussions between professionals, so they can properly respond to a situation.

**Do**

- Seek a colleague's or leader's support.
- Have a differentiated risk management plan for children and young peoples.
- Use conversation/negotiation to minimise or de-escalate aggression (eg take-up time, provision of a calm spot).
- Continue talking with the child or young person throughout the incident. Make clear that physical restraint will stop when it ceases to be necessary to protect the child or young person or others.
- Grip clothing rather than the body, whenever possible.
- Document incidents promptly and keep these records with the Manager.
  - The record should include: – the name of involved children and young people – location of incident – name of witnesses (staff and/or children and young people) – incident outline (including the child or young person's behaviour, what was said, steps taken, degree of force applied and how applied, reasoning for actions taken) – child or young person's response and the outcome – details of any injury or damage to property.
- Inform parents promptly (within 24 hours) and fully of any incident involving the physical restraint of their child and provide them with the opportunity to discuss the matter at the time they are informed.
- Provide/offer confidential debriefing, counselling support and Workplace Health and Safety documentation to all staff involved in incidents of restraint/restrictive practices.

## Don't

- Don't use restraint/restrictive practices that involves: – force applied to the head, neck, chest or genital area – restrictions to breathing – punching – kicking – holding by the hair or ear – confining a child or young person in a locked room or limited space – placing children under school age in 'time out' or 'time away'.

### 11. Working with children and young people with additional and complex needs

The category of additional and complex needs includes children and young peoples with disabilities and can be analysed as children and young people's behavioural presentation arises from:

- known / diagnosed disabilities, including intergenerational disabilities
- trauma
- mental health
- neglect and deprivation (emotional and physical)
- learning difficulties
- different cultural expectations/practices.

All sections of this document require careful interpretation when applied to children and young people with additional needs and complex needs. For example, children and young people with intellectual disabilities may engage in a much wider range of physical and overtly sexual behaviours towards staff and other children and young people as a result of their disability. Similarly, staff will need to engage more often in physical contact and touch with these children and young people as a means of meeting their duty of care to them.

In fact, touch itself may be an agreed form of communication between a child or young person, his/her parent and staff where the child or young person has a communication disability. Children and young people with disorders causing violent and unpredictable behaviours are likely to have formalised restraint procedures agreed to by staff and parents/carers. Toileting assistance or processes for changing clothes will be necessities for some children and young people.

Because of these differences, staff need to be more vigilant and thoughtful in their physical interactions with children and young people with additional needs and complex needs. Children and young people with disabilities are over-represented in the child protection system. Their vulnerabilities mean they have an increased reliance on the adults providing their care to protect them from harm. Immediately reporting any inappropriate behaviour towards children and young people from other adults is a critical obligation of staff and one that must not be delayed, minimised or delegated.

Clinicians and staff support children and young people with additional needs and complex needs through various forms of individual plans. The common features of these plans are that they involve all people who deal with the child or young person on a regular basis, including other service providers, and they document the agreed strategies that are to be used in supporting the child or young person. These plans are particularly important when challenging behaviours, personal care and hygiene and special physical considerations are an issue at the service location (eg toileting, situations where physical restraint is occasionally required). The possibility of restraint and the nature of that restraint/restrictive practices for children and young people should be addressed in the individual plan as should alternative strategies for preventing harm to others. The plan process

should involve the child or young person as far as possible. Staff likely to need to use physical restraint access training specific to that requirement.

It is appropriate that different approaches are likely to be needed from staff in their interactions with children and young people with additional and complex needs. For this reason, service location behaviour codes or behaviour management policies are regularly reviewed to ensure they reflect the needs of the children and young people accessing the service location at any one time. Nevertheless, the basic principles outlined elsewhere in this document remain applicable to all children and young people. Staff have a duty of care to protect children and young people from physical and emotional harm and, while the ways of meeting the duty may differ for different groups, the duty itself remains unqualified. Staff are expected to meet this duty in a manner that respects the dignity of all children and young people as well as their vulnerabilities.