

Tivoli Christian Reformed Church



CHILD PROTECTION POLICY AND CODES OF CONDUCT

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Introduction

Policy statement: A commitment to child protection

The purpose of this Policy is to guide Tivoli CRC in developing a child-protective culture. Tivoli is committed to welcoming children and their parents or carers and providing a 'child-safe' environment, culture and programs for children and other vulnerable people who attend the services and other programs. We are committed to demonstrating our care and respect for every child and vulnerable person by protecting them from abuse of any kind. This commitment flows naturally from our vision and mission to operate according to biblical, Christian principles for living and for recognising the unique value and potential of every person, regardless of race, age, gender, ability or disability.

Our priority is to:

- provide safe physical, emotional and online environments.
- develop and implement clear expectations to guide the behaviour of adults towards children, expressed in a Child-safe Code of Conduct that provides advice for managing relationships between adult and children.
- develop and implement strategies for identifying, mitigating or eliminating risks to children's wellbeing and safety.
- provide clear and accessible pathways for acting on observations, allegations and disclosures, including reporting abuse.

We recognise the particular need for sensitivity for those from culturally or linguistically diverse backgrounds. We take into consideration the needs of children with disabilities and seek to include them and make them feel safe and welcome. All children have equal rights to protection from abuse and discrimination. Our pastoral care and protection of all children expresses our love and commitment to their wellbeing, even if their statements and choices do not align with the beliefs and doctrines of this church community.

This Policy recognises both Federal and State legislation as well as regulations and guidelines and commits workers to responsibly and reasonably cooperating with Government departments, law enforcement and child protection agencies.

If you believe a child is at immediate risk of abuse phone 000.

Scope

The scope of this policy extends to:

- All ministries authorised by or under the control of the church, including those ministries undertaken at the church's premises or away from the church's premises with the church's approval.
- All leaders within the church or engaged by the church.

Authority

These are the Policy and Codes of Conduct document of Tivoli CRC, as approved by the Session (Elders and Deacons) of the church.

The ChildSafe Coordinator will review this Policy and Codes of Conduct document

- annually ; or
- after a reportable incident; or
- following changes to the law.

Any such reviewed document will be presented to Session for approval. Following such approval the document will be communicated to the congregation electronically.

The latest Policy and Codes of Conduct document will also be made available on the church's website.

External Policies

Tivoli CRC acknowledges that some ministries in the church might have external affiliation with other organisations. These organisations will possibly have policies governing the issues of member and/or child safety and abuse. The church's policies and procedures are not intended to replace or conflict with the other policies, but instead operate in conjunction with these policies to ensure child safety in the church.

While the Queensland Government has not as yet formally legislated its Child Safety Standards, Tivoli CRC recognises the following standards that have been approved in other jurisdictions.

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

Child safety and wellbeing is embedded in the Tivoli CRC culture at every level, from the Session via the Chairman. The ChildSafe Code of Conduct is provided to all members of the church annually and signed by all office bearers and all who are involved in any ministries involving children. Our statement of commitment to child safety and our policies are on the church website. Our risk management strategies and procedures are comprehensive and well-known.

Standard 2. Child and Student Empowerment.

Children and young people will be informed and empowered about their rights to be heard, consulted and included in decision-making processes that affect them and the strategies and procedures in place to keep them safe.

Standard 3. Family Engagement

The church community will be informed of the practices and procedures and will be afforded the opportunity of contributing to the development and implementation of such policies and procedures.

Standard 4. Diversity and Equity

Equity is upheld and diverse needs are respected in policy and practice. The Church recognises that some children are more vulnerable because of their diversity or abilities, and will ensure that they are not discriminated against or disadvantaged by the structures, policies and practices of the Church.

Standard 5. Suitable staff and volunteers

People employed or approved to work with children and young people are suitable and supported to reflect child safety and wellbeing values in practice. This will be evidenced by Blue Card clearance, and will be the focus of recruitment, screening and interviewing processes and by our regular training and induction for new children's workers.

Standard 6. Complaints Management Processes

Processes for making, managing and responding to complaints, including investigating complaints and child abuse concerns are visible, accessible and child focussed. The Church's Complaints Management process is visibly displayed. Complaint Report Forms (see page 28) are available from the ChildSafe Coordinator.

Standard 7. Child Safety knowledge, skills and awareness

Regular staff training will equip all staff members with the knowledge, skills and awareness required to keep children safe. Members of the children and youth teams will complete training and provide certification of completion. All members involved with children's ministries will sign the Child-safe Code of Conduct policy document annually.

Standard 8. Child safety in physical and on-line environments

Physical and on-line environments promote safety and wellbeing, minimising the opportunity for children or young people to be harmed. Strategies for risk management and mitigation of physical and on-line risk are contained in relevant policies.

Standard 9. Review of Child Safety practices

The Church is committed to regular review and improvement of child safety and its implementation with the Church community.

Standard 10. Implementing Child Safe practices

This policy and the related documents show how the Church works to exercise its duty of care to all minors, and to provide evidence that these child-safe practices and procedures are well-known and complied with.

About Childsafe

Tivoli CRC uses the ChildSafe Management Online System (CMOS) to administer our Child Safety Policies and Procedures. ChildSafe Limited is a Harm Prevention Charity, established by Scripture Union (SU) Australia in 2007. The safety and care processes developed within SU movements in Australia and New Zealand form the basis for the CMOS. Since 2003, SU has been intentionally developing ChildSafe with a specific desire to improve child and vulnerable people safety among Australasian churches and community organisations.

All leaders will have access to the CMOS. This will give access to online training as well as template documents that leaders will need to perform their duties.

If you are unsure of your password to the CMOS, please contact the ChildSafe Coordinator.

Hierarchy and definitions

The ChildSafe Management System use specific terminology to describe a ChildSafe hierarchy. At Tivoli CRC we use the same terminology for most positions.

Child

A Child is defined for the purposes of this policy as any person below 18 years of age to whom Tivoli CRC has a particular duty of care.

Program

A set of activities and events authorised and run by Tivoli CRC. This may, for instance, include a camp, an activity day or coaching day.

Activity

Any element that makes up a program such as a Fun Day, a hike or a fundraising event.

Risk Management Officer

At Tivoli CRC the ChildSafe Coordinator, with the support of Session, will fulfil the role of Risk Management Officer (RMO). The RMO will assess risks and determine strategies to minimise those risks.

ChildSafe Coordinator/Child Protection Officer

The ChildSafe Coordinator is the administrator for child safety.

Team Leader

Team Leaders are given responsibility for leadership of a program or Ministry. At Tivoli CRC the Team Leaders are the Coordinators for Sunday School and Ignite, the Crèche coordinator, the GEMS coordinator and the Coordinator for Transformers.

Team Member

Team Members are all people who work with children. They work within a broader team, and have limited responsibilities. Their primary focus will be on the participants in their program.

Helper

A Helper is any unpaid person who is invited by a Leader to assist them in their Ministry.

Any Helper who provides assistance in a Children's Ministry must be **supervised** by a Team Member **at all times** and will be accountable to that Member.

Team Members who accept the assistance of a Helper must be satisfied of the Helper's maturity and suitability for Children's Ministry. Since helpers are always directly supervised by a Team Leader or Team member, they may include children under the age of 18. Should helpers be aged 18 or over they must meet the requirements of Team Members.

Leader

Any person (paid or unpaid) over the age of 18 who is responsible for the control and safety of members placed in their care whilst holding a formal position in a recognised Ministry of the Church. A leader could include but is not limited to:

- Ministers, Elders or Deacons;
- Team leaders and members for Sunday school;
- Team leaders and members for a youth group;
- Team leaders and members for Crèche, GEMS, Transformers or Ignite;
- Small Group Leaders;
- Music, Drama or other Ministry Leaders; and
- Leaders for special occasions such as Sunday school fun days etc.

Member

Any person, including children, who attends or participates in Church Ministries.

Childcare workers

Anyone working with children including Elders, Deacons, ChildSafe coordinator, Team Leaders, Team members or Helpers.

Policies

Information of participating children and Privacy

All parents of children up to the age of 18, participating in programs or activities offered by Tivoli CRC, must complete a Medical Permission Form at the beginning of each year.

This needs to be available at ALL meetings and activities for the group throughout the year in case of medical emergencies and must be kept safe and secure between meetings.

A copy will be kept by the ChildSafe Coordinator.

Care will be taken by all Team Leaders that Medical Information remains private.

The ChildSafe coordinator will ensure that the medical permission forms are updated every year.

Additionally, the ChildSafe coordinator will distribute relevant documentation to the team leaders of each ministry.

Visiting children will provide emergency contact details if parents or guardians will not remain on the premises.

Information regarding allergies or any relevant medical information for the individual will be collected.

Selection and Screening of Children's Ministry workers

All prospective childcare workers will fill out an Application Form. The person appointing the childcare worker will also have an interview with the new worker.

All childcare workers will sign off on this Policy document before commencement of their duties.

Blue Card checks

Before a Childcare worker (excluding supervised helpers under the age of 18) can commence their duties they are required by law to be in possession of a current Blue Card. Application details and forms are available online at <https://www.bluecard.qld.gov.au/index.html>. Please send your registration information to the Childcare Coordinator as soon as possible.

See also the relevant details under the Queensland legislation section on p.18.

Training

ChildSafe training is a requirement for anyone who engages in work with children, young people and families. ChildSafe sets a standard of safety and care for the organisation and it is important that everyone involved is informed and agrees to uphold it.

All childcare workers over 18 years of age must complete the relevant training offered by ChildSafe.

The ChildSafe Online System offers training for all levels of Childcare workers. This training can be offered

- face-to-face by the organisation using the ChildSafe Resources or another organisation using the ChildSafe system;
- online by each individual; or
- using printed ChildSafe resources by individuals or in group format.

At Tivoli CRC we expect self-training (online or using printed resources) before commencing volunteer duties should face-to-face training not be immediately available.

All childcare workers will sign off on this Policy document before commencement of their duties.

Training modules to be completed:

	ChildSafe Team Members training	ChildSafe Team Leaders Training	ChildSafe Coordinator training
Minister	✓	✓	
Elders	✓		
Risk Management Officer and ChildSafe Coordinator	✓	✓	✓
Team Leaders	✓	✓	
Team Members	✓		
Helpers under 18 under direct supervision of a Leader			
Helpers 18 and over	✓		

Risk assessments

The Session is responsible to identify and manage risks in all environments including physical and online for all services, programs or activities organised or authorised by the church. This responsibility may be delegated to the Risk Management Officer.

Each Team Leader will conduct a risk assessment of their regular program and activities outlining the possible risks, the level of risk and possible precaution measures to implement. This will be reviewed annually.

An application for permission to proceed will be made with the RMO who will provide Permission to proceed before the program or activity may proceed. Should the RMO have any concerns, he/she will discuss this with the Team Leader.

Each activity that is not part of the regular program scope will need a separate risk assessment.

No program or activity may proceed without permission to do so.

Transport

All drivers of private cars transporting children must have a valid Blue Card.

All drivers of private cars transporting children must be in possession of at least a Probationary P2 license (Green “P’s”).

Parents must give permission before children may be transported in private cars.

The car driven must be roadworthy and insured.

All passengers must wear seat-belts at all times.

There should be a mobile phone available in the car in case of accident or running late due to unforeseeable situations. This is so that the passengers can call parents and relieve them of any unnecessary worry.

The leader will ensure that a portable First-Aid Kit is available for all longer excursions.

No leader will transport a single child at any time unless explicit approval has been given by parents.

Always make sure your passengers enter their house before driving away, either wait in the car or walk your passenger to their front door. This is not just a courtesy this is necessary for making sure that you have safely taken them home.

Drivers are not allowed to smoke in the vehicle.

Drivers are not allowed to use any alcohol or drugs when transporting children.

All Drivers are required to sign a Driver’s Declaration Form.

Location of activities

All programs and activities will take place in an area that is visible to any parent/guardian or any other member of the public.

All window coverings, blinds and curtains will be opened to allow people to look into the rooms.

No Childcare worker will be alone with a child. All private conversations will take place under the “Two worker policy” where a second worker must be present or in close enough proximity to be able to see the child and Childcare worker. This will also take place in an area that is visible to the public.

Should a Childcare worker have only one child in their class, that child can join another group if appropriate.

All activities will have a leader/child ratio of 1:4 for ages 0-4, 1:8 for primary age (5-11) and 1:10 for secondary aged kids 12-18. For teaching classes, where the focus is on spiritual and academic growth rather than physical activity, a ratio of 1 team leader or team member to 15 children aged between 12-18 years old will be permissible.

Attendance

Programs that operate while parents or guardians leave the premises will have a sign-in sheet where parents or guardians can sign their children in when arriving and out when leaving.

Parents are required to collect children from the venue rather than having children come out to their cars to meet them.

Visiting children will provide emergency contact details if parents or guardians will not remain on the premises.

Information regarding allergies or any relevant medical information for the individual will be collected.

First Aid

Location

There are two First Aid Kits at Tivoli CRC:

- A box located in the kitchen near the baby-change table.
- A portable First Aid bag for off-site activities, located in the cupboard to the right of the door that leads from the hall to the kitchen.

Signage

Adequate signage (white cross on green background) will be displayed on the property to indicate the location of the fixed First Aid Kit.

Content

The Risk Management Officer will ensure that the content of the First Aid Kits is in accordance with guidelines provided by The Red Cross or St. John of God.

A First Aid booklet will be included in the First Aid Kit in which note should be made of items that were used to facilitate restocking.

Incident Report Templates will be kept with the First Aid Kits to facilitate reporting.

First Aid personnel

All programs will have access to a First Aid trained person. First Aid Personnel will undertake initial treatment of injuries. The initial management provided by first aid personnel should be consistent with their level of training or competence. When first aid management required is beyond the level of training and competence of the personnel available, they should recommend that the person seek medical assistance.

The ChildSafe Coordinator will make a list of Members with First Aid qualification and will assess the need for further training.

Name	Relevant Training

Analgesics

The dispensing of drugs needs to be managed by a medical practitioner (or an occupational health practitioner such as a registered division 1 nurse), not a first aid officer. Paracetamol and other Scheduled or over-the-counter medications require appropriate medical supervision and, despite their ready availability, should only be dispensed by persons with training in the administration of non-prescription medications. These drugs have been shown to be the major source of abuse and pilfering of first aid kits. Accordingly, analgesics will not be included in first aid kits at Tivoli CRC.

Review

The First Aid Kit will be checked and restocked twice per year by the Risk Management Officer or an appointed representative, who will also review the relevance of items stocked and their expiry dates.

Reporting of incidents

The ChildSafe Incident Report must be completed in the event that

- First Aid is provided for an injury requiring medical treatment ;

- An outside emergency service is contacted for the event;
- An individual is taken to the hospital, a doctor's surgery, an emergency dental surgery or other medical professional;
- An injury results in a participant being unable to participate for 24 hours;
- Where there is an alleged illegal act, a participant is sent home, serious leader dispute, damage or loss of property; or
- In cases related to child protection.

If in doubt, please complete a report on the event.

The ChildSafe Incident Report will be submitted to the Risk Management Officer or Childcare Coordinator.

Copies of the Report Templates will be kept with the First Aid Kits.

Note: Reporting is not necessary for minor cuts and abrasions although a note must be made in the First Aid booklet to ensure items used get re-stocked.

Education and empowerment of children and young people

This element of the Child Protection Policy identifies the need for children to be educated and aware of:

- what is and what is not child abuse.
- ways and opportunity to provide feedback to Team Leaders about concerns or uncertainty relating to their safety in programs and activities.
- how to make a complaint or allegation about abuse to themselves or another child.

To this end, Tivoli CRC will:

- Listen to and act on any concerns children or their parents/carers raise with us.
- Make this Policy and related documents available to all members of the Church community as PDF documents electronically.
- Inform and educate participants about the importance of self-protection, personal safety and strategies for finding support and help if concerned. Information posters are displayed where appropriate.
- Encourage children to complete Feedback Forms where Session deems it necessary (see page 30 for an example of such a feedback form).
- Ensure Codes of Conduct and other helpful materials are easily available.
- Ensure important information about making a complaint about alleged abuse to the Child Protection Officer/ChildSafe Coordinator, Wellbeing officers or other pastoral carers will be available for participants.

Physical contact

Choice and Initiation

Some people do not seek or enjoy physical contact and are entitled to determine the degree of physical contact they have with others except in exceptional circumstances, i.e. when needing

medical attention. It is therefore inappropriate, in the normal course of events, to initiate physical contact with a child. When a child initiates physical contact the childcare worker may respond to this in an appropriate way.

Adult Responsibility

Physical contact between adults and children may be misconstrued. Any physical activity that is or may be construed as sexually stimulating to the adult or child is inappropriate and must be avoided. As children may or may not be aware of creating such situations, it is the duty of the adult to be alert to such circumstances and to act accordingly.

Appropriate physical contact

Administration of first aid.

Supporting children who have hurt themselves.

Non-intrusive gestures to comfort a child or young person who is experiencing grief, loss or distress, such as a hand on the upper arm or upper back.

Non-intrusive touch such as congratulating a child by shaking hands or patting upper arm.

Good practice

Always seek a child's permission to touch.

Even non-intrusive touch can be inappropriate when the child indicates that he/she does not wish to be touched.

Respect and respond to any signs that a child is uncomfortable with touch.

Use verbal directions instead of touch.

In some circumstances, staff may need to discourage younger children from inappropriate touch. This should be done gently and without embarrassment.

Nappy changes and toileting assistance

Parents of pre-school children are encouraged to take their children to the toilet before leaving them with the care staff.

Supervision of toddlers and babies will only occur when a parent or guardian is present on the premises.

Where a child needs to be accompanied to the toilet, this will be done by one of the leaders. In this case the toilet door will remain open.

In the event that a child needs a nappy change, the parents will be requested to do this unless prior permission has been given to the leaders to do this.

Inclusive culture

Tivoli CRC as an organisation is committed to being inclusive of all children and families. In particular Tivoli CRC aims to provide

- cultural safety for children from culturally and/or linguistically diverse backgrounds; and
- safety for children with a disability.

Safe food handling

The ChildSafe program provides guidelines on safe food handling. All Team Leaders should consider this as part of their risk assessment when providing food in their programs. All information regarding children with food allergies and food intolerances will be provided to the Team Leaders to consider when supplying food in their programs. Where and allergy is declared, every effort will be made to exclude that food from programs.

Building guidelines

The Elders and Deacons in cooperation with the property manager will be responsible for the task of ensuring a safe building and equipment. ChildSafe produces a set of guidelines in this regard and a copy of these guidelines will be given to them.

Equipment

All childcare workers should know how to operate equipment correctly and all safety guidelines must be adhered to.

Audio-visual

Parents will give permission through the Medical Permission form for children to view audio-visual material during programs and activities.

All audio-visual material will be age-appropriate as classified by the Australian Classification Board. It must be taken in consideration that G, PG and M ratings are guidelines only and do not carry age restrictions. It is the responsibility of the Team Leader to ensure that all audio-visual material is appropriate for the age group.

Media

Parents will give permission on the Medical Permission form for photographs and video recordings of children to be used appropriately.

Any media of children (for which consent was provided on the Medical Permission form) will only be used for presentations to the congregation or for displays around the church building. Any additional use of media will require specific permission from the parents.

Electronic communications

There are three basic principles when having any type of conversation with a young person:

1. Remember
 - The 'God test' – is this conversation honouring God?
 - The 'parent test' – if this young person's parents were listening/reading this, would they feel comfortable with this conversation?
2. Seek transparency in conversations with young people and do not converse where you can't be observed by others.
3. Don't get in deeper than you can handle – if issues arise that are greater than your ability or in an area of your weakness refer the young person to others who are better equipped to deal with it. When in doubt, ask for help.

Online and smart phone communications can create an intense, relational situation because of the ease of access, the comfort of distance and its unobserved nature. A relationship can be developed far more quickly than was possible before online communication was common. Therefore, the church considers talking with young people online and via smart phone to be exactly the same as talking to them face to face. The same code of conduct for leaders interacting with young people face to face applies to all types of online and smart phone communication.

FACEBOOK/TWITTER/INSTAGRAM/BLOGS/WEBSITES

If your church ministry or organisation establishes any of the above social media platforms as a method of communication within the group this is the best place for leaders to converse with members of the group as all conversations may be held in public. Ensure there is no option for private conversations to take place on this facility.

Best practice is for leaders not to be individual friends on social media with young people within the church or organisation. This is due to the risks inherent in private relationships which may develop over social media. These risks affect both young people and leaders.

However it is recognised that leaders may be individual friends on social media with young people where the relationship is pre-existing or established via other connections, for example they may be related or may have formed the friendship via knowing each other external to the leader/group member relationship. In circumstances where leaders are individual friends with young people on social media leaders are at all times to adhere to the basic principles above.

SMS TEXT MESSAGING/EMAILS

Best practice is to only use the above methods of communication as a “one-way” avenue for communicating within the group. Make it clear to all members of the group that while SMS texts/emails will be used for communication leaders will not reply individually to any response from group members, unless a matter of urgency arises and in every case, with a fellow leader copied in on the reply. Give parents the option of always being copied in on any communication from the ministry or organisation leaders and add those parents to the contacts list. When sending group emails always remember to send any email to yourself first and put all contacts into the blind copy (BCC) field to ensure you do not distribute email addresses without permission. Always copy in fellow leaders. Follow the same privacy protocols if using SMS texts to do mass communication within the group.

PHONE/SKYPE/ZOOM/FACETIME/MESSAGING APPS/IN-GAME MESSAGING

In the main seek to avoid where possible individual contact with young people via online and smart phone communication. Aim to have 100% of communication to young people via group communication. Should a need arise to use phone/Skype/FaceTime/Zoom you should be accountable – always get parental permission before you talk with a young person over the phone and tell a co-leader that you are conversing with a young person by phone. If using Skype, Zoom or FaceTime again always get parental permission before you talk with a young person using this facility. Ensure both you and the young person are using this form of communication in an open area where people can see you or there are others present, e.g. not alone in your room. Do not use Messaging Apps or in-game messaging to communicate individually with children or people under your pastoral care in your Church role.

In the case where an inappropriate message or image is sent to a leader by a child or a person under pastoral care/leadership via any online or smart phone communication, whether publicly or privately, the leader should not reply under any circumstances. Do not delete the image or message. The leader must immediately notify the ministry or organisation leader that this has occurred. The ministry or organisation leader may then contact the Safe Church Unit (SCU) for advice on how to proceed.

CYBER BULLYING AND IMAGE BASED ABUSE

Sadly, there is an increase in the prevalence of cyber bullying and image based abuse targeting both adults and children in Australia, mostly via social media. Both State and Federal parliaments have begun to address this societal problem through legislation and the provision of assistance to Australians via the Office of e-safety – www.esafety.gov.au. If you become aware of cyber bullying or image based abuse within the church context visit www.esafety.gov.au and contact SCU for assistance and reporting.

Discipline

It is not the responsibility of the Church or its Leaders to discipline a Child. It is appropriate for Leaders to employ general behaviour management strategies (such as mixing seating arrangements or separating disruptive children into different groups). At no time however, will a Leader administer any form of physical, emotional or mental discipline. If a Child does not abide by the rules set down by the Leader, or is an obstruction to the care of other Children or may cause harm to other Children, the Child will be removed and referred back to their parent or guardian.

Abuse

Abuse can be defined as an act that endangers a child's physical or emotional health or development.

Child abuse includes physical, emotional and sexual abuse. All leaders and volunteers need to have an understanding of all these forms. They need to learn about the nature of child abuse, and develop an awareness of how and why some children are victimised. It is important that all participants know what constitute appropriate or inappropriate behaviours in any relationships with children. This will enable staff and volunteers to recognise dangerous situations and act before children are abused in any way.

Child abuse thrives on secrecy. To prevent child abuse in our organisation Tivoli CRC commits to developing and maintaining an open and aware culture which

- Listens to children.
- Believes children.
- Learns about child abuse and protective behaviours for children and young people.
- Teaches children about their rights and protective behaviour strategies.
- Instils a culture of safety and awareness in Tivoli CRC.

Any abuse of children is a crime and must be reported to the Police. If a child discloses any such abuse, the organisation must listen, respond immediately and appropriately and report to the Police. It is important to validate a Child's disclosure, no matter how you feel about it. This means listening to the Child, taking them seriously and responding and acting on the disclosure by reporting to the police. Children, parents, staff and volunteers must be encouraged and supported in their efforts to protect themselves and others.

Any incident of suspected or reported abuse must be immediately reported to the ChildSafe Coordinator, using the ChildSafe Incident Report (see pages 23 and 28).

If there are reasonable grounds to suspect a Child has been or is suffering Abuse, the ChildSafe Coordinator must be informed immediately.

If an allegation of abuse is made against a Team Leader, Team Member or Helper, the ChildSafe Coordinator must be informed immediately.

Confidentiality is extremely important. Since Child Abuse is a serious incident the ChildSafe Coordinator will immediately involve other members higher up in the church's hierarchy (RMO, Minister and Session) to report to the Police and make further decisions.

Where an allegation is made the accused person will be removed from all Children's ministry pending the outcome of all investigations. This means that the person is relieved from their duties while the matter is investigated. Both the Child and the alleged abuser have rights and need protection and due process.

Once the authorities have been notified, they should be left to conduct any investigation. It is important that the Child is not required to repeat their disclosure to more people than absolutely necessary within the church. Interviewing the child must be left to the investigating authority who has appropriately trained people who are skilled in the process.

If a disclosure of abuse is made, the person who receives the disclosure will maintain appropriate pastoral care to the one making the disclosure.

Any disclosures by a Child and all details of the subsequent investigation will be documented promptly and the documents will be held in a secure location where a breach of privacy cannot occur.

Notes and forms will record places, times, dates, names of people, observable behaviours or evidence of harm.

- Team Members and other volunteers should keep personal notes of concerns, observations and disclosures regarding child abuse during the process of forming a reasonable belief.
- Notes should be saved as a personal record, but in form that can be accessible to church leadership and external authorities, if required. The best practice would be to store this information using Safety Management Online.
- When a 'reasonable belief' has been established, these notes can be recorded as a Child Abuse Complaint Report Form, available from the Child Protection Officer (CPO). If required the CPO can assist completing the form. If it is clear that the belief requires a mandatory report, the notes and the Report Form can be supplied to the Police and the Child Protection Unit of Department of Communities and Justice.
- If a report is made, then all notes and the Report Form will be saved to a case file, which will be kept by the CPO with all subsequent correspondence and materials relating to investigations, determinations and further actions.
- As much as is reasonably possible, an individual's confidentiality will be protected where allegations of abuse or misconduct are made. Both those who are making reports and those about whom accusations are being made are entitled to confidentiality.

The church reserves the right to carry out church disciplinary procedures in accordance with the Church Order of the Christian Reformed Churches of Australia.

Alcohol and drugs

The consumption of alcohol by persons under 18 or the use of illegal drugs during an activity is not to be condoned by any Leader. Any Child found to be under the influence of alcohol or illegal drugs is to be counselled and the parents/guardians contacted so the Child can be returned home immediately.

Queensland legislation

Child Protection Act 1999

The current Child Protection Legislation can be downloaded from <https://www.legislation.qld.gov.au/view/pdf/2018-01-29/act-1999-010>

Blue Card checks

Child ministry volunteers must have a current Blue Card as described in **Working with Children (Risk Management and Screening) Act 2000**. A person is guilty of an offence if he or she does not have a current card and he or she engages in child-related work, knowing that it is child-related work; and he or she knows that he or she does not have a current card or is reckless as to whether he or she has one.

Exemptions are made for registered teachers or police officers in Queensland. They should however apply for an exemption card when providing services to children outside of their professional duties.

Important contact details

How to make a Child Protection report

Note that it is preferred that all reporting is made in conjunction with the relevant church authorities (Risk Management Officer and Minister/session).

Who to contact?

- To report concerns that are life threatening call Queensland Police on **000**
- To contact a Child Protection Office close to you, call a local office. For Tivoli CRC it is the *Ipswich South Child Safety Service Centre*, whose number is **(07) 3381 7522**.

Kids Helpline

Kids Helpline is Australia's only free, 24/7 phone and online counselling service for young people aged 5 to 25.

Tel.: **1800 55 1800**

<https://kidshelpline.com.au/organisation/>

Lifeline

Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.

Tel.: **131 114**

ChildSafe

<http://www.childsafe.org.au>

Access ChildSafe resources and online training

<https://www.smo.org.au/auth/login>

Child Wise

Child Wise (<http://www.childwise.org.au>) is dedicated to protecting children from abuse by:

- Educating children, parents and carers about risks and personal safety strategies.

- Working with child-focused organisations to improve child protection mechanisms and create safer environments for children and young people.
- Researching and responding to emerging risks to children and young people.
- Helping to shape regional and national policy through advocacy and partnerships.
- Providing information, support and referral to victims, families and concerned members of the public through our toll-free Helpline.

Childwise Helpline: **1800 99 1099**

Domestic Violence Hotline

1800RESPECT is a national service providing confidential information, counselling and support to people impacted by sexual assault, domestic or family violence and abuse. (24 hours a day, 7 days a week)

Tel.: 1800 737 732

<https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence/helplines>

Headspace

Headspace Ipswich provides counselling and support to young people from 12-25 years. The service covers issues such as relationships, drug and alcohol, mental health, bullying, anxiety, depression, bad thoughts and uncertainty about the future plans.

Tel.: (07) 3280 7900

<https://headspace.org.au>

Any further questions?

Minister:

Vacant

Tel.: N/A

Email: N/A

ChildSafe Coordinator/Risk Management Officer:

Richard de Vries

Tel.: 0480 148 557

Email: richard@tivolicrc.org.au

SafeChurch Team:

Richard de Vries

Tel.: 0480 148 557

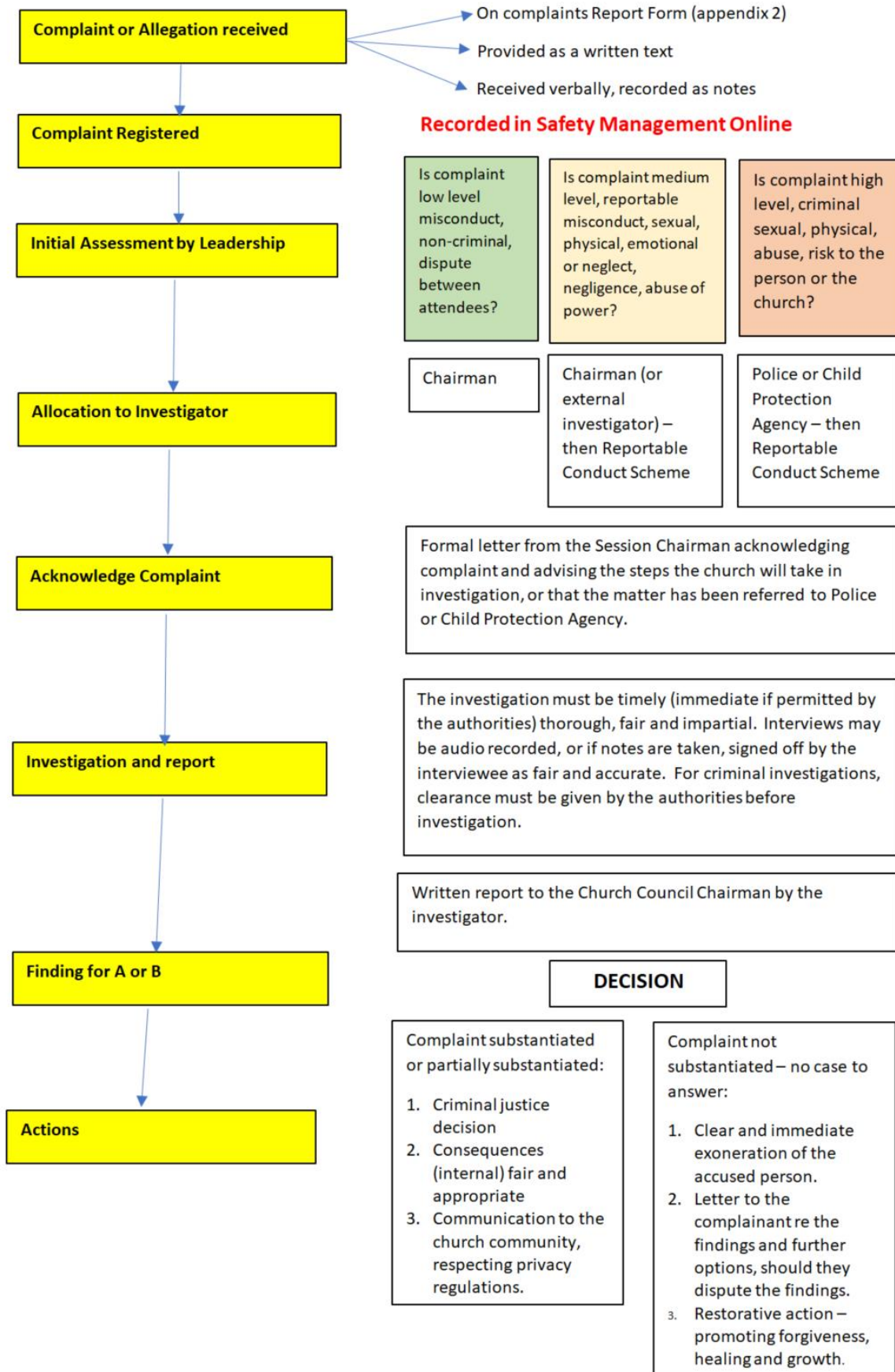
Email: richard@tivolicrc.org.au

Ria Brunckhorst

Tel.: 0414 281 803

Email: riabrun54@gmail.com

Complaint report management process



Report forms

The standard ChildSafe report forms can be accessed online from:

<https://safechurchcrca.org.au/safe-church-documents/4-forms>

On the following pages the following forms are listed for ease of access:

- Incident report (pages 22-24).
- Critical incident details (pages 25-26).
- Complaint and abuse reporting form (pages 27-28).
- Example feedback survey form (page 29).



Incident Report

Resource Code CSE3-IR

When should this report be completed?

This report must be completed if:

1. An outside emergency service is contacted (Police, Ambulance, State Emergency Service etc.).
2. An individual is taken to hospital, doctor's surgery, emergency dental surgery, or other medical professional.
3. An injury results in a participant being unable to participate for 24 hours.
4. There is an alleged illegal act, a participant sent home, serious leader dispute, damage or loss of property.
5. Other situations will require judgement and consultation with your organisation. In situations where doubt exists about the use of this report, complete a report.

How do I complete this report?

- Sections A, B & D must be completed in all situations.
- Section C is to be completed where there is an injury to an individual.

What do I do with this report after I have completed it?

1. Check that all information is correct to the best of your knowledge.
2. Check that the appropriate signatures are given.
3. The Team Leader forwards the form to your Coordinator as soon as possible. More severe incidents require immediate reporting, while other reports should be submitted within seven days.

SECTION A

Nature of the Event

Please describe the event in a one sentence summary.

When and where did this event occur?

Time of Event (specify AM/PM) _____ Date _____

Location Name _____

Exact Place _____

Name of the program _____

Did this event have 'Permission to Proceed'? Yes No

Team Leader

Surname _____ Given Names _____

SECTION B - details of people involved in the event (including witnesses - attach signed and dated reports of witnesses if applicable)

Person 1 (Details of injured person if applicable - remember to fill in Section C)

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone *home* _____ *work* _____ *mobile* _____

Person 2

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone *home* _____ *work* _____ *mobile* _____

Attach an additional page or pages if details for additional people are relevant.

SECTION C - to be completed only if the event involved injury. Circle the relevant responses

The injured person was a Participant / Team Member / Other(please specify): _____

Initial Severity Assessment

First Aid (stayed at program) / First Aid (sent home) / Medical Treatment
Hospital / Possible Permanent Disability / Fatal

Nature of Injury

Superficial / Fracture / Strain-Sprain / Irritation / Hernia / Bruise or Crush
Bite or Sting / Hearing Loss / Laceration or Cut / Poisoning / Infection
Disease / Amputation / Concussion / Allergy / Burn or Scald
Other (please specify): _____

Part of body injured * Visit to doctor automatic for body parts marked

Eye * / Ear / Nose / Mouth / Face / Jaws* / Neck* / Skull* / Head - Other*
Shoulder / Elbow / Wrist / Hand / Finger / Arm - Other
Groin / Hip / Knee / Ankle / Foot / Toe / Leg / Chest / Torso - Other
Internal / Back* / Nervous System / Skin / Respiratory System / Systemic
Other (please specify): _____

Cause of Severest Injury

Slip or Fall / Aquatic Activity / Burns / Vehicle Accident / Person related
Sporting / Other (please specify): _____

Immediate Treatment Remember, note the times and be as detailed as possible in the action that was taken to care for the casualty
(Give details. Attach additional notes if required.)

Doctor

Surname (Capitals) _____ Given Names _____
Street Address _____
Suburb _____ Postcode _____ Phone work _____

Hospital

Name _____
Street Address _____
Suburb _____ Postcode _____ Phone _____

Was the activity supervised? Yes No

Personal Data of Supervising Team Member

Surname (Capitals) _____ Given Names _____
Street Address _____
Suburb _____ Postcode _____ Sex M F Date of Birth _____
Phone home _____ work _____ mobile _____

Please describe the injured person's training and experience related to the activity at the time of the accident - attach report if insufficient space

Protective Equipment/Safety Devices:-

Were protective equipment/safety devices related to this activity being used? Yes No Not Applicable

If Yes, please give details- attach report if insufficient space

Pre-Existing Condition

Does the injured person suffer from any pre existing condition which may have caused or aggravated the injury? Yes No

If Yes, please give details- attach report if insufficient space

SECTION D

Were any pertinent instructions/warnings given before the event?

Yes

No

If Yes, please give details - *attach report if insufficient space.*

Factual Description of the event (what happened): *State exactly what is understood to have happened, how the incident has occurred, the nature of the event, who was claimed to be involved, and times. Identify who has made the observations. Record facts, not assumptions. Attach report if insufficient space.*

What action has been taken? *Remember to be specific, noting the timings. Attach report if insufficient space.*

What follow-up, in your view, needs to occur and by whom?

Has other action been taken as appropriate?

Parent/Guardian notified?

Yes

No

Photographs of Event Site

Yes

No

Police Notified

Yes

No

If Yes, police report number

If any other organisations have been advised please state details

Incident Report Completion

Signatures

Supervising Team Member Name:

Supervising Team Member Signature:

Date:

Team Leader Name:

Team Leader Signature :

Date:

Please submit this report as soon as possible. Reports dealing with issues of a greater level of severity must be submitted immediately, and all reports within seven days of the event. Thank you for your assistance.

Office Use Only - Incident Follow-up Plan								
Possible action	Report filed & registered	Medical form filed	Other docs (incl. photos filed)	Insurer notified	Parental follow-up	Team Leader follow-up	Coordinator follow-up	Event entered on summary and overview sheet
Required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials								
Date								



Critical Incident Details

Resource Code CSE3-OC

Critical Incidents can take a variety of forms, some involving injury or abuse, while others are an emergency situation of a different type. Use the prompts and questions below to record information that applies to the current situation.

INITIATION OF THE EMERGENCY RESPONSE PROCESS

This form presumes that a call has been received asking for Emergency Response Process activation, and that it has been decided to activate the process.

Call date and time: _____

Call taken by: _____

Decision to activate ER Process made by: _____

Generally, this person then becomes the ER Coordinator. Note here if a different person is ER Coordinator.

DETAILS OF THE CRITICAL INCIDENT

What has happened?

Where has it happened?

What time did it happen?

Who was involved?

Who else has been contacted other than the ER Coordinator?

What is the current state of the situation? Is it stable? Is it safe?

TEAM LEADER AND CONTACT ADDRESS

What program does this critical incident relate to:

Who is the Team Leader for this program:

Program Location:

Location of the critical incident:

Primary phone contact:

(If this is dictated to you, you should repeat it back to double-check)

Other contact (other phone, mobile):

Second contact person (in case this is needed):

Number of participants:

Age range of participants:

Number of Team Members:

NAMES OF INJURED OR DECEASED AND EMERGENCY CONTACT DETAILS FOR NEXT OF KIN

Complete as applicable

Name of injured or deceased	Next of kin	Contact details of next of kin (phone & address)	Details of injured or deceased condition

Details of the location of the injured or deceased (hospital, police station etc. Include phone contact)

EMERGENCY SERVICES RESPONSE

Check with the Team Leader that Emergency Services have already been called (this should occur prior to calling the Emergency Response Team).

Which emergency services were called and what response has occurred?

Ambulance Fire Police Other

NEEDS ASSESSMENT

What's happening with rest of the group (Team and participants)? (Details of group evacuation if necessary):

How is the Team Leader coping?
(Offer a supportive statement as appropriate)

How are the rest of the team handling the situation?

How are the participants coping with the situation?

Is this a situation where individual counselling is likely to be of assistance?
How many do you think will need some immediate individual counselling?

Do any of the participants need to be taken home?

If yes, name, address and phone (so counsellor and organisational representative can meet them and their caregivers)

MEDIA

What level of media activity is occurring?

Ask the Team Leader if they can pass on the names and phone contacts of any media personnel at the location

NEXT PHASE PLANNING FOR THE EMERGENCY RESPONSE TEAM

Is this a situation where sending an Emergency Response Director to the location would be useful and practical? If so, note their needs in relation to transport, food, accommodation, clothing, and anything else the ER Director needs to take to the site.

Should a counsellor or team of counsellors also travel to the site? If so, who should go, when and how? How will the ER Team take over responsibility for managing the critical incident and what should happen to assist the Team Leader and the rest of the program?



Complaint & Abuse reporting form

Resource Code CSE3-IRC

When should this report be completed?

This report must be completed if:

1. There is an alleged illegal act, a participant sent home, serious leader dispute, damage or loss of property.
2. The situation relates to Child Protection (disclosure of abuse, allegation of abuse, or report based on reasonable grounds).
3. You have a grievance about anything relating to the activities or buildings/physical environment of the church.
4. Other situations will require judgement and consultation with your organisation. In situations where doubt exists about the use of this report, complete a report.

What do I do with this report after I have completed it?

1. Check that all information is correct to the best of your knowledge.
2. Check that the appropriate signatures are given.
The Team Leader forwards the form to your Coordinator as soon as possible. More severe complaints require immediate reporting, while other reports should be submitted within seven days.

SECTION A

Nature of the Event

Please describe the event in a one sentence summary.

When and where did this event occur?

Time of Event (specify AM/PM) _____ Date _____

Location Name _____

Exact Place _____

Name of the program

Did this event have 'Permission to Proceed'?

Yes No

Team Leader

Surname _____ Given Names _____

SECTION B - details of people involved in the event (including witnesses - attach signed and dated reports of witnesses if applicable)

Person 1 (Details of person subject to the complaint)

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone *home* _____ *work* _____ *mobile* _____

Person 2 (any possible witness)

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone *home* _____ *work* _____ *mobile* _____

Attach an additional page or pages if details for additional people are relevant.

SECTION C - Use this section for Child Protection Issues

Refer to the *ChildSafe SP3 Team Members Guide* for information in relation to abuse, disclosure, allegation or belief based on reasonable grounds. Ensure that you understand the reporting requirements and process in your jurisdiction.

In relation to disclosure by a child, attach details of what was said by the child to this report. In relation to allegations or belief based on reasonable grounds, ensure that relevant sections of this report are completed, and attach notes to the report that carefully provide factual details and/or describe how you have arrived at the belief that a child is at risk of harm.

Please enter details: *Attach report if space is insufficient.*

What action has been taken? Remember to be specific, noting the timings. Attach report if space is insufficient.

Complaint Report Completion

Signatures

Complainant Name: _____ Complainant Signature: _____ Date: _____

Supervising Team Member Name: _____ Supervising Team Member Signature: _____ Date: _____

Team Leader Name: _____ Team Leader Signature : _____ Date: _____

Please submit this report as soon as possible. Reports dealing with issues of a greater level of severity must be submitted immediately, and all reports within seven days of the event. Thank you for your assistance.

Office Use Only – Complaint Follow-up Plan								
Possible action	Report filed & registered	Medical form filed	Other docs (incl. photos filed)	Insurer notified	Parental follow-up	Team Leader follow-up	Coordinator follow-up	Event entered in SMO (Safety Management Online)
Required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials								
Date								

Example Feedback Survey.

Name: _____

This survey is your chance to have a say about the children's programs. Think about each statement and mark on the line, somewhere between "Not at all!" and 'Absolutely!'.

1. I feel welcomed and looked after when I come to this church.

| _____ |
Not at all. Mostly Absolutely!

2. My parents like and follow the log-in process and arrangements for my care.

| _____ |
Not at all. Mostly Absolutely!

3. I know which toilets to use and feel safe when using them.

| _____ |
Not at all. Mostly Absolutely!

4. There are good spaces for activities and learning times.

| _____ |
Not at all. Mostly Absolutely!

5. The activities are fun, challenging and well-organised.

| _____ |
Not at all. Mostly Absolutely!

6. I feel safe and relaxed while I am in the children's programs.

| _____ |
Not at all. Mostly Absolutely!

7. I feel that the leaders know what they are doing and are looking after me.

| _____ |
Not at all. Mostly Absolutely!

8. The leaders are friendly and respectful of my friends and me.

| _____ |
Not at all. Mostly Absolutely!

9. If I am worried or upset, I know who I can go to for help.

| _____ |
Not at all. Mostly Absolutely!

10. I would recommend this church program as great for kids.

| _____ |
Not at all. Mostly Absolutely!