

## **Guidelines for Dealing with Grooming, Child Abuse and breaches of the Code of Conduct 2017**

The Guidelines detail the obligations of all LIC staff when identifying or responding to health and safety concerns for children as a result of abuse or neglect and should sit alongside the Child Protection policy of LIC.

This policy is reinforced by supporting, educating and informing Langford Islamic College staff of their roles and responsibilities for protecting children through the ***Child Protection Policy***.

LIC staff have a responsibility to recognise and respond to health and safety concerns for children. As a part of this role, all staff need to take action whenever a child has been identified as being in need of protection from harm arising from abuse and neglect. All Langford Islamic College staff are required to comply with the Guidelines.

The policies and procedures in these Guidelines, including the WA Health Protection of Children Policy, inform practice and guide health staff in the strengthening of their role as important players in child wellbeing and child protection.

The main premise of the Guidelines is to ensure the safety, protection and wellbeing of children as a shared responsibility. LIC is committed to an integrated system of collaborative endeavour that can help identify and address the complex needs of vulnerable children and their families. These Guidelines confirm the ongoing role LIC staff in providing additional information on information exchange in child protection

## What to do – a summary: Identification of and responses to possible Child Abuse, Grooming and Neglect

### STEP 1 – Identify concerns

Familiarise yourself with risk factors and possible indicators of child abuse, grooming and neglect

Prioritise the possible impact on the child over and above any concerns for the parents/carers

You may be concerned about a child because you have:

- observed indicators
- received a disclosure
- knowledge of risk factors.

Document concerns and the basis for them. Consult with colleagues.

### GO to STEP 2

### STEP 2 – Assess, consult, examine and document

**You need to:**

1. Provide or refer for emergency/first aid treatment if the child has acute injuries.
2. Complete a full assessment of the child and the circumstances, including identifying any indicators of child abuse, neglect, grooming and/or family and domestic violence.
3. Respond sensitively to the child throughout the assessment e.g. not his/her fault, happened to others, help available. Be sensitive to the child's age, development, gender, ethnicity, culture and psychological state and how this may impact on the child's ability to engage.
4. Respond to the parent/carers e.g. be honest as appropriate, supportive, clear about school staff responsibilities.
5. Consult with an appropriate senior management or your Coordinator.
6. Consider issues of information sharing, confidentiality and consent to treatment.
7. Consider that the assessment may also include a physical examination at, or in consultation with, [Child Protection Unit](#) and/or [Sexual Assault Resource Centre](#) and/or by a specialist medical officer or centre.
8. Consult, as appropriate, with other/external agencies e.g. Mental Health Services, [Department for Child Protection and Family Support](#) (CPFS), WA Police Child Abuse Squad.
9. Document your concerns, observations and actions according to Child Protection protocols.

**IF you have formed the belief that the child has been harmed or is likely to be harmed:**

Have your notes and the child's details ready and **Go to STEP 3.**

**IF you still have concerns, but not for immediate safety issues: Go to STEP 4**

### STEP 3 – Taking action/making notifications and referrals

Based on level of harm/risk assessed:

If assessment indicates the child has been abused or neglected or is currently at clear risk then notify CPFS as soon as practicable on a [Child Protection Concern Referral Form](#).

Follow up any verbal report to the local CPFS office with a completed form as soon as possible.

- Document and file all information as per local health area protocols.
- Consultation with PMH Child Protection Unit (9340 8646) or identified specialist medical officer is highly recommended prior to making any notification to CPFS.
- Refer to Section 2:3 for other possible actions/referral options

### STEP 3a – Notify child sexual abuse – mandatory reporting

If you are a Mandatory Reporter (doctor, nurse or midwife) for child sexual abuse you must report as soon as practicable (and after any consultation with colleagues, supervisor) to the CPFS Crisis Care Mandatory Reporting Service that you have formed a belief based on reasonable grounds that a child who is still aged under 18 years has been, or is being, sexually abused.

Mandatory Report forms can be accessed at [www.mandatoryreporting.dcp.wa.gov.au](http://www.mandatoryreporting.dcp.wa.gov.au)

- Send the report to CPFS Mandatory Reporting Service ( [mrs@dcp.wa.gov.au](mailto:mrs@dcp.wa.gov.au)) or fax 1800 610 614.
- CPFS will provide a Receipt Number, indicating they have received the report, within 24 hours.
- CPFS will provide a standardised letter confirming if the report has been forwarded to a CPFS District Office.
- File a copy of the report, Receipt Number and letter from CPFS in accordance with area health child abuse and neglect protocols.

The requirement to report is in addition to, and does not affect, any other function that the reporter has with respect to the child in the course of the reporter's work.

### STEP 4 – Ongoing management

May result in notification to CPFS at any stage.

The choice of intervention will depend on the needs of each child and their family. These needs will often be complex and therefore it is important that individual health staff members consult with colleagues/line managers whenever possible so that they do not have to make decisions regarding ongoing care in isolation. Options may include:

- further assessment to clarify current concerns, to obtain other information about exposure to abuse, neglect, family/domestic violence
- a physical examination as a component of assessment
- referral within WA Health (e.g. to a social worker) and/or another agency
- case management meetings
- ongoing monitoring and support
- other intervention as appropriate to your role/agency/profession
- consultation with line management or local specialist medical staff
- consultation with, or referral to, Child Protection Unit, PMH
- consultation with CPFS.

#### **If at any point during ongoing case management you identify:**

- ongoing indicators of abuse, neglect, family and domestic violence
- escalation of concerns about abuse, neglect, family and domestic violence
- multiple or further risk factors, then

#### **Return to Step 3**

#### **If at any point during ongoing case management you (as a doctor, nurse or midwife)**

- Form a belief, on reasonable grounds, that the child has been or is likely to have been sexually abused, then

#### **Return to Step 3a**

## Grooming

Child grooming has been described in a paper released by the Australian Institute of Criminology, as follows:

*Child grooming, a premeditated behaviour intended to secure the trust and cooperation of children prior to engaging in sexual conduct, is a process that commences with sexual predators choosing a location or target area likely to be attractive to children. A process of grooming then commences during which offenders take a particular interest in their child victim to make them feel special with the intention of gaining their trust. As trust is developed between the child victim and the offender, offenders then seek to desensitise child victims to sexual conduct by introducing a sexual element into the relationship.*

By virtue of their role, teachers have access to children at school, and sometimes in other locations. It is important that teachers maintain professional boundaries and refrain from conduct which may be identified as grooming. It is also important that teachers are able to identify unacceptable conduct in others and feel confident to report it to appropriate authorities if they observe it.

### Identifying the warning signs:

Often a variety of signals, patterns of behaviour and warning signs are present which may indicate that a teacher has crossed professional boundaries and is grooming a student.

Such behaviours include a teacher:

- making a student feel special – for example by spending extra time with the student, arranging to drive the student home, buying the student lunch or other items, asking the student to be a special helper in the class or touching the student unnecessarily, with no clear professional purpose or educational reason.
- focussing on a student who is emotionally vulnerable, for example a student who is having problems with their parents or is new to the school and hasn't established their circle of friends yet.
- attempting to bribe a student into silence about the teacher's inappropriate conduct.
- involving him/herself in a student's home life, for example by gaining the trust of the student's family and becoming involved in the life of the family.
- using social media, without an authorised educational context, to foster an inappropriate relationship with a student.

### What should a teacher do if they think they observe a breach of professional boundaries by another teacher?

- A teacher in that situation has a duty of care and must be prepared to intervene if necessary.
- Subject to the nature of the breach, it may also be appropriate or a requirement to report the matter to one or more of the following: their Principal, Head of Department or relevant line manager, Standards and Integrity at the Department of Education, the Department of Education Services Non-Government Schools Directorate, the

**Who should a teacher seek guidance or clarification from, in regard to this Resource?**

A senior teacher, mentor, line manager, Head of Department or Principal.

**What should a teacher do when a student comes close to breaching or does breach student-teacher boundaries?**

- Sometimes students intentionally or unintentionally cross boundaries with teachers, for example, in the way they speak to teachers or by initiating inappropriate contact with teachers.
- In these circumstances, a teacher needs to respond quickly but respectfully, removing themselves or their student from the inappropriate contact, or ending an inappropriate conversation.
- The specific way a teacher handles this will depend on the age and intention of the student.
- Teachers should take the opportunity to report the contact to an appropriate senior teacher whether it is intentional or not.
- Challenging situations can arise when teenage students who are becoming aware of their own sexuality may flirt with teachers.
- Teachers need to be alert to such behaviour by students and take steps to ensure they avoid situations that allow students to engage in such behaviour or stop the behaviour if it starts.

**How should a teacher manage a private or other professional relationship with a student outside of school, including, for example, where the teacher may also be the student's sports coach or instructor or be involved in other extra-curricular activities with the student outside of the school environment?**

- Teachers need to remember at all times that they are always in a position of trust and authority with students, whether they are involved with the student in or outside of the school setting.
- Teachers should be more aware of the need to maintain appropriate boundaries when they are interacting with a student away from the normal school situation. In these circumstances, a teacher needs to realise that they are accountable for their personal conduct and relevant professional standards and responsibilities continue to apply.
- In other words, a teacher's conduct towards a student or students should remain professional, no matter what the setting.
- Situations where teachers have behaved inappropriately towards students away from school settings or arising from another (non-teaching) capacity, have been the subject of teacher disciplinary proceedings in relation to the teacher's fitness and propriety to be registered.

# Useful Contacts

## Department for Child Protection and Family Support (CPFS)

### Crisis Care

Phone (24-hr service): 9223 1111  
(free call except from mobiles) 1800 199 008

### Family Helpline

Phone (24-hr service): 9223 1100  
(free call except from mobiles) 1800 643 000

### CPFS Mandatory Reporting Service

Phone: 1800 708 704

[www.mandatoryreporting.cpfs.wa.gov.au](http://www.mandatoryreporting.cpfs.wa.gov.au)

### WA Police Child Assessment Interview Team (CAIT)

Phone: 9428 1666

### Child Abuse Squad Phone:

9428 1500

(24-hr 'on call' for urgent matters) 0421 617 141



Department for Child Protection and Family Support

Form08/13441

## Child Protection Concern Referral Form

(not to be used by mandatory reporters to report sexual abuse  
that is occurring or has occurred after 1 January 2009)

If you have concerns for the immediate safety or wellbeing of this child/ren please contact  
the local district office or Crisis Care Unit to report your concerns

*(Please attach any additional information not included in this form)*

District Name:

Name:

Phone:

Fax:

Organisation

Email:

Date of referral

### Child/ren Details

Surname	First name	DOB/ Age	Address	Contact Phone	ATSI/CaLD

### Parents/ Carers

Name	Relationship to child/ren	DOB/ Age	Address	Contact Phone	ATSI/CaLD

\*

What is your involvement with the family?

How long have you known the family?

Are there any other services involved with the family?

### What is the Reason for Referral?

What has happened to the child/ren that worries you? (What happened, what did you see, who told you or what did the child say, is this the first time, are there any injuries- where, what size/ colour? etc)

Have you discussed your concerns with the Family? Are they aware of this referral? If yes how did they respond and if no, why?

Who do you believe is responsible for causing the harm?

What is your expectation of the Department for Child Protection and Family Support in response to your concerns?



What are you worried will happen to the child/ren if no one takes action?

What do you think is going well for this family and/or child/ren?

What do you need to see happen to be satisfied the child/ren will be safe in the future?



**Department for Child Protection and Family Support**  
**Mandatory Report – Sexual Abuse**  
**TO BE COMPLETED BY A MANDATORY REPORTER**

Made under the *Children and Community Services Act 2004*.

Complete and send to the Mandatory Reporting Service via fax or post.  
 Fax: 1800 610 614                      Post: PO Box 8146, PERTH BC WA 6849

<b>1a. Is this a written report following a telephone report</b> (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1b. If yes to 1a, what is the Mandatory Report Number:</b>	
<b>2. Preferred method for response to report</b> (please tick):	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>3. Date and time of report</b> (DD/MM/YYYY 00:00 AM/PM):	
<b>4. Police Incident Report Number</b> (if applicable):	
<b>5a. Is this report a concern for more than one child</b> (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5b. If yes to 5a, how many children are of concern?</b> Please ensure you complete page 4 for each additional child of concern.	

<b>DETAILS OF THE MANDATORY REPORTER</b>			
<b>First name:</b>		<b>Last name:</b>	
<b>Profession:</b>		<b>Organisation:</b>	
<b>Workplace address</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>State:</b>		<b>Country:</b>	
<b>Contact Details</b>			
<b>Business telephone:</b>		<b>Alternate telephone for urgent contact:</b>	
<b>Fax number:</b>		<b>Email:</b>	

<b>DETAILS OF THE CHILD OF CONCERN</b>			
<b>First name:</b>		<b>Last name:</b>	
<b>Description of child (if name unknown):</b>			
<b>Date of birth:</b>		<b>Or estimated age of child (specify days/months/years):</b>	
<b>Gender</b> (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female		

<b>Does this child have a disability</b> (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>If yes, type of disability:</b>	
<b>Are you reporting a sexually transmissible infection for this child</b> (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Address</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>State:</b>		<b>Country:</b>	
<b>Other Address Details</b>			
<b>Current residence of the child:</b>			
<b>School, day care centre, kindergarten or other care arrangement:</b>			
<b>Contact Details</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Cultural identity</b> (please tick)?	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Culturally and/or linguistically diverse <input type="checkbox"/> Don't know		
<b>Interpreter required</b> (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<b>If yes, specify language:</b>	
<b>Is the child aware of this report</b> (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>DETAILS OF THE CHILD'S PARENT/S <u>OR</u> CARER/S <u>OR</u> OTHER SIGNIFICANT PERSON/S (IF KNOWN)</b>			
<b>First name:</b>		<b>Last name:</b>	
<b>Gender</b> (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Address</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>State:</b>		<b>Country:</b>	
<b>Contact Details</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Relationship to child/children:</b>			
<b>Is the parent/carer aware of this report?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>DETAILS OF THE PERSON/S ALLEGED TO BE RESPONSIBLE FOR THE SEXUAL ABUSE</b>			
<p>Under s.124C(3)(ea) Children and Community Services Act 2004, you must provide details if, or to the extent, known to the reporter – (i) the name of any person alleged to be responsible for the sexual abuse; and (ii) the person's contact details; and (iii) the person's relationship to the child.</p> <p>Note: If the person/s alleged to be responsible for the sexual abuse is/are under 18 years of age, you must still provide their information here.</p>			

<b>ALLEGED PERSON 1</b>			
<b>First name:</b>		<b>Last name:</b>	

<b>Age:</b>		<b>Gender (please tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>State:</b>		<b>Country:</b>	
<b>Contact Details</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Relationship to child/children:</b>			
<b>ALLEGED PERSON 2 (if applicable)</b>			
<b>First name:</b>		<b>Last name:</b>	
<b>Age:</b>		<b>Gender (please tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>State:</b>		<b>Country:</b>	
<b>Contact Details</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Relationship to child/children:</b>			

### REASONABLE BELIEF

Have you **formed a belief, on reasonable grounds**, that child sexual abuse has occurred on or after 1 January 2009, or is ongoing?  Yes  No

### DETAILED REPORT

**Under s.124C(3)(d) Children and Community Services Act 2004, you must provide details of the grounds for your belief that the child/children in this report has/have been the subject of sexual abuse on or after 1 January 2009 or is/are the subject of ongoing sexual abuse.**

Please provide as much information as possible, as this will assist with the assessment of the child/children's safety.

If your report relates to a belief that only one child has been the subject of sexual abuse or is the subject of ongoing sexual abuse, you have now completed your mandatory report.

If your report relates to a belief that more than one child has been the subject of sexual abuse or is the subject of ongoing sexual abuse, please continue to provide relevant information on page 4.

**PLEASE COMPLETE THIS PAGE FOR EACH ADDITIONAL CHILD OF CONCERN**

The details of each additional child provided on this page must relate to the same grounds for belief that child sexual abuse has occurred or is occurring as described on page 3. If your concern is about more than two children, you will need to print and complete an additional copy of this page for each additional child.

## DETAILS OF THE ADDITIONAL CHILD OF CONCERN

<b>First name:</b>		<b>Last name:</b>	
<b>Description of child (if name unknown):</b>			
<b>Date of birth:</b>		<b>Or estimated age of child (specify days/weeks/years):</b>	
<b>Gender (please tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Does this child have a disability (please tick)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>If yes, type of disability:</b>	
<b>Are you reporting a sexually transmissible infection for this child (please tick)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Address</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>State:</b>		<b>Country:</b>	
<b>Other Address Details</b>			
<b>Current residence of the child:</b>			
<b>School, day care centre, kindergarten or other care arrangement:</b>			
<b>Contact Details</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Additional Information</b>			
<b>Cultural identity (please tick)?</b>	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Culturally and/or linguistically diverse <input type="checkbox"/> Don't know		
<b>Interpreter required (please tick)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, specify language:</b>	
<b>Is the child aware of this report (please tick)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## DETAILS OF THE ADDITIONAL CHILD/CHILDREN'S PARENT/S OR CARER/S OR OTHER SIGNIFICANT PERSON/S (IF DIFFERENT TO DETAILS PROVIDED ON PAGE 2)

<b>First name:</b>		<b>Last name:</b>	
<b>Gender (please tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Address</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>State:</b>		<b>Country:</b>	
<b>Contact Details</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Relationship to child/children:</b>			