



Policy – Child Safe

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4.0	March 2026	March 2029	GMICC (GQR)	ELT

Review History

Version No.	Version Date	Summary of Changes	Author
1.0	April 2016	Policy Created	CEO
2.0	December 2017	Updated to include the Reportable Conduct Scheme Child Safe Standards Reporting flow chart	Quality and Risk
3.0	May 2022	Review to comply with Child Safe Standards	GQR
3.1	October 2025	Minor update to principles Addition of reasonable belief Expanded content for physical & online environment Addition of Supervision and Clinical interactions Appendix: Child Safe Standards	Senior Manager GQR
4.0	February 2026	Addition of management of an unaccompanied child	GQR QIG

Table of Contents

1. Target Audience.....	3
2. Scope	3
3. Definitions	3
4. Policy statement	3
5. Policy principles	4
5.1 Empowering Children	4
5.2 Staff, Contractors and Volunteers.....	4
5.3 Clients/carers	4
5.4 Recruitment and induction.....	4
5.5 Training and Supervision	4
5.6 Fair procedure for employees/volunteers	4
5.7 Reporting.....	4
5.8 Physical and online environments.....	5
5.9 Supervision and Interacting with Children	5
5.10 Unaccompanied Children	5
5.11 Privacy	6
6. Legislative responsibilities	6
6.1 Failure to disclose.....	6
6.2 Failure to protect.....	6
7. Risk Management	6
8. Allegations, concerns and complaints	6
9. Associated frameworks, policies, procedures and guidelines	7
10. Associated standards	7
11. Associated legislation.....	7
12. References	7
13. Appendix 1. The 11 Child Safe Standards.....	8

1. Target Audience

IPC Health Board Directors, employees, contractors, students on placement volunteers and clients (and their carers).

2. Scope

All activities at IPC Health which involve, result in or relate to contact with children and young people.

3. Definitions

The Act	Child Safety and Wellbeing Act 2005
Child Abuse	Any act committed against a child involving: Physical violence Sexual offences Serious emotional or psychological abuse Serious neglect
Child	A person who is under the age of 18 years
Child Safety	In the context of the child safe standards, child safety means measures to protect children from abuse
Commission	Commission for Children and Young People
Cultural abuse	Actions and attitudes that deliberately ignore, denigrate or attack the culture of a person or community
Cultural safety for Aboriginal children	The child being provided with a safe, nurturing and positive environment where they are comfortable with being themselves, expressing their culture... their spiritual and belief systems, and they are supported by the carer... (who) respects their Aboriginality and therefore encourages their sense of self and identity'
Children with disability	A disability can be any physical, sensory, neurological disability, acquired brain injury or intellectual disability or developmental delay that affects a child's ability to undertake everyday activities. A disability can occur at any time in life. Children can be born with a disability or acquire a disability suddenly through an injury or illness. Some disabilities may be obvious while others are hidden
Reportable Conduct Scheme	Allegations against workers or volunteers of child abuse and misconduct involving children

4. Policy statement

IPC Health is committed to **zero tolerance of child abuse** and will take all concerns and allegations of abuse and safety concerns very seriously.

All children who are clients of IPC Health have a right to feel and be safe.

IPC Health is committed to providing a safe environment where every person has the right to be treated with respect and is safe and protected from harm.

We are committed to the safety and well-being of all children accessing our services. The welfare of children in our care will always be given the highest priority. We strive to provide an environment that children feel valued and safe. We recognise that each child is different and experiences the world differently.

We welcome all children regardless of their circumstances

IPC Health encourages and respects the views of children who access our services. We understand the diverse circumstances of children, as well as their right to fair treatment.

We listen to and act upon any concerns that a child or their families raise with us. We ensure that

children and their families know their rights and how to access the client feedback procedures available to them.

5. Policy principles

5.1 Empowering Children

IPC Health is committed to the safety, participation and empowerment of all children.

- All children will feel safe and valued
- All children will be treated with respect
- IPC Health is committed to cultural safety for children of Aboriginal, culturally and/or linguistically diverse backgrounds. We uphold the right of children to enjoy and feel connected to their culture and community, be safe from harm arising from racism, and have access to culturally safe services and organisations.
- Children with disability will feel safe and encouraged to participate equally. We recognise that each child is different and experiences disability and the world differently

5.2 Staff, Contractors and Volunteers

- All Board Members, employees/volunteers and students on placements must agree to comply with IPC Health Appropriate workplace behaviors policy
- All employees/volunteers will be guided by this policy on how to behave with children accessing our services
- All employees will listen to the voice of children
- All employees will report suspected abuse, neglect or mistreatment
- Employees will take reasonable steps to protect children from abuse or harm

5.3 Clients/carers

Show respect and be polite to everyone you meet while using our services including maintaining a safe environment for children and young people using our services.

5.4 Recruitment and induction

- IPC Health takes all reasonable steps to employ appropriately skilled staff.
- All employees/volunteers engaged in work with children will undergo a Working with Children check.
- All employees/volunteers undergo police checks and reference checks, as per The Act, 2005. Staff and volunteers are inducted into their roles, so they understand their responsibilities to children and how to create a safe environment for them including our child safety practices and complaints process as well as reporting, record keeping and information sharing obligations.

5.5 Training and Supervision

IPC Health ensures that employees/volunteers who work with children have ongoing supervision, support and training so that their capacity is developed and enhanced to build culturally safe environments, recognise indicators of harm, and respond as required to harm including mandatory reporting.

5.6 Fair procedure for employees/volunteers

IPC Health procedures are fair and just. Decisions regarding recruitment, incidents, and disciplinary action will always be thorough, transparent and based on evidence.

5.7 Reporting

Allegations of abuse and safety concerns are reported in the client record and incident reporting

system (VHIMS), including all updates to the investigation. The IPC Health Escalation Framework and Mandatory Reporting of Child Abuse procedure are followed.

If an allegation of abuse or safety concern is raised, the children and families are kept updated on the progress and any actions that may be taken.

5.8 Physical and online environments

IPC Health is committed to providing children and young people with environments, both physical and online, that are safe, supportive, and nurturing. We recognise the importance of proactively identifying and managing risks to ensure the wellbeing of all children in our care.

We maintain child-safe physical environments by:

- Ensuring all facilities, buildings, and equipment are appropriately maintained and free from hazards.
- Implementing clear supervision practices .
- Providing spaces that are age-appropriate, accessible, and inclusive for all children, including those with disabilities or diverse backgrounds.
- Conducting regular risk assessments and safety audits, with prompt action taken to address identified risks.

We acknowledge the increasing role of technology in healthcare delivery, including telehealth, electronic health records, and digital communications. We take steps to ensure that our digital environments are secure and supportive of child safety by:

- Using secure, encrypted platforms for telehealth and digital communication that comply with privacy and data protection laws.
- Obtaining informed consent from parents, guardians, or carers before engaging children in any online health-related service and.
- Restricting access to digital systems and ensuring only authorised personnel engage with or view children's personal and medical information.
- Promoting digital literacy among children and families where relevant, and ensuring respectful and age-appropriate online interaction.
- Require consent to clinical photography

IPC Health staff will not have personal/ online contact with a child or their family outside of a valid organisational context, unless transparent to the organisation and/or part of an approved program.

5.9 Supervision and Interacting with Children

Children will be supervised by a parent, guardian or authorised carer or a 2nd clinician during healthcare interactions, unless it is clinically inappropriate, legally permissible, and in the child's best interests for them to be seen alone. Unsupervised interactions between clinicians and children will only occur under clearly defined circumstances, with appropriate risk assessments, consent and safeguards in place.

5.10 Unaccompanied Children

Children under 16 years of age are expected to be accompanied by an adult.

Children, under the age of 16, are not to be left unaccompanied on an IPC Health site (e.g. waiting room), while their parent or guardian attends an appointment. . The only exception to this would be an emergency situation and the adult is incapacitated. In this case, staff supervision of the child for a short period of time until alternative arrangements are made, is acceptable.

A child unaccompanied on an IPC Health site

If any staff member identifies that a child has been left unaccompanied on site:

- Contact Client Services to try to identify the child and their adult guardian
- Escalate to your Manager/General Manager
- After a period of time, if an adult guardian cannot be located, local police should be contacted.

A child left in a car

If any staff member finds a child unaccompanied in a car in an IPC Health car park staff must:

- Ask the child to get out of the car (if old enough, can understand the instruction) and try to identify and locate the child's adult guardian.
- If not able to get out of the car (due to age or any other reason) call 000
- Contact Client Services to try to identify and locate the adult guardian
- Call a code blue if a medical emergency exists and consider calling 000 for police if the unable to get the child out of the car and ambulance to assess the child's well-being.

5.11 Privacy

All collection and use of personal information at IPC Health will be in accordance with the IPC Health Privacy and Confidentiality of Information policy.

6. Legislative responsibilities

IPC Health takes our legal responsibilities seriously.

If an adult has a reasonable belief that an incident has occurred, then they must report the incident.

Factors that contribute to reasonable belief may be:

- a child states they or someone they know has been abused (noting that sometimes the child may in fact be referring to themselves)
- behaviour consistent with that of an abuse victim is observed
- someone else has raised a suspicion of abuse but is unwilling to report it
- observing suspicious behaviour.

6.1 Failure to disclose

Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who have reasonable belief that an adult has committed a sexual offense against a child under 16 have an obligation to report that information to the police.

6.2 Failure to protect

IPC Health staff will commit an offense if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.

7. Risk Management

All IPC health employees/volunteers are responsible for identification, reporting and managing risks, according to the IPC Health Risk Management policy and procedure.

8. Allegations, concerns and complaints

All allegations will be taken seriously and investigated thoroughly and quickly and reported according to legislative requirements.

We will work with the children, families, employees/volunteers /contractors to ensure they are supported through the process.

All IPC Health employees/volunteers have a responsibility to report an allegation of abuse, if they have reasonable belief that an incident has occurred (see Legislative responsibilities) and where required will follow the IPC Health Escalation framework and Mandatory Reporting of Child Abuse procedure

Allegations against IPC Health workers or volunteers of child abuse and misconduct involving children will be managed in accordance with the Reportable Conduct Scheme and IPC Health Mandatory Reporting for Health Professionals Procedure.

9. Associated frameworks, policies, procedures and guidelines

- Mandatory Reporting of Child Abuse procedure
- Mandatory Reporting of Health Professional's procedure
- Orientation, induction and probation of new employees' policy and procedure
- Working with Children check policy
- Police check policy
- Discipline Procedure
- Appropriate Workplace Behavior Policy
- Performance Improvement procedure
- Client Feedback Policy
- Escalation framework
- Privacy and Confidentiality of Client Information Policy

10. Associated standards

- The Child Safe Standards 2021
- Social Service Regulation standards
- Quality Improvement Council Standards

11. Associated legislation

- Child Safety and Wellbeing Act 2005
- Child Safety and Wellbeing Amendment Bill 2015
- Crimes Act 1958 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Commission for Children and Young People Act 2012 (Vic)
- Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015
- Reportable conduct scheme
- Worker Screening Regulations 2021 (Vic)
- Worker Screening Act 2020 (Vic)
- Social Services Regulation Amendment (Child Safety, Complaints and Worker Regulation) Act 2025

12. References

- [Social Services Regulator | vic.gov.au](#)
- [CCYP | Child Safe Standards](#)

13. Appendix 1. The 11 Child Safe Standards

1. Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued.
2. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
3. Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously.
4. Families and communities are informed, and involved in promoting child safety and wellbeing.
5. Equity is upheld and diverse needs respected in policy and practice.
6. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
7. Processes for complaints and concerns are child focused.
8. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
9. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
10. Implementation of the Child Safe Standards is regularly reviewed and improved.
11. Policies and procedures document how the organisation is safe for children and young people.