



2023

**Child Youth Risk
Management
Strategy (QLD)**

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Statement of Commitment

A Team Tuition ("**A Team**") is committed to providing services to children and young people to assist them to feel safe, happy and empowered in their schooling lives. Our organisation assists children to develop a positive mindset, an increased awareness of stressors and the skills they need to grow in their future. Our tutoring method takes a holistic, long-term approach that prioritises work-life balance while still supporting students to achieve their educational goals.

The purpose of our risk management strategy is to minimise and eliminate the risk of harm to any children interacting with A Team. We aim to give all stakeholders the information they need to avoid risking children's safety themselves, to identify when risk may be present and to be a positive influence in the reduction of risk. As tutors can become a significant person in a children's life, we are dedicated to go beyond regulatory requirements and protect children from harm wherever possible. Ultimately, A Team intends to create and sustain an organisational culture that prioritises children's well-being in their schooling and home environments.

A Team is committed to ensuring the safety and wellbeing of all children and young people and will endeavour to provide a safe and supportive service environment for children and young people through:

- Enforcing a strict code of conduct for all persons interacting with children;
- Maintaining a recruiting and selection system that ensures the suitability of all paid and volunteer workers;
- Maintaining effective training and ongoing management to ensure all workers are aware of their responsibilities;
- Maintaining a usable system for handling disclosures and suspicions of harm so all risks can be responded to quickly;
- Enacting consequences for any breach of our Child and Youth Risk Management Strategy;
- Maintaining effective record to keep track of compliance with Queensland's Blue Card System
- Usage of a risk management plan for high risk activities and special events to remove or minimise risk of harm;
- Enacting strategies for communication and support to ensure all stakeholders are aware of our strategy; and
- Maintaining and conducting regular reviews of our Child and Youth Risk Management Strategy to ensure all necessary efforts are being made for the protection of children.

Our Values

The following values reflect the culture that we are committed to promoting within our organisation:

Inspire

A Team is dedicated to helping children achieve their goals and become successful in their future. To do this, A Team staff work to inspire children, so they feel confident in their ability. Sparking positive dialogue is essential for a strong relationship to be built between a tutor and child.

Nurture

Nurturing and mentoring children to give them a positive role model is paramount. We encourage tutors to nurture and mentor their students, by guiding students throughout their schooling journey and motivate them to be curious, creative and in control.

Service

A Team aims to be customer centric and give all students, parents and staff the best experience throughout their tutoring journey. We encourage all staff and tutors to adapt the service to be in the best interest of the student and their family.

Passion

Passion for education and transformation is a fundamental characteristic that all our staff obtains. A Team strives to inspire all students with passion for independent learning.

Innovation

Innovation is a key value that all tutors are encouraged to implement into a student's session to keep them continuously engaged. A Team also uses innovation to introduce new policies to reduce risk management for all children.

Resilient

Resilience is paramount to give students a positive experience through tutoring. A Team is committed to creating policies and strategies that implement different resilient techniques to promote a safe and positive environment for all students.

Empower

Part of our commitment to child safety is to empower our tutors and student to critically analyse a child's wellbeing regularly. A Team takes a proactive and strategic approach in the identification of risk factors and has implemented several risk-prevention measures across our organisation.

Children's Participation

A Team Tuition supports the active participation of children within our programs, activities and services that we offer. We believe that it is essential for children to raise any concerns and give feedback on the services we provide when necessary. We believe that it is essential for all tutors and management staff to respectively listen to a child's views, respect what they have to say and involve them in any decision that directly affects them and their safety.

A child that is wanting to give feedback or raise a concern is able to by confining in their academic personal trainer, or directly contacting their designated success manager, who will then take the necessary actions to solve the concern in the best interest of the child.

Code of Conduct

This code of conduct applies to all **stakeholders** of A Team. It contains all expected standards of behaviour to all stakeholders interacting with **children** and young people within our service environment.



Stakeholder includes all the following:

- Employees (permanent, temporary and casual)
- Board/committee members
- Volunteers
- Students on placement
- Children and young people
- People undertaking work experience
- Parents/legal guardians
- Visitors, and
- Consultants and contractors
- Spectators.



Section 36 and Schedule 1 of the *Acts Interpretations Act 1954* (Qld) defines a **child** as an individual who is under 18.

Young children will be used to refer to children under 12 years of age.

Language

The following are prohibited. These restrictions apply to language directed at children and in the vicinity of children:

- Speak in a sexual manner
- Use curse words
- Raise your voice
- Speak aggressively with an intention to upset
- Any language that constitutes child abuse/will result in harm to the child

Supervision

To ensure adequate supervision at all times, the following apply.



Parent will be used to refer to the legal guardian(s) or carer(s) of the child.

| | |
|------------------|--|
| Arrival | <ul style="list-style-type: none">– All children should be dropped off inside the building, if the building is locked, they should phone the session coordinator as soon as possible– Attendance must be taken at the beginning of any group session |
| During | <ul style="list-style-type: none">– Young children must not be left unsupervised– School group sessions must have a ratio of at least one tutor for every eight students (1:8)– Parents or supervisors must be present during the one-on-one tutoring sessions |
| Departure | <ul style="list-style-type: none">– Attendance must be taken at the end of any group session– Ensure you say goodbye to young children, so they don't feel left behind or abandoned– Young children should not be waiting outside for their parents unless a staff member is present– No parent or guardian is to be under the influence of drugs/alcohol if driving a child from a session |

Physical Contact

The following rules must be adhered to regarding physical contact with children.

If physical contact is needed to demonstrate a skill or serve an instructional purpose as part of an activity, this is acceptable, however you must let the child know beforehand (e.g. "I just need to adjust your arm, is that alright?"). If at any point you are unsure about the appropriateness of physical contact, ask the child for permission and let them know they are not obligated to give this permission to you.

Acceptable physical contact:

- Contact required to tend to an injury
- High-fives
- Pats on the back

Unacceptable physical contact:

- Violent or aggressive behaviour such as hitting, kicking, slapping or pushing
- Touching of a sexual nature
- Any contact that has potential to injure the child
- Any contact that constitutes child abuse/harm*



*See page 21 for detailed information on what constitutes child abuse.

Relationships

Romantic Relationships

A staff member being involved in any romantic relationship with a child is strictly prohibited. This applies even if no sexual contact is involved.

Gifts

Giving gifts is generally acceptable. Certain gifts that are **not** acceptable include:

- Cash gifts (giving to a charity fundraiser is acceptable)
- Gifts above \$50
- Alcohol or drugs
- For younger children, gifts containing small parts
- Any gift that has potential to injure

Recommended gifts include:

- Handmade cards
- Artwork
- Playing cards
- Stuffed animals
- Clothing

Food/drink gifts are acceptable, however for young children, you should get parental permission beforehand and always ensure they are not allergic to any ingredients. No one is to use their authority or any other means to coerce a child into giving them a gift or item in their possession.

Social Media

Adding a student on social media is absolutely not permitted. Under no circumstance should you assist a child sign up to or use a social media app or website.

Behaviour Management

All staff are required to manage challenging behaviours in accordance with this code. Disciplinary methods must not be punitive, humiliating or aggressive

Communication requirements

Clear expectations must be made for children and their parents about what is acceptable behaviour and the behaviour management strategies which will be used. You cannot enforce any form of discipline without discussing it with them in advance.

Healthy ways to discuss behaviour include:

- “Drawing inside your textbooks is a destruction of school property. If you continue to do this, I will take away your crayons for the week. Does this seem fair to you?”
- “I want to make some ground rules to make sure we both get the most of our tutoring experience. I’ll make three rules for you and you can make three rules for me.”
- “Doing your homework is really important for you to succeed in this subject. If there’s any issue stopping you from doing it, let me know and I can help you work out a plan.”

Acceptable disciplinary measures (after speaking with the parent and child)

- Positive discipline (praising the child when they behave well, as opposed to punishing when they do bad)
- Temporary removal of property (e.g. confiscating phone)
- Giving a time-out
- Verbally discussing the implications their actions will have on their academic performance/future
- Telling their parents about their behaviour
- Eating vegetables/food they don’t like
- Doing a certain number of exercises

Unacceptable disciplinary measures (cannot be used even with parent permission):

- Permanent removal of property
- Not allowing the child to use the restroom
- Not allowing the child to eat/drink
- Any form of physical, emotional or sexual abuse
- Threatening any form of physical, emotional or sexual abuse

- Forcing the child in a situation that risks their safety (such as being removed from the house at night)

Transportation

Transportation of children is not a service A Team provides. During certain company events or celebrations there may be car-pooling or bus services arranged. In these scenarios, the following applies:

- Consent from the child's parents must be sought and documented before transportation takes place*
- All appropriate child restraints must be used (e.g. seatbelts)
- Children must not travel alone with a staff member
- The driver must not be under the influence of drugs or alcohol
- The driver must drive within the law
- The vehicle must be registered and safe



*The only exception is if the child needs immediate medical attention.

Managing injuries or illnesses

Emergency

Triple Zero (000) is the emergency phone number in Australia for police, fire fighters or ambulance. Call 000 only in an emergency.

You should call 000 if:

- A child is seriously injured or in need of urgent medical help
- A child's life or property is being threatened
- you have just witnessed a serious accident or crime.

Follow the instructions of the call operator. You will not be punished for following any direction given by a dispatcher.

First-Aid

In most cases, a parent or legal guardian needs to provide consent before first-aid can be delivered to a minor. However, if that person isn't present, the child is presumed to have implied consent.

Any first aid administered to a child in the course of work should be reported to your Success Manager or the Contact Officer. A description of the events should be provided, the length will vary depending on injury severity.

A first aid kit is available inside the office and a trained first-aid officer is employed full-time to assist in providing first aid. Tutors conducting sessions outside the office do not have first aid training and do not have their own first aid equipment; it is expected parents have first aid resources available.

Medication

In no circumstance should an A Team worker provide a child with any form of medication, prescription or otherwise, to a child without parental permission. This includes pain-relief medication such as Panadol or Neurofen.

Medication in the child or parent's possession that has been given by a doctor or purchased by the parent themselves is allowed.

Illnesses

If you have any form of spreadable illness, you are not permitted to attend any work site where children are present. This resides over any permission given by the child's parent.

Visitors

All visitors on A Team work sites must be supervised at all times.

Photography policy

General policy

- (a) Photographs/images are not be taken at events or tutoring sessions without the prior permission of the parents/carers of the children.
- (b) The children should be informed that a person will be taking photographs and the purpose for taking them.
- (c) The children should be informed that if they have concerns they can report these to their tutor or a member of A Team management staff.

Usage of photographs

- (a) If any photographs of children are to be published online or otherwise displayed to the public, permission must be obtained by the parent/carer.
- (b) No public photos should include any identifying information about a child unless express permission has been given by both the child and parent/carer.
 - Name and no photo = OK
 - Photo and no name = OK
- (c) Ensure all children are appropriately clothed and the photos are appropriate for the child's age.
- (d) Limit, where possible, the ability for photographs to be copied or redistributed.

Smoking, alcohol consumption and the use of medications and drugs

Smoking, alcohol consumption and drug consumption are prohibited on A Team premises and client's homes. Staff cannot smoke even if they leave to smoke outside. Staff must not attend work while under the influence of alcohol or other drugs (including medications) which may impair their judgment or impact on their performance. All personal medications must be secured and not accessible by children. Keeping them on your person or inside your bag is an easy way to do this.

You must not encourage any child to smoke, consume alcohol or consume drugs.

Second-hand smoke

The main way smoking hurts non-smokers is through second-hand smoke. Second-hand smoke is the combination of smoke that comes from a cigarette and smoke breathed out by a smoker. Breathing second-hand smoke for even a short time can hurt your body. Children exposed to second-hand smoke are more likely to develop bronchitis, pneumonia, and ear infections and are at increased risk for sudden infant death syndrome (SIDS).

If you are at a client's home and a parent/carer/other figure is smoking in the presence of a child, you are instructed to give a statement similar to one of the following:

- "Would you mind smoking outside please?"
- "I don't want me or your child to be around cigarette smoke. We're going to move to a different part of the home/outside."

If you feel unsafe communicating to them in this way, continue the session as arranged and inform your Success Manager and they will follow up the issue to ensure the child cannot be affected by second-hand smoke.

Organisation standards

Definitions

| | |
|--------------------------|--|
| Bullying | <p>Bullying is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm.</p> <p><i>(Bullying. No Way!, 2018)</i></p> |
| Discrimination | <p>Discrimination occurs when people are treated less favourably than others because of their:</p> <ul style="list-style-type: none">– identity, race, culture or ethnic origin– religion– physical characteristics– gender– sexual orientation– marital, parenting or economic status– age– ability or disability. <p><i>(Bullying. No Way!, 2018)</i></p> |
| Sexual Harassment | <p>Sexual harassment is any unwelcome sexual advance, request for sexual favours or conduct of a sexual nature in relation to the person harassed in circumstances where a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated.</p> <p><i>Sex Discrimination Act 1984 (Cth)</i></p> |
| Violence | <p>Violence is the intentional use of physical force or power, threatened or actual, against another person(s) that results in psychological harm, injury or in some cases death. It may involve provoked or unprovoked acts and can be a single incident, a random act or can occur over time.</p> <p><i>(Bullying. No Way!, 2018)</i></p> |

Any instance of bullying, discrimination, sexual harassment or violence is strictly prohibited at A Team against both children and adults.

Handling allegations

Any child who has experienced an instance of bullying, discrimination, sexual harassment or violence should inform their tutor. Any tutor who has been informed of one of these issues by their student should inform their regional Success Manager who will then liaise with management to find a solution.

General safety

Managing allergies & medical conditions

It is the responsibility of the child's parent to inform their tutor and the management team of any allergies or medical conditions their child has and any procedure the tutor should follow if an emergency occurs. For example, parents should discuss the action the tutor will take if the child is diabetic and needs insulin replacement through injection.

This is extremely important to do, if the tutor is not informed of any medical condition, they will not be prepared when an unexpected situation occurs. Records of any allergy or medical condition must be recorded on the client profile.

Sun Safety

If any tutoring session is being held outdoors, children must be wearing sunscreen and/or protective clothing. As a tutor, you are expected to do the same to be a good example. It is also recommended to wear sun screen if the session will be nearby a window on a sunny day as research has indicated that ultraviolet A (UVA) radiation can penetrate through glass.

Dangerous environments

As most tutoring is held in the client's home, it is the responsibility of the parent to ensure no dangerous factors are present in the home. This may involve placing medication on high shelves, locking certain rooms or hiding dangerous items such as kitchen knives.

Recruitment, Selection, Training & Management

This section is aimed to minimise risks at each stage of the employment process at A Team. Working with Children Checks are most effective when supplemented by child-focused recruitment policy. While the Queensland Government's Blue Card screening process is an assessment of a person's eligibility to work with children and young people, the recruitment and selection of staff is a vital opportunity to ascertain a person's suitability to work with children and young people in our specific service environment. Formalised training and management then allows A Team to monitor and develop staff members' skills and performance in regard to child harm prevention methods and strategy.

Effective recruitment, selection, training and management strategies will

- deter and identify applicants that are not suitable
- find people that are qualified and who will contribute to facilitating a safe and supportive environment for children
- ensure that staff receive adequate and appropriate training to deliver child-related services in a safe and productive way;
- ensure that any issues with staff performance or conduct are identified early and actioned appropriately.

Pre-appointment (Recruitment and Selection)

Job Descriptions

All our job descriptions contain our mission statement and core values. The purpose of the role is clearly defined and emphasises the importance of helping students succeed and prosper in all aspects of their lives. All responsibilities and duties expected are described in relation to our 7 values – Inspire, Nurture, Service, Passion, Innovation, Resilience and Empower. The expected character profile of an A Team tutor is described in regard to their skills and character; the ability to motivate, empathise and maintain a positive outlook are essential areas of an APT.

Selection Criteria

When deciding whether an applicant may proceed to the next stage, the following criteria should be used:

- Amount of effort put into responses
- Level of commitment to improving the lives of their students
- Level of understanding of the demands of the role and the culture of A Team
- Willingness to commit to a minimum of tutoring hours
- Confidence in teaching a minimum amount of high-level subjects
- Whether they finished grade 12 or the equivalent
- Whether they can provide different forms of photo identification
- Whether they are eligible for a Queensland's Blue Card and have a satisfactory National Police Check result.
- Whether their references speak positively about the candidate
- If their attitude aligns with A Team's established culture and the relevant job description

Position Advertisement

At A Team, we utilise a multi-levelled recruitment process to ensure applicant suitability. Available roles are advertised on social media, various job posting sites (SEEK, Indeed, etc.), university portals and on our website. These advertisements always include an attached job description and a summary of the key responsibilities expected of employees. Additionally, the A Team website provides a full scope of what the tutoring experience involves.

All advertisements must include a clear statement about our safe and supportive work practices.

“A Team Tuition is committed to providing services to children and young people to assist them to feel safe, happy and empowered in their schooling lives.”

This brief statement may be accompanied by our full statement of commitment however is not compulsory for all advertisements. It is recommended to include a comment on how the successful hire will share this commitment to child wellbeing.

Part of application submission involves filling two mandatory text fields. The first requires applicants to explain what motivated them to apply; this question forms part of our screening process as it tells us if the wellbeing of children and students is a priority. Moreover, another text field prompts applicants to provide an example of a time when they have demonstrated the personality traits of an Academic Personal Trainer. This is critical to ensure applicants understand the demands of the role and the culture we are dedicated to maintaining at our company.

Applicants are informed that they will be subjected to a Queensland’s Blue Card screening, a National Police screening, referee checks and identification verification. Candidates are requested to disclose any information relevant to their eligibility to engage in activities involving children and young people.

Phone Interview

We continuously are working to improve our question bank; however, all templates are required to have the following questions in relation to child wellbeing:

- When placed in a situation where you or someone you care about is experiencing bullying, what do you believe is the best way to respond to the situation?
- Queensland's Blue Card: **You will be required to have a obtain a blue card in order to commence work, so Do you have a current blue card? If yes, Volunteer or Paid? Please note that if you are disqualified from applying for a blue card, it is an offence to lodge a new check.**

Referee Checks

While many of our employees are working for the first time, any opportunity to validate a candidate's suitability should be used. Reference checks should be completed with the candidates most recent employer to verify the identity of the prospective employee, accuracy of the details of previous employment, and suitability of individual to work with children and young people.

Examples of questions to ask include:

- Would you employ this person again?
- Have you directly supervised the applicant and directly observed their work with children?
- Do you have any concerns about the applicant working directly with children?
- Can you give an example of a time when you observed the applicant managing a child with challenging behaviours?

In-person Interview

In-person interviews give us an opportunity to look at non-verbal cues to better gauge credibility and ask any probing questions in relation to their resume or application responses given in earlier recruitment stages. The in-person interview is focused on assessing the candidate's personality traits and behaviours in relation to our nine standards of behaviour.

All templates are required to have the following questions:

- A young person you are working with suddenly gets angry, swears loudly and walks off. What would you do?
- You notice that a student you are working with is becoming increasingly distressed and unresponsive, how would you deal with this?

Probationary Period

All workers have a probationary period of 6 months.

Post-appointment (Training and Management)

New staff need support and information when they begin their new role, and existing staff might need to develop new skills and knowledge to meet the requirements of their positions and expand their career options. It is essential that staff provide a positive contribution to the service environment and commit to promoting the safety and wellbeing of children and young people. Training is intended to promote respect, fairness and consideration for all workers, by enhancing their skills and knowledge, to ensure they engage and ask questions for the purpose of reducing exposure to harm.

The table below summaries our mandatory training units.

| Title | Group(s) receiving training | Topics | Outcome |
|---|-----------------------------|--|--|
| Child & Youth Risk Management Strategy | Tutors & Office Staff | <ul style="list-style-type: none"> (a) Statement of Commitment (b) Code of Conduct (c) Handling Disclosures/Suspicious of harm (d) Handling Breaches (e) Usage of Risk management plan | Increase awareness of our risk management strategy and ensure all staff comply with our expectations for child safety. |
| Work Health & Safety at A Team | Tutors & Office Staff | <ul style="list-style-type: none"> (a) Emergency/Fire procedure (b) First aid (c) Reporting injuries/incidents (d) WHS Policy (e) Reporting grievances (f) Staff wellbeing & stress management (g) Managing threatening behaviour | To protect A Team employees and ensure they all are aware of their obligations and rights in regard to WHS in our service environment. |

Non-compulsory training in relation to continuous skill improvement and work performance is carried out regularly and changes frequently. Refresher training is carried out annually for tutors, however office staff can request to join this session if they have any confusion over their role in fulfilling our strategy.

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| Child & Youth Risk Management Strategy (Annual Refresher) | Tutors | <ul style="list-style-type: none"> (a) Statement of Commitment (b) Code of Conduct (c) Handling Disclosures/Suspicious of harm (d) Handling Breaches (e) Usage of Risk management plan | This session provides a refresher of child safety measures in place and is briefer than the induction unit. |
|--|--------|---|---|

Documentation of Training

Each time a staff member undergoes child safety training, it must be recorded. There are currently five standard training units, any others taken must be recorded.

It is the responsibility of the **Recruitment Officer** to ensure the mandatory units are taken and completely *successfully*. To test their ability to understand topics, activities will be used throughout to promote engagement and discussion. After the session, all participants must achieve a score of 85% or greater on an assessment. The assessment will include short-response and multiple-choice questions.

In addition to recording successful completion on our company database, an induction checklist is created for each new employee to A Team. This checklist includes a section pertaining to training needs. Training must be completed before the tutor begins working with children.

The regular improvement of our policies and training for employees is a standing agenda that is continually reviewed. When a policy or training has been updated, all employees are notified accordingly.

Management

Dedicated **Success Managers** are employed to manage both tutors and clients. They are required to completed weekly individual phone-calls with their tutors to ensure they are performing well on the job and complying with all child safety obligations. These discussions will often have an emphasis on training need identification and are highly targeted on goal setting.

Recommended questions for Success Managers include:

- “How has your week been?”
- “How did your student find the session(s)?”
- “Is there anything that you have been struggling with?”

This role-design is effective at providing immediate feedback. The Success Manager will frequently liaise with the child’s parents as well to ensure they are satisfied. Any complaints from parents can be investigated immediately and relayed to the tutor to ensure both parties are happy with the tutoring arrangement.

Exit interviews or questionnaires

All staff who leave the company are requested to participate in an exit interview. This process can assist us to identify broader issues of concern that may impact on the safety and wellbeing of children and young people. A template is available on the A Team cloud network.

Handling Disclosures

Overview

All staff have an important role in the identification and reporting of child harm and the provisions of support and assistance to children who have been or are currently being harmed. This section provides explicit definitions of what constitutes child abuse and neglect and how it can result in harm to a child. Strategies are provided on how to identify harm and action to take if you are suspicious that a child may be experiencing harm. Having a formalised process for handling disclosures assists A Team in resolving concerns as quickly as possible to minimise the impact of harm to children.

Definitions

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| Harm | <p>A young person is <i>at risk of significant harm</i> if current concerns exist for the safety, welfare or well-being of the child or young person. Harm can be caused by physical, psychological/emotional abuse or neglect; or sexual abuse/exploitation (section 9 of the Child Protection Act 1999 (Qld);</p> <p>Considerations when forming a reasonable suspicion about harm to a child include:</p> <ul style="list-style-type: none">– whether there are detrimental effects on the child's body or the psychological state or emotional state that are evident to the person, or that the person considers are likely to become evident in the future |
| Physical Abuse | <p>Physical abuse occurs when a child has suffered, or is at risk of suffering, non-accidental physical trauma or injury. Examples:</p> <ul style="list-style-type: none">– hitting– shaking– throwing– burning– biting– poisoning |
| Emotional Abuse | <p>Emotional abuse occurs when a child's social, emotional, cognitive or intellectual development is impaired or threatened.</p> <p>Forms of Emotional abuse can include emotional deprivation due to persistent:</p> <ul style="list-style-type: none">– rejection– hostility– teasing/bullying– yelling– criticism– exposure of a child to domestic and family violence. |

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| Sexual Abuse | <p>Sexual abuse occurs when an adult, stronger child or adolescent uses their power or authority to involve a child in sexual activity.</p> <p>Forms of Sexual abuse:</p> <ul style="list-style-type: none"> – kissing, holding or touching a child in a sexual manner – exposing a sexual body part to a child – having sexual relations with a child under 16 years of age – talking in a sexually explicit way that is not age or developmentally appropriate – making obscene phone calls or remarks to a child – sending obscene mobile text messages or emails to a child – persistently intruding on a child's privacy – showing pornographic films, magazines or photographs to a child – having a child pose or perform in a sexual manner – forcing a child to watch a sexual act |
| Neglect | <p>Neglect occurs when a child's basic necessities of life are not met and their health and development are affected.</p> <p>Basic needs include:</p> <ul style="list-style-type: none"> – food – housing – health care – adequate clothing – personal hygiene – hygienic living conditions – timely provision of medical treatment – adequate supervision. |
| Disclosure of harm | <p>A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child.</p> <p>Disclosures of harm may start with:</p> <ul style="list-style-type: none"> – 'I think I saw...' – 'Somebody told me that...' – 'Just think you should know...' – 'I'm not sure what I want you to do, but...' <p>It is important to act quickly and in the best interests of the child or young person after a disclosure of harm is received, irrespective of the alleged source of harm.</p> |
| Suspicion of harm | <p>A suspicion of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering, significant harm. This includes circumstances which relate to an unborn child who may be in need of protection after he or she is born.</p> <p>You can suspect harm if:</p> <ul style="list-style-type: none"> – a child or young person tells you they have been harmed – someone else, for example another child, a parent, or an employee, tells you that harm has occurred or is likely to occur – a child or young person tells you they know someone who has been harmed (it is possible that they may be referring to themselves) |

- you are concerned at significant changes in the behaviour of a child or young person, or the
- presence of new unexplained and suspicious injuries, or
- you see the harm happening.

Identifying harm

Children who have been, or may be, experiencing abuse may show behavioural, emotional or physical signs of harm. Some children show no indications of harm, while others may show many.

Some general abuse indicators are:

- showing wariness and distrust of adults
- rocking, sucking or biting excessively
- bedwetting or soiling
- demanding or aggressive behaviour
- sleeping difficulties, often being tired and falling asleep
- low self-esteem
- difficulty relating to adults and peers
- abusing alcohol or drugs
- being seemingly accident prone
- feeling suicidal or attempting suicide
- having difficulty concentrating
- being withdrawn or overly obedient
- being reluctant to go home
- creating stories, poems or artwork about abuse

Some general neglect indicators are:

- malnutrition, begging, stealing or hoarding food
- poor hygiene, matted hair, dirty skin or body odour
- unattended physical or medical problems
- comments from a child that no one is home to provide care
- being constantly tired
- frequent lateness or absence from school
- inappropriate clothing, especially inadequate clothing in winter
- frequent illness, infections or sores
- being left unsupervised for long periods.

If a tutor notices one or more of these symptoms in a child they're tutoring they should discuss it with their Success Manager during their weekly call.

Worker Guidelines

Handling disclosures

Some general tips include:

- remain calm
- thank the child for coming to talk to you about it and recognise their bravery for talking about something that may be difficult or embarrassing
- do not express shock, panic or disbelief — the child is counting on you to provide calm reassurance that they are being listened to and heard
- find a private place to talk
- be a listener not an investigator — encourage children to talk in their own words and ask just enough questions to act protectively, for example, “can you tell me more about that?”
- do not conduct any form of interview with the child
- stress that what has happened is not their fault, for example, “you are not in trouble” and “if I look or sound upset it is because I want you to feel safe”
- be aware of your tone of voice and help the child make sense of what you are feeling, for example, “I am feeling concerned for you,” or “what we can do right now is talk about ways to help you feel safe”
- reassure the child that they have done the right thing by telling you, and that they are not in trouble
- do not make promises you cannot keep, such as promising you will not tell anyone — you need to tell someone in order to get help for the child
- do not contact the person responsible for the abuse, regardless of who that person is, and
- document the disclosure clearly and accurately

Handling Suspicions of harm

- remain alert to any warning signs or indicators
- pay close attention to changes in the child’s behaviour, ideas, feelings and the words they use
- make written notes of observations in a non-judgemental and accurate manner
- assure a child that they can come to talk when they need to, and listen to them and believe them when they do

Reporting Process and Complaint Management

Any disclosures or suspicions of harm will be dealt with through this reporting process. This process applies for any A Team staff member, worker or client who believes a child is in danger.

| Person making the report | Who to contact |
|--------------------------|--|
| Child | <p>If any child is worried for their safety, they should tell their tutor. If the tutor themselves is a threat to the child's safety, contact the A Team Office or their success manager.</p> <p>(07) 5526 0351</p> <p>They should tell the phone operator they would like to speak with the Contact Officer as they have a child-safety related issue. If they are not available, the phone operator will ask for information on the situation but they are not qualified to provide advice.</p> |
| Parent | <p>If a parent is worried for their child's safety and believes their assigned tutor is harming them, they are to call/email the A Team Office.</p> <p>(07) 5526 0351 info@ateamtuition.com</p> <p>They should tell the phone operator they would like to speak with the Contact Officer as they have a child-safety related issue. If they are not available, the phone operator will ask for information on the situation but they are not qualified to provide advice.</p> |
| Tutor | <p>If a tutor has received a disclosure or suspects a child is being harmed, they should tell their regional success manager.</p> |
| Success Manager | <p>If a tutor has told you of a child being harmed or suspects a child is being harmed, you are to write down information on the situation and speak with the Contact Officer.</p> |
| Contact Officer | <p>If you have received a communication, follow the process described below.</p> |
| Other | <p>Speak to the Contact Officer.</p> |



If an individual believes a child is in immediate danger or in a life-threatening situation, they should immediately contact the Queensland Police Service by dialling 000.

Contact Officer Responsibility

The designated Contact Officer holds responsibility to deal with all child protection issues within A Team. They are the first point of contact for A Team stakeholders. The Contact Officer may delegate this responsibility to someone else, however it is critical that this person is honest, mature, ethical and has enough experience to deal with difficult and sensitive issues.

Contact Officer Duties

- Handling all forms and communications relating to disclosures or suspicions of harm to children
- Reviewing and managing policies and procedures for handling disclosures or suspicions of harm
- Providing paid employees and volunteers with a copy of your policies and procedures for handling disclosures or suspicions of harm, as well as the phone numbers of key contacts
- Offering assistance and support when a person in the organisation receives a disclosure of harm
- Organising external support to assist parties following a disclosure or suspicion of harm
- Developing processes for minor corrective issues that don't need to be reported to an outside authority, and
- Dealing with the media.
- Monitoring relative legislation and regulations involving child safety.

Upon receiving a form or communication

- (a) Consider if the child is in immediate danger or in a life-threatening situation. If so, contact the Queensland Police Service by dialling 000.
- (b) Consider whether the disclosure or reasonable suspicion of harm needs to be/should be reported to Queensland's Department of Child Safety, Youth and Women

If there is reasonable suspicion that a child (including an unborn child) has suffered, is suffering, or is at unacceptable risk of suffering significant harm and *does not* have a parent able and willing to protect the child from the harm, the situation should be reported.



*During normal business hours - contact the Regional Intake Service for Queensland
<http://www.communities.qld.gov.au/childsafety/about-us/contact> us/child-safety/service-centres/regional-intake-services*

After hours and on weekends - contact the Child Safety After Hours Service Centre on 1800 177 135 or (07) 3235 9999. Any member of the community, who suspects, on reasonable grounds, that a child or young person is at risk of significant harm should report directly to the Child Safety, Youth and Women

If you have any uncertainty on who to call or need assistance in deciding whether the incident should be reported, contact the Child Safety Services' Enquiry Unit on 1800 811 810. A person making a report does not have to be certain about the abuse, if their report is based on information. Under section 159Q of the *Child Protection Act 1999* (Qld), a person making the report is protected from any civil or criminal legal action and has not broken any code of conduct or ethics.

- (c) Consider if a *staff member* has committed a criminal offence, or if they have been suspected of committing a criminal offence. If so, they must be contacted immediately and informed of the complaint made. They will have their employment suspended without pay until an investigation has been completed.

The Queensland's Police Service has several Child Protection and Investigation Units across Queensland. To locate the unit nearest to you, contact the Police District Communication Centre: <https://www.police.qld.gov.au/forms/contact.asp>

- (d) Organise availability to contact the person who made the statement to ensure they are not negatively affected by the event and/or discuss implications of the situation / strategies to remedy it.
- (e) Organise availability to contact the person responsible (**if appropriate**) to discuss the situation and record their side of events. Consider if disciplinary action is necessary for the person responsible and any corrective action that may be needed to avoid the situation in the future.

Consequences/corrective action may involve:

- Emphasise the relevant component of the risk management strategy
- Provide closer supervision and guidance to ensure they follow processes correctly
- Provide further education/training
- Mediate between those involved
- Review of current policy and procedure
- Development of new policy or procedure
- Temporary/permanent termination for workers or withholding of business for clients

- (f) Consider whether referral is required to other support services, including Connect Child and Family Services.

If there are concerns for a child that do not amount to a reasonable suspicion of harm, a referral can be made to Connect Child and Family Services. However, this requires the consent of the family as A Team staff are not mandatory reporters. The service will only work with the family if the following are satisfied:

- the referred family has a child from unborn to 18 years of age, and
- the child is not currently in need of protection, and

- without support the child, young person and family are at risk of entering or re-entering the statutory child protection system, and
 - the family would benefit from access to intensive and specialist support services, and
 - the family has multiple and complex needs.
- (g) Complete a “Disclosure-Suspicion Report” for A Team records and document it in a non-accessible and secured location. This report should reflect the circumstances of the harm or potential harm and include any corrective action proposed or enacted.

Failing to Report

All employees of A Team Tuition must report to the Contact Officer if any harm, physical abuse, emotional abuse, neglect, sexual abuse, disclosure of harm or suspicion of harm against a child has occurred. The Contact Officer will then report the incident to the relevant department (e.g. Department of Child Safety). This is a legislative requirement under the *Criminal Code (Child Sexual Offences Reform) and Other Legislation Amendment Act 2020* (Qld), and failure to report can result in potential criminal penalties.

Handling Breaches


This plan outlines the consequences involved where these policies and procedures are not followed.



A breach is any action or inaction by any member of A Team, including children and young people, that fails to comply with any part of this strategy which includes the code of conduct, recruitment & training procedures, usage of the risk management plan and the disclosure/suspicion of harm handling process.

This breach handling plan will also apply to clients and workers.

The table below describes the types of breaches and how to report/manage them.

| Type of Breach | Description | How to report |
|----------------------------------|---|--|
| Breach of Code of Conduct | Any breaches of the code of conduct should be dealt with as if there was a disclosure or suspicion of harm. | See page 25.  |

| | | |
|--|---|--|
| Failure to prepare risk management plan | If the event coordinator holds a high-risk or special event and does not create a safety plan – this is a breach. | Verbally tell the event coordinator of the need to create a plan – if the event proceeded without a plan, inform the Contact Officer of the failure. |
| Recruitment and selection procedure not followed | All procedures in the recruitment/selection section must be followed to ensure all new hires are suitable for a role involving children. | If you believe the recruitment and selection procedure is not being followed, inform the Recruitment Officer first, if no solution is found, go to the Contact Officer. |
| Induction/Training or Management procedure not followed | It is critical that all new employees are aware of this plan, it is a breach if this training is not provided or refresher training is not given. | If you are aware of someone who has not received adequate child safety training, inform the Recruitment Officer first, if no solution is found, go to the Contact Officer. |
| Failure to update blue card check/track compliance | It is important that the QLD Blue Card status of all workers is kept up to date and is accurate. | Any concerns over the reliability of our working with children's status management should be relayed to the Recruitment Officer first, if no solution is found, go to the Contact Officer. |
| Ineffective communication and support methods | This plan must be easily accessible and available for all stakeholders of A Team. | If you believe the plan is not being communicated correctly, inform the Contact Officer. |

Outcomes

The **Contact Officer** is responsible for handling all reports and ensuring appropriate outcomes are reached. They may delegate this duty to someone else, however this person must be trained in these processes before a transfer of responsibility can take place.

(a) Receive statement

Any written statements will be sent to the email info@ateamtuition.com or the main office may be contacted by phone at (07) 5526 0351. Phone operators are to contact you immediately if someone is reaching out. It is critical that this email and voicemail is checked daily to respond to any breaches as

soon as possible. Do not delete any voicemails. Ensure any emails are archived and preserved appropriately as they may be needed during investigation.

(b) Investigation / Outcomes

Any breaches of the Code of Conduct should be dealt with as if there was a disclosure or suspicion of harm (see page 25).

For other breaches, the following outcomes may be appropriate:

- Emphasise the relevant component of the risk management strategy
- Provide closer supervision and guidance to ensure they follow processes correctly
- Provide further education/training
- Mediate between those involved
- Review of current policy and procedure
- Development of new policy or procedure
- Temporary suspension or termination / withholding of business

Tracking Compliance

Risk management Review Requirements

The child and youth risk management strategy will be reviewed annually. Doing so will ensure that it remains up-to-date with any legislative changes and continues to be effective in addressing the risks to children and young people in our service environment.

The Contact Officer or someone delegated by the contact officer is required to complete this review. They should include input from key stakeholders, including children and young people.

The annual review should consider:

- whether policies and procedures were followed
- whether any incidents relating to children and young people's risk management issues had occurred
- the actual process used to manage any incidents
- the effectiveness of the policies and procedures in preventing or minimising harm to children
- strategy.

The review must be documented, and part of the review completion is to ensure adjustments are made to the policies and procedures. All changes must be communicated to staff. Minor changes can be communicated through an email and a verbal statement over phone. Any significant changes that will

directly affect the way tutors interact with their students should be communicated through a refresher training session in-person and documented in the training register.



See appendix item B to view a review template that can be used to ensure all relevant areas are covered.

Blue Card for Queensland Academic Personal Trainers

All Queensland employees must be registered and verified under the blue card register. This register is effective to ensure that all employees are complying with the blue card system. This will be maintained in Salesforce.

Risk Management Plan

A risk management plan must be completed before undertaking any **high-risk activity** or **special event**. Forward planning to identify risks and implement strategies can assist to reduce the possibility of children being harmed. It is important to recognise that in order for a child to suffer harm, there must be an opportunity for harm to arise. These opportunities can be reduced by managing these high-risk activities and special events proactively.

It is the responsibility of the event coordinator to organise for a risk management plan to be made.

Definitions

When determining what constitutes a **high-risk activity** or **special event**, consider the following questions:

- Is this the first time the activity is being run?
- Does the activity involve the participation of volunteers or people external to A Team?
- Is the activity venue external to A Team?
- Will the activity venue have large crowds or hazards (pools, fire, smoke etc.)?
- Will the activity encourage overtly sexual or violent behaviour?
- Will the activity take place overnight/for a lengthy period of time?

This is not an exhaustive list, if you are unsure whether the activity is high-risk or not, it is strongly recommended you follow the full process to cover any uncertainties.

Risk Management Process

If you have determined the activity is high-risk or a special event, the six-step risk management process must be followed.



The risk management process and plan must not be completed alone. To ensure the suitability of the proposed plan and reliability of plan information and activity knowledge, a minimum of 2 staff members must be involved in the plan creation/execution/review.

| STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 |
|---|---|---|--|---|---|
| Describe the activity <i>Identify all elements of the event from beginning to end</i> | Identify Risks <i>Something that could happen that results in harm to a child or young person</i> | Analyse the Risk <i>Likelihood/Consequences</i> | Evaluate the Risk <i>The level of risk</i> | Manage the Risk <i>Assess the options</i> | Review <i>Nominate who will review after the event/activity</i> |

To complete each section appropriately, use the following questions to ensure your plan is sufficient in reducing opportunities for child harm occurrence.

STEP 1: Describe the activity

- What is the activity?
- What is the purpose of the activity?
- What are your objectives in undertaking the activity?
- What are the elements of the activity from start to finish?
- Where is the activity taking place?
- What environmental factors need to be considered?
- Who is involved in the activity? Parents? Staff? Children? People external to the organisation?

STEP 2: Identify the risks

In this step you need to consider, how might a child be harmed? You should, where possible, encourage people involved with A Team, including children and young people, to assist with identifying the risks associated with the high-risk activity or special event.

- Will children need to be transported?
- Is it possible a child could be injured or become ill?
- Will food/drink be provided?
- What would happen if an emergency occurred?
- Are there any risks presented by the physical environment or location of the activity?
- Will there be people external to your organisation involved in the activity?
- Are there accommodation requirements?
- Is supervision adequate?

When filling in the table, use clear statements of risk using auxiliary verbs such as “**could**”, “**would**” or “**will**”. There should be at least 4 risks identified, this number may be greater depending on the nature of the activity.

STEP 3: Analyse the risks

The purpose of risk evaluation is to make decisions, based on the outcomes of risk analysis. The level of risk will determine whether the high-risk activity or special event is practical. It is important to not use risk assessment to justify an activity; completion of the plan alone will not permit an activity to take place. In some cases, the plan will inform event coordinators that the activity cannot be run safely.

There are two parts to an effective risk analysis:

| | | |
|-------------|-----------------------|---|
| Likelihood | Almost certain | Almost certain to occur in most circumstances |
| | Likely | Likely to occur frequently |
| | Possible | Possible and likely to occur at some time |
| | Unlikely | Unlikely to occur but could happen |
| | Rare | May occur but only in rare and exceptional circumstances |
| Consequence | Critical | <ul style="list-style-type: none">– Critical incident. (e.g. Death or permanent disability of adult or child; high level of distress to other parties)– Sustained negative publicity or damage to reputation from a national perspective or from the community welfare perspective. |
| | Major | <ul style="list-style-type: none">– Multiple injuries requiring specialist medical treatment or hospitalisation; and/or major occupational health safety & welfare liability incident / issue.– Major incident which damages public or parent confidence.– One or more children are lost from the main group. |
| | Moderate | <ul style="list-style-type: none">– Serious injuries and/or illness.– Complex welfare and/or health care issue.– Serious disruption or incident, resulting in distress to children and adults. |
| | Minor | <ul style="list-style-type: none">– Minor first aid or minor occupational health safety & welfare liability incident / issue (e.g. minor cuts, bruises, bumps).– Minor behavioural issues. |
| | Insignificant | <ul style="list-style-type: none">– No treatment required. |

STEP 4: Evaluate the risks

To evaluate the level of risk, the likelihood and consequence of risk identified in step 3 will be paired in the matrix below.

| | | Likelihood | | | | |
|-------------|---------------|------------|----------|----------|----------|----------------|
| | | Rare | Unlikely | Possible | Likely | Almost Certain |
| Consequence | Critical | Moderate | High | High | Extreme | Extreme |
| | Major | Moderate | Moderate | High | High | Extreme |
| | Moderate | Low | Moderate | Moderate | High | High |
| | Minor | Low | Low | Moderate | Moderate | Moderate |
| | Insignificant | Low | Low | Low | Moderate | Moderate |

Therefore, if you determined that a risk was almost certain of occurring and the consequence was critical, this would be an extreme level of risk.

STEP 5: Manage the risk

Standards Australia's *AS/NZS ISO 31000:2009 Risk management - Principles and Guidelines* describes risk treatment as –

“a cyclical process of assessing a risk treatment; deciding whether residual risk levels are tolerable; if not tolerable, generating a new risk treatment; and assessing the effectiveness of that treatment.”

Risk management should consider the values and perceptions of people involved with your organisation and the most appropriate way to communicate with them. Control measures will vary greatly depending on the risks determined. It is suggested you look at previous risk management plans with similar characteristics and see what control measures were used in that instance.

After control measures have been put in place, you now should reevaluate how likely it is for the risk to occur, and how bad the outcome would be if the risk was to occur. If you assess that a risk is still highly likely to occur, and the outcome could result in harm to a child then you may need to rethink the activity itself and change a core element of it, or in some scenarios, cancel the activity.

Step 6 – Review

Ongoing review is essential to ensure that the risk management plan developed is effective. Reviewing controls and responsibilities is extremely valuable for future planning. You must identify who will review the risk management plan after the event or activity and specify their suitability for this role. If a control measure had failed and a child was harmed, the review information should reflect this failure. Additionally, any unforeseen risks identified during the event should be recorded.

Review information must be contained on the same risk management plan or stapled to the hard copy. Reviews must not be delayed for more than one working week.



Ensure all completed plans are documented in two locations. A **hard copy** must be stored in the risk-management binder to be used as a reference and a **soft copy** must be filed on the A Team cloud network.

Communication & Support

Developing a sound communication and support strategy is critical to ensure the risk management plan is utilised appropriately and that all stakeholders are aware of their responsibility in regard to child harm prevention.

Parents & Carers

- (a) Parents will receive the full child and youth risk management strategy inside their induction email after booking the first session, this email will also include the disclosure-suspicion of harm report form.
- (b) We have created brochures to summarise the strategy in a more digestible format. A physical copy of this must be given to the parent by the tutor in-person at the first session. Legitimacy is improved if the tutor is the one to deliver information as it demonstrates that they themselves are committed to child safety and are willing participants in the process.

When giving parents the brochure, tutors should give a statement similar to: "We encourage you to look through this carefully and if you're interested in more about what we're doing, to read the full document emailed out. If you have any concerns you can come to me or call the office directly and they will help you. Additionally, we are always looking to improve, so any feedback is greatly appreciated."

Employees

- (c) As part of induction, all tutors will participate in a training seminar dedicated to the communication of this risk management strategy. Emphasis will be on complying with the code of conduct, reporting procedures and how to appropriately handle disclosures/suspensions.
- (d) Refresher training must be provided annually. Refresher training is also required if significant strategy changes occur or if an incident occurs where a child was harmed or was at high risk of being harmed. If any minor changes are made, an email must be sent to all tutors and clients.
- (e) The full strategy is available on the tutor portal at all times. The document is on the front page upon login to increase visibility. In addition, staff are required to submit grades logs to this location every term, this design gives a subtle reminder of the strategy each quarter.

Children

- (f) For children, the best way for them to understand is to create an environment where communication is valued, and they feel comfortable with their own safety. Reminding them to share their thoughts and feelings with you as a tutor is fundamental.

Other

- (g) A hard copy of this strategy must always be accessible from inside the office
- (h) The front of the office has a printed copy of our statement of commitment displayed prominently to remind all visitors, workers and clients of our dedication to child safety.
- (i) Physical copies of the summary brochure are also available from inside the office. If it is impractical to read the entirety of our strategy document, the hand-out is effective at highlighting key areas to know.

Support

Staff may require support to deal with issues such as behaviour management, stress, conflict, bullying, child protection concerns, breaches of the risk management strategy and dealing with disclosures or suspicions of harm.

We encourage all staff members to seek support from their direct manager.