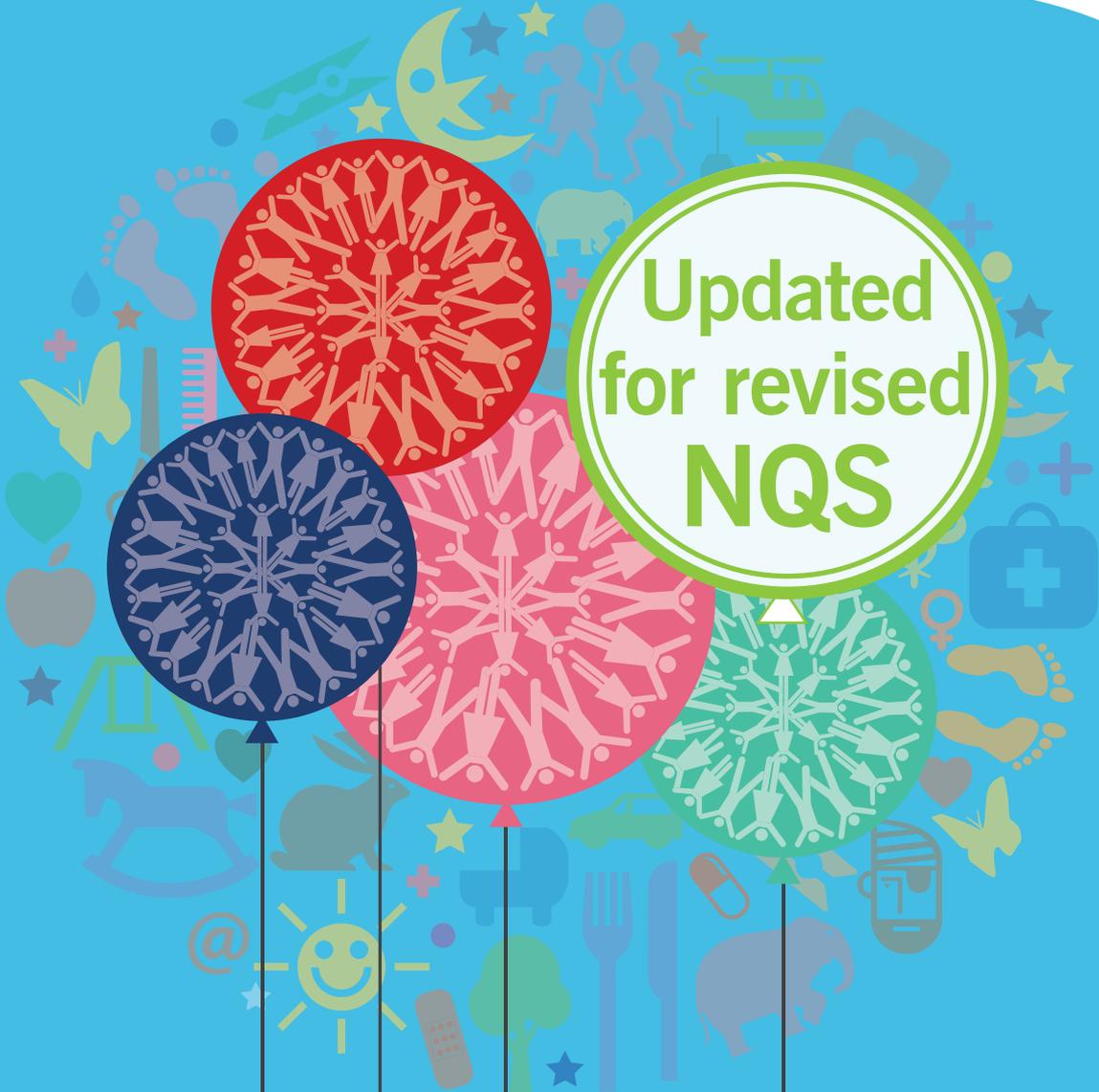


CHCPRT001

Identify and respond to children and young people at risk



Updated
for revised
NQS

Learner guide



aspire
learning resources

CHCPRT001

Identify and respond to children and young people at risk

Release 2

Learner guide

Aspire Version 2.1



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CHCPRT001 Identify and respond to children and young people at risk, Release 2



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Before you begin

This learner guide is based on the unit of competency *CHCPRT001 Identify and respond to children and young people at risk*, Release 2. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples	<ul style="list-style-type: none"> ▶ These highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into practice. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, you can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summaries	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There are learning checkpoints at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.



Topic 1

In this topic you will learn about:

- 1A Understanding children's rights**

- 1B Identifying signs and symptoms of abuse**

- 1C Suspecting abuse**

Supporting the protection of children and young people

To protect children, you must be aware of certain indicators of concern. You need to be able to understand children's rights and related legislation, and consider how your work practices could be improved to enable you to respond to harmful situations in the most appropriate manner.

The following table maps this topic to the National Quality Standard and both national learning frameworks.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
	Quality Area 5: Relationships with children
	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
✓	Secure, respectful and reciprocal relationships
	Partnerships
	High expectations and equity
	Respect for diversity
	Ongoing learning and reflective practice
Practice	
	Holistic approaches
	Responsiveness to children
	Learning through play
	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
	Assessment for learning
	Holistic approaches
	Collaboration with children
	Learning through play
	Intentionality
	Environments
	Cultural competence
	Continuity and transitions
	Evaluation for wellbeing and learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

1A Understanding children's rights

All children have rights that must be upheld and protected. Any person caring for children must be aware of, support and maintain these rights. It is equally important that you recognise when these rights have been violated.

Each childcare service develops its own philosophy, policies and procedures, which are founded on:

- ▶ child-focused practice
- ▶ duty of care
- ▶ legislation and standards.



Child-focused practice

A child-focused practice occurs when educators and carers keep the needs of the child at the core of their service delivery. Actions are designed to meet the child's needs as a first priority, not simply to suit the convenience of the organisation and staff.

The following table outlines how actions reflect a child-focused approach.

Action	Examples
Develop routines and timetables that are based on the needs of the individual child.	<ul style="list-style-type: none"> ▶ Provide meals when children are hungry. ▶ Settle children to sleep when they are tired.
Ensure programs are centred on the child.	<ul style="list-style-type: none"> ▶ Develop experiences based on the children's interests.
Communicate with families to determine family needs.	<ul style="list-style-type: none"> ▶ Ask questions about what the family does over the weekend.
Adjust policies and procedures to meet the needs of individual families as required.	<ul style="list-style-type: none"> ▶ Respond to health needs such as allergies.
Adapt plans to address family structure and cultural differences.	<ul style="list-style-type: none"> ▶ Include words from different languages spoken by families. ▶ Include items from various cultures in play areas. ▶ Read stories that feature a variety of family structures.
Respond to children according to their economic, social and cultural needs.	<ul style="list-style-type: none"> ▶ Provide support materials such as a change of clothing or a warm jumper. ▶ Announce and/or celebrate special days from a child's cultural background.

Action	Examples
Understand that children’s capabilities differ and adjust plans accordingly.	▶ Offer play opportunities that suit children’s level of physical development, attention span and skills.
Balance interactions with children by offering group activities and one-on-one time.	▶ Schedule group stories and take time to read stories on a cushion with a single child.

Include children in decision-making

Include children in decision-making where possible. This involves listening to children’s views and allowing them to make choices regarding food, activities and routines. You could ask them:

- ▶ how much they would like to eat
- ▶ which activities they would like to participate in
- ▶ whether they would like to play alone or join in with a group.

You could also involve them in planning a special event such as an excursion or cultural day, or an ongoing project such as a vegie patch or a mural.

Duty of care

Duty of care is the obligation to ensure that reasonable action is taken to minimise the risk of harm to anyone likely to be affected by a person’s actions. This obligation applies to employers, workers and all those they are educating and caring for.

If a child is injured while in the care of someone other than their parents or legal guardians, that person can be held responsible. An individual or the organisation may be sued for negligence.

Harm to a child may be:

- ▶ physical, such as an injury
- ▶ psychological
- ▶ emotional or social
- ▶ financial.

Steps to prove negligence:

- 1 The person or organisation owed a duty of care to the child.
.....
- 2 The person or organisation responsible for the child did not provide the degree of care that was reasonable in the situation.
.....
- 3 The child suffered damage or harm.
.....
- 4 There is a link between these three things (that is, that the breach of duty of care caused the damage or harm).

In some cases it is possible to be sued for giving negligent advice.

The law not only places a duty of care on you when you care for children, it also places a general duty of care on every person in the workplace. The aim is for employers and workers to work cooperatively to ensure a healthy and safe workplace.

You should follow the organisational policies and procedures to ensure you are providing care to the highest possible standards. In your work role you should:

- ▶ Use positive guidance techniques.
- ▶ Adhere to a code of ethics that provides care and protection to the child.
- ▶ Ensure every child and their family is treated with respect and understanding.
- ▶ Keep up-to-date with current child and family issues, including legal and ethical issues.



Watch this video about duty of care.

Position descriptions

A position description (also called a job description) provides a clear statement of the obligations, responsibilities, boundaries and limitations of a particular role. Your position description will define your role in terms of:

- ▶ purpose or objective
- ▶ level of responsibility
- ▶ key areas of responsibility
- ▶ tasks that must be performed
- ▶ accountability and reporting arrangements
- ▶ specialist skills or knowledge required.

Position descriptions will be written to reflect your organisation's philosophy, structure and objectives. You must always ensure that any decisions you make or actions you take are:

- ▶ appropriate to your level of responsibility
- ▶ in line with the legislation and the organisational policies and procedures that apply to your role.

If you are unsure whether or not you are authorised to do something, check with your supervisor.

The position description may also outline obligations relating to:

- ▶ ethics
- ▶ codes of practice
- ▶ licensing
- ▶ accreditation registration to professional bodies
- ▶ service agreements
- ▶ statutory and policy requirements.

Child protection legislation

Legislation in each state/territory governs the way child protection services are provided. Australia is a signatory to the United Nations Convention on the Rights of the Child (1989) and, as a result, many of the principles in the convention are also in the child protection legislation. The following table sets out the legislation that applies to each state or territory.

Australian Capital Territory	<i>Children and Young People Act 2008 (ACT)</i>
New South Wales	<i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i>
Northern Territory	<i>Care and Protection of Children Act 2007 (NT)</i>
Queensland	<i>Child Protection Act 1999 (Qld)</i>
South Australia	<i>Children's Protection Act 1993 (SA)</i>
Tasmania	<i>Children, Young Persons and their Families Act 1997 (Tas.)</i>
Victoria	<i>Children, Youth and Families Act 2005 (Vic.)</i>
Western Australia	<i>Children and Community Services Act 2004 (WA)</i>

Working with children checks

Criminal history record checks and/or working with children checks are mandatory for employees in education and care services, and for anyone who has regular, direct, unsupervised contact with children as an employee or volunteer. These checks were created to prevent people who pose a risk to children from working with them.

The checks vary slightly in each state and territory; generally speaking, only people without a criminal history who are assessed as suitable will be provided with a card or letter of compliance allowing them to work with children. See the Education and Care Services National Regulations for expectations of staff, providers and supervisors.

Privacy legislation

An education and care service needs to hold personal information on children and their families. This information typically includes names and addresses, medical information, emergency contacts and family information, such as who is authorised to pick up the child.

This personal information must be protected from unauthorised access, modification or disclosure. Securing data is an important way of ensuring that personal information is only used for permissible purposes. For example, the data could be stored in a locked filing cabinet or in a password-protected computer file.

Personal information should always be treated as highly confidential and sensitive.

Organisational privacy procedures should cover all processing and storage systems. Your organisation must ensure that all staff clearly understand their responsibilities

in protecting personal information from misuse, loss, corruption or disclosure. The *Privacy Act 1988* (Cth) provides guidance for handling and storing information. Some states and territories also have their own privacy legislation.

National Quality Framework

The National Quality Framework (NQF) covers long day care, family day care, outside school hours care and preschool. It incorporates licensing, regulations and quality assurance into a single system operating Australia-wide. The NQF allows organisations to use one system to work towards best practice and quality care.

Most regulations outlined in the framework are mandatory, and failure to comply may result in fines, legal action or service closure. You must be familiar with the regulations of your organisation and in your state/ territory, particularly Regulation 84 of the Education and Care Services National Regulations, which outlines child protection knowledge.

National Quality Standard

The National Quality Standard (NQS) aims to ensure high quality and consistent education and care across Australia. The NQF uses this standard to improve services, thereby enhancing children's development and safety, and giving families information to make informed choices about services.

Element 2.2.3 of the NQS has the concept 'Child protection' and the descriptor: 'Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse and neglect'. Under this guidance, you as a staff member are required to attend training or professional development on child protection. Your state or territory authority will also provide information.

The United Nations Convention on the Rights of the Child

In 1989 the International Convention on the Rights of the Child was adopted by the United Nations General Assembly. The United Nations Convention on the Rights of the Child is made up of 54 articles, which outline the minimum standards governments must meet to provide adequate services and support for children and their families in the areas of health, welfare and education. It signifies the international community's recognition that children, as human beings, are entitled to the full enjoyment of human dignity.

Some developments in Australia that support the convention include:

- ▶ a federally based access and equity policy in children's services that prioritises accommodating children with disabilities, children from diverse cultural backgrounds and children at risk of being abused and neglected
- ▶ mandatory reporting in some form in most states and territories
- ▶ the National Quality Framework (NQF)
- ▶ the adoption of regulations and standards and voluntary codes of practice in children's services
- ▶ the Early Childhood Australia Code of Ethics.

Practice task 1

1. Locate a copy of an organisational policies and procedures manual. You can view a sample policies and procedures document from the One World for Children website: <http://aspirelr.link/owfc-centre-policies>

Give a general outline of the policies and procedures that are relevant to a child-focused practice and duty of care.

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2. Provide the name of the privacy legislation or principles that applies to your state or territory. You can find links to relevant legislation here: <http://aspirelr.link/other-privacy-jurisdictions>

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1B Identifying signs and symptoms of abuse

Child abuse is physically and emotionally damaging. The initial and long-term consequences of abuse may affect the child, the family, your organisation and the community as a whole. Early identification and effective intervention can lessen the long-term effects of abuse and promote recovery.



What is abuse?

Abuse, neglect and maltreatment describe situations where a child may need protection. Child abuse can be defined as either an action or inaction (failure to act) by an adult that endangers or impairs the child's emotional or physical health or development.

Children are the most vulnerable members of our community. They do not have the power to stop abuse; therefore, they rely on others to help them. As an educator, you have a responsibility to make sure children are safe and that their needs are met.

Indicators of harm

Knowing what signs to be aware of can help you identify children or young people who may be at risk of harm. When monitoring children and young people during everyday practice, you need to watch out for behaviours as well physical signs and symptoms. You may notice behaviours that are uncharacteristic for a particular child or for children of a particular age or developmental stage. These behaviours may be the only signs you can identify.

Risk of harm indicators include:

- ▶ a child appearing frightened of their parents or carers
- ▶ a child acting in a way that is inappropriate for their age and development
- ▶ a parent persistently avoiding child health services, or treatment of their child's illness or injury
- ▶ a parent having unrealistic expectations of their child
- ▶ complaints by the child or someone else that the child is often being criticised or is not provided with emotional warmth
- ▶ parents who are missing or appear drunk or affected by drugs.

Types of harm

There are five main types of harm, which are outlined here.

Physical abuse	<p>Physical abuse is forceful behaviour that results in injury. It may involve a child being:</p> <ul style="list-style-type: none"> ▶ pushed or thrown ▶ slapped, hit or punched ▶ burned; for example, with a cigarette ▶ kicked ▶ bitten ▶ choked ▶ tied down ▶ assaulted with a weapon ▶ shaken violently. <p>Physical injury may be the consequence of a physical punishment or physically aggressive treatment.</p> <p>Physical harm may have occurred if a child:</p> <ul style="list-style-type: none"> ▶ has injuries that don't match the story of how they occurred ▶ has unexplained bruises, welts, bites, broken bones or burns ▶ has injuries in the shape of an object; for example, a belt buckle or cord ▶ has faded bruises or other noticeable marks after they have been absent from care ▶ shrinks at the approach of adults ▶ reports an incident ▶ has not received medical help for an injury needing care ▶ demonstrates extremes in behaviour; for example, being highly aggressive or completely withdrawn ▶ is afraid or overly upset about going home ▶ is fearful of a particular person ▶ demonstrates unusual or extreme dramatic play ▶ is described in a negative way by their parent or carer ▶ seems to be subjected to harsh discipline. <p>Physical abuse may also occur as a result of neglect.</p>
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<p>Neglect</p>	<p>Neglect refers to a situation where the carer of a child fails to provide the basic necessities to ensure a child is not harmed. This includes adequate food, clothing, shelter, medical attention and supervision.</p> <p>Neglect may have occurred if a child:</p> <ul style="list-style-type: none"> ▶ is frequently absent ▶ does not receive adequate medical or dental care ▶ is consistently dirty or has severe body odour ▶ lacks appropriate clothing; for example, doesn't have a coat in winter ▶ discusses use of drugs or alcohol ▶ is left alone at home for long periods (relevant to age and maturity) ▶ shows a failure to thrive or signs of malnutrition ▶ exhibits constant hunger or begs for, steals or hides food ▶ is extremely willing to please ▶ is treated indifferently by their parent or carer ▶ is cared for by a parent or carer who appears apathetic or depressed ▶ has a parent or carer who is irrational or demonstrates strange behaviour ▶ has a parent or carer who regularly seems to be affected by alcohol or drugs.
<p>Sexual harm</p>	<p>Sexual harm refers to a situation in which a person involves a child in sexual activity. Physical force is sometimes also used.</p> <p>Child sexual abuse involves a wide range of sexual activity, including:</p> <ul style="list-style-type: none"> ▶ fondling a child's genitals ▶ masturbation in front of the child ▶ oral sex ▶ vaginal or anal penetration ▶ exposing the child to pornography. <p>Sexual harm may have occurred if a child:</p> <ul style="list-style-type: none"> ▶ has difficulty walking or sitting ▶ urinates frequently ▶ refuses to change in front of others ▶ refuses to participate in normal physical activities ▶ demonstrates bizarre, sophisticated or unusual sexual knowledge or behaviour for their age ▶ contracts a sexually transmitted infection (STI) ▶ reports sexual abuse ▶ has pain, swelling or itching in the genital area ▶ has stained or bloody underwear ▶ displays regressive or childlike behaviour ▶ reports being shown pornography ▶ demonstrates that they don't like being hugged, kissed or touched by an adult ▶ receives sexual attention or is approached using sexual mannerisms by their parent or carer.

Trauma

Trauma can refer to a distressing or disturbing experience, or the emotional shock and ongoing psychological effects following such an experience.

You may be in contact with children and families who have fled from war, religious persecution or poverty, or have experienced the death of loved ones in terrible circumstances. Children may have been homeless, without food, separated from parents with no other guardian or held in prison-like conditions.

Trauma can be caused by an event or experience in a child's life such as:

- ▶ war
- ▶ kidnapping
- ▶ natural disasters, such as an earthquake, cyclone, bushfire, flood or tsunami
- ▶ accidents, such as a car accidents or fall from a height
- ▶ physical or sexual abuse
- ▶ witnessing a death or severe injury, seeing a dead body or observing a severe emotional reaction from another person.

Common characteristics that may indicate trauma include:

- ▶ general irritability and crying
- ▶ demand for constant physical comfort
- ▶ difficulty sleeping or disrupted sleep patterns
- ▶ loss of appetite or refusal to eat
- ▶ regression in development
- ▶ failure to reach developmental milestones
- ▶ exaggerated startled responses
- ▶ anxious responses to separations or unfamiliar events, situations or people
- ▶ social withdrawal or restricted play
- ▶ re-enacting a traumatic event in play, sometimes repeatedly
- ▶ bed-wetting
- ▶ thumb sucking
- ▶ night terrors and nightmares
- ▶ aggressive behaviour towards others
- ▶ fantasising about an event
- ▶ inappropriately expressing intense emotions
- ▶ flashbacks
- ▶ hyper-arousal, in which a child is continually alert and looking for danger or threats.

Emotional harm	<p>Emotional harm refers to a situation in which a child is repeatedly rejected or threatened in a way that is frightening. This may include:</p> <ul style="list-style-type: none"> ▶ name calling ▶ put downs ▶ continual coldness. <p>Emotional harm may affect a child’s development. There are similarities between emotional harm and neglect.</p> <p>Emotional harm may have occurred if a child:</p> <ul style="list-style-type: none"> ▶ shows extremes in behaviour; for example, is overly compliant or demanding, extremely passive or aggressive ▶ acts inappropriately above or below their age or developmental stage ▶ is delayed in physical or emotional development ▶ exhibits signs of depression, or talks about or attempts suicide ▶ displays severe anxiety ▶ shows signs of low self-esteem ▶ finds it very difficult to learn ▶ is constantly blamed, belittled or berated by their parent or carer ▶ has a parent or carer who is unconcerned about the child and refuses to consider offers of help for any problem ▶ is rejected by the parent or carer.
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Identifying vulnerability to abuse

The following factors indicate that a child may be vulnerable to abuse.

Community and societal factors	<ul style="list-style-type: none"> ▶ High crime rate ▶ Poor access to social services ▶ High poverty rate ▶ High unemployment rate
Parental factors	<ul style="list-style-type: none"> ▶ Having a history of physical or sexual abuse as a child ▶ Being a teen parent ▶ Being a single parent ▶ Being emotionally immature ▶ Having poor coping skills ▶ Having low self-esteem ▶ Having a history of substance abuse ▶ Having a known history of abusing children ▶ Lack of support, particularly from extended family ▶ Experiencing domestic violence ▶ Lack of parenting skills ▶ Lack of preparation for the stress of a new baby ▶ Experiencing depression or another mental illness
Child factors	<ul style="list-style-type: none"> ▶ Born premature ▶ Having a low birth weight ▶ Having a disability (mental or physical)

If you are able to connect indicators of vulnerability with indicators of abuse, your concern for a child’s wellbeing will be justified. Knowing the indicators of abuse and the situations that make a child vulnerable to abuse can help you identify potential abuse.

Even if a child is in a situation that makes them vulnerable to abuse, this doesn’t mean they are being abused. There are many healthy, happy, well-cared-for children who live in families faced with challenges. Conversely, there are many children at risk of harm in families that seem to be healthy, happy and well-adjusted.

When dealing with abuse or suspected abuse, you must monitor the child and provide a support base for the family. Your role is not one of counsellor or legal practitioner, but of active listener, knowledge holder and resource provider. This demands your commitment to a high level of confidentiality and respect for those involved.

Dynamics of abuse

Abuse may be committed by a person who:

- ▶ was abused as a child by their parents or another trusted person
- ▶ observed abuse – it was or is part of their everyday life
- ▶ needs to feel in control
- ▶ is afraid that if they are not the abuser they will be the abused
- ▶ has a mental health disorder, such as an anger management problem
- ▶ has a drinking or drug problem
- ▶ lacks a sense of empathy, meaning they are unaware of or indifferent to the emotions of others.

Abuse is not related to age, gender, disability, culture or sexuality. It does not occur in any specific place and is not committed by a specific type of person.

However, abusers tend to use the same strategies to keep the cycle of abuse continuing. Your knowledge of these dynamics can assist you to understand the situation and support those involved. Some of these strategies are presented in the following table.

Strategy	Example
Intimidation	Instilling fear through their actions
Use of adult privilege	Being in a position of power or dominance
Use of institutions	Threatening punishment by jail, juvenile institutions, religious organisations or relatives
Isolation	Preventing the abused person from seeing family, having friends or socialising outside the home
Threats	Threatening suicide, further punishment, abandonment or harm to loved ones
Economic abuse	Withholding money or essential needs
Emotional abuse	Destroying self-esteem and instilling shame

Impact of risk of harm

Children are affected by abuse and trauma in many ways. Positive or negative life experiences can either make a child more resilient or more vulnerable. Generally speaking, the greater the degree or duration of abuse a child experiences, the more serious the outcome. Chronic abuse is related to greater maladjustment and negative outcomes. Recurrent incidents over long periods of time can have a profound effect on the child.

Trauma-informed care

Just as trauma may have occurred due to an event or situation, further trauma can result from the outcomes. Children who have experienced trauma as a result of ongoing abuse will usually demonstrate characteristics such as:

- ▶ intense fear
- ▶ helplessness
- ▶ horror
- ▶ serious and persistent mental health problems, which may be identified and treated by a medical professional.

Children who have experienced trauma should be working with a mental health specialist who will provide trauma-informed care. This care includes actions to support the child’s neurological, biological, psychological and social recovery. You may become involved in trauma-informed care as you work with a child and carry out actions that are recommended by a mental health specialist.

To find out more information about trauma-informed care, go to the KidsMatter website, which supports the mental health and wellbeing of Australian children: <http://aspirelr.link/kids-matter>

Practice task 2

1. Which Article of the United Nations International Convention on the Rights of the Child focuses on the rehabilitation of child victims?

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2. Research trauma-informed care and list **four** ways you can support a child who has experienced a trauma. Provide a brief explanation of what each method entails and how it would support the child.

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3. Access the Australian Institute of Family Studies Resource Sheet from September 2014 called *Who abuses children?*. Outline **two** important facts about the age, gender, disability, culture or sexuality of abuse victims and perpetrators.

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1C Suspecting abuse

Each child’s situation is unique and must be managed independently. However, there are some basic guidelines to follow that are effective and suitable when you suspect abuse.

If you suspect that abuse may be occurring, it is recommended that you:

- ▶ make notes, develop records and collect evidence
- ▶ continue to observe the child (if an immediate report isn’t necessary)
- ▶ consult relevant colleagues (usually your supervisor or a senior staff member)
- ▶ develop action plans based on your organisational policies and procedures
- ▶ talk to other agencies about assisting families
- ▶ talk to the child
- ▶ talk to the child’s parents (if they are not suspected of being involved in the abuse).



A child may also tell you about abuse or neglect. If this occurs, abide by the following guidelines.

Guideline	Description
1. Listen to and believe the child	<ul style="list-style-type: none"> ▶ Show through your words and actions that you are listening carefully, and encourage the child to talk without pushing them. ▶ Use reflective listening techniques. ▶ Ask open, non-leading questions such as, ‘Can you tell me how you are feeling today?’ or ‘Is something bothering you, Tom? You don’t seem to be as happy as you were yesterday’.
2. Be supportive	<ul style="list-style-type: none"> ▶ Let the child know that they have done the right thing in telling you and that they are not to blame for what has happened. ▶ Do not make any unrealistic promises like, ‘Everything’s going to be okay’ or, ‘Daddy won’t go to jail’.
3. Don’t overreact	<ul style="list-style-type: none"> ▶ Stay calm; this helps the child feel safe and may encourage them to tell you more, especially if you reassure them and refrain from talking negatively about the abuser.
4. Record what the child says	<ul style="list-style-type: none"> ▶ Use as many of the child’s actual words as possible and describe any signs of abuse or neglect that you observe.

An open and non-leading question is one that encourages and allows the person answering the question to tell you their thoughts.

Examples of open and non-leading questions include:

- ▶ What happened?
- ▶ How did it happen?

Open and non-leading questions are used so the person answering doesn't just answer yes or no, but provides details.

Reflective listening involves repeating what the child has said in your own words to clarify. This shows the child that you are listening and understand what they are saying.

An example of reflective listening is:

- ▶ Child: 'I got hurt and I don't know why.'
- ▶ Educator: 'You got hurt? Where did you get hurt?'

Refer to the relevant authority in your state or territory to confirm your legal requirements in regard to questioning children.

Practice task 3

Read the case study, then answer the questions that follow.

Case study

A child tells you that they are tired because they were scared last night when they were left at home on their own and they couldn't sleep.

1. Explain how you would respond to this child's disclosure.

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.....

.....

2. What type of abuse might this be?

.....

3. What would you do next?

.....

.....

Summary

- ▶ A child-focused practice places the rights of the child before the needs of other parties.
- ▶ There are laws, standards, guidelines and conventions that govern daily practice in relation to children's rights.
- ▶ You must comply with organisational policies and understand your role in maintaining confidentiality.
- ▶ You must be aware of children's rights legislation to adequately support and protect them.
- ▶ Abuse can involve neglect or physical, emotional or sexual harm.
- ▶ You must be alert to signs that indicate abuse may be occurring.
- ▶ Abusers are not easily identified by their heritage, temperament or cultural identity.
- ▶ There are socioeconomic, parental and other factors that increase a child's risk of abuse.
- ▶ There is a link between certain behaviours and ongoing cycles of abuse.

Learning checkpoint 1

Supporting the protection of children and young people

Part A

Read the case study, then answer the questions that follow.

Case study

Marcus is usually a happy and busy five-year-old who participates in a range of activities and interacts with many different children in small groups. He has attended your service for more than a year and you know him very well. Marcus's mum is a single parent and has recently started to go out socialising, often leaving Marcus with relatives and friends.

Today when Marcus arrives at your service he is crying. Marcus's uncle smells of alcohol and he doesn't talk to you or any of the educators.

Marcus tells you that he stayed at his uncle's house overnight while his mum went out. He stops crying after his uncle leaves, but chooses to sit in the book corner alone and yells at the other children to go away if they come near him.

1. What uncharacteristic behaviours or indicators does Marcus display that could be linked with abuse?

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2. Identify which form/s of abuse these uncharacteristic behaviours or indicators could be linked to.

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3. What open and non-leading questions could you ask Marcus to help determine if he is being harmed?

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.....

4. What circumstances indicate that Marcus is vulnerable to abuse?

.....

.....

5. Research the organisational reporting protocols you would follow as part of your duty of care to Marcus and your response in relation to the UN Convention on the Rights of the Child. What would be your role if you were Marcus's educator?

.....

.....

.....

6. Describe **three** ways that you would maintain the confidentiality of information about Marcus.

.....

.....

.....

7. Who might you contact to find out more about trauma-informed care?

.....

.....

Part B

For each scenario, enter 'Response 1' or 'Response 2' indicating the appropriate answer.

1. It is morning activity time and all staff and children have arrived. A child asks if they can go outside to the sandpit.

Response 1: You say 'no' as outside time isn't until 10.45 am.

Response 2: You speak with the other staff and organise for some children to go outside with you.

.....

2. An infant in care is falling asleep on the floor. It is almost lunchtime.

Response 1: You take the infant to bed and save lunch for when she wakes up.

Response 2: You put the infant in her highchair and try to wake her up and feed her.

.....

3. A parent has arrived to drop off her child this morning and is visibly upset. This has caused her child to be concerned. The child wants to go out to the fence to wave goodbye.

Response 1: You say that this is not what we do and that the child must stay inside.

Response 2: You take the child out, as there are enough staff to supervise the other children and the child seems very concerned.

4. A child has brought a small toy car into the room. Your organisational policy is for home toys to stay in bags, but the child cries and holds the car tightly when you explain this.

Response 1: You explain that you want the car to be safe, so maybe the child should put it in their pocket for today.

Response 2: You take the car from the child and put it on a high shelf. You say that the rules state no home toys are allowed.

5. A child has experienced abuse in the past and you suggest to your co-worker that she may benefit from trauma-informed care.

Response 1: Your co-worker says that this is the role of a specialist and they prefer not to get involved.

Response 2: Your co-worker agrees and you start to use some simple strategies to support the child while you wait for advice from a specialist.

6. Your service is undergoing a restructure. Your director tells you that you will be running the room from next week and will be in charge of another staff member.

Response 1: You research the ratios of staff to children and how many qualified staff there must be. You find this is inappropriate, so you discuss your findings with the director.

Response 2: You feel excited as this is a great challenge and you feel important.



Topic 2

In this topic you will learn about:

2A Reporting abuse

Reporting risk of harm

Once you have identified situations in which harm may be occurring, you need to record this information in an appropriate way. Your organisation will have procedures relating to this, as will any agency you report to. The relevant agency you report to will then assess the best interests of the child and will decide whether to involve you further.

The following table maps this topic to the National Quality Standard and both national learning frameworks.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
	Quality Area 5: Relationships with children
	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
✓	Secure, respectful and reciprocal relationships
	Partnerships
	High expectations and equity
	Respect for diversity
	Ongoing learning and reflective practice
Practice	
	Holistic approaches
	Responsiveness to children
	Learning through play
	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
	Assessment for learning
	Holistic approaches
	Collaboration with children
	Learning through play
	Intentionality
	Environments
	Cultural competence
	Continuity and transitions
	Evaluation for wellbeing and learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

2A Reporting abuse

If you believe a child is being abused or is in danger, you must support the child’s rights and report your concerns to the relevant authority immediately. This right is documented in Article 19 of the United Nations Convention on the Rights of the Child and is linked to Article 3: Best interests of the child and Article 4: Protection of rights.



If you suspect abuse, you can prepare to report it in an ethical and professional manner.

When preparing to report abuse:

- ▶ Be aware of physical and behavioural signs of abuse.
- ▶ Be approachable and let children know that you are available to talk so you can build a trusting relationship that allows them to share difficult information with you.
- ▶ Document your observations according to your organisational policies and procedures, ensuring that your records are accurate and relevant.
- ▶ Ensure your concerns are kept confidential.
- ▶ Pass on your observations to relevant people according to legislation and your organisational policies and procedures.

Gathering information

To make an accurate and useful report, you need to:

- ▶ observe the child
- ▶ identify which information is relevant, particularly in relation to uncharacteristic behaviour and signs of vulnerability (see Topic 1)
- ▶ explain the general circumstances – the details of the child’s home life or family status that give a picture of the situation as a whole so that others understand the situation as you do
- ▶ describe the specific indicators of abuse and risk factors that you have observed.

If you continue to suspect abuse, record your observations in a clear and objective manner. This means being non-judgmental and only recording what you see or hear, not adding your own thoughts and ideas. Follow your organisation’s procedures for the preferred method of recording information.

The following outlines some common methods for recording information.

Type of record	How it is done
Anecdotal	Writing down what you have observed as a narrative (as though you are relating a story)
Incidental	Noting down information you have been given by others
Diagram	Recording on a drawing or sketch where you found physical marks on a child, such as a bruise or welt

Type of record	How it is done
Diary, journal or log	Recording what you have noticed over a period of time
Event sampling	Making a series of observations that give a snapshot of a child's behaviour patterns
Records of questioning	Recording conversations you have had with a child in writing
Mind maps	Creating a mind map that displays the information you gathered and links it clearly

The types of records you use will vary depending on the situation and the immediacy of the situation. Confidentiality of all the information is vital, including the identity of any adult you suspect may have committed abuse. It is the role of any authority that becomes involved to identify the possible abuser, although it is relevant for you to record concerns.

Child protection legislation

Legislation relating to child protection states that any person who believes a child is in need of protection should notify a child protection service. As an educator and an advocate for children, this is your legal and ethical obligation.

Child protection legislation provides guidelines for how to report abuse and how to act in situations where you are concerned that harm is occurring due to:

- ▶ abuse (all forms)
- ▶ domestic and family violence
- ▶ neglect
- ▶ exploitation
- ▶ alcohol and other drug (AOD) concerns
- ▶ systems abuse (harm done to children through policies, procedures, legislation and guidelines).

Reports of a child in need of protection are made under the relevant state or territory Act. These Acts state that any person who believes a child is in need of protection must report the situation and provide the details that have led them to believe this. Any person, regardless of profession or position, can make a report to the relevant authority.

The laws and regulations of each state and territory declare that certain professionals must report abuse when, in the course of their professional duty, they believe that a child is in need of protection.

Watch this video about reporting child abuse according to policies and procedures.



Cultural and parenting differences

Some harmful situations may occur due to lack of parental understanding or continuation of a cultural practice, rather than through parents deliberately placing their child at risk. Parental expectations regarding the treatment of children vary greatly across cultures, religions and societies. For example, you may meet parents who:

- ▶ are not aware of dangers in the home
- ▶ are unaware that young children must be supervised at all times
- ▶ use medical practices that seem harmful to the child
- ▶ are not clear on the difference between punishing their child and harming them
- ▶ expect unquestioning obedience as part of maintaining family harmony
- ▶ have no rules or guidelines in their home and expect children to make their own life decisions regardless of their age.

In these situations, you should provide parents with support and education where possible.

You may find yourself unsure whether to report a case of suspected abuse because cultural aspects are playing a part. Questions to ask yourself include:

- ▶ Is the practice viewed as abusive by cultures other than the one concerned?
- ▶ Does the practice place the child at risk of any harm?

If your efforts to communicate with parents do not improve the situation, you will need to report your concerns. You must always follow your organisation's guidelines for reporting abuse and remain non-judgmental.

How to make a report

If you determine that a child is at risk of abuse or is being abused and you need to make a report, take the following steps.

Don't delay	<ul style="list-style-type: none"> ▶ Never assume that someone else will make a report. ▶ Don't wait until you have more evidence – you will be advised as to whether you need more evidence at the time of reporting.
Identify the appropriate reporting agency	<ul style="list-style-type: none"> ▶ Contact the child protection service or department that deals with child abuse in your state or territory. ▶ You may need to involve a supervisor or another educator, depending on the situation. ▶ If you are not sure what to do, call the police for guidance.

To identify your state or territory authority for advice and support regarding child abuse and neglect, go to: <http://aspirelr.link/state-child-abuse-authority>

Your collaboration with the relevant agency will ensure your reporting is as effective as possible.

When you make a report, you may be asked to provide:

- ▶ the child’s name or a description of the child
- ▶ the name and/or description of the suspected abuser, including their relationship to the child, if known
- ▶ what you observed and any immediate concerns you have for the child’s safety
- ▶ any knowledge you have of suspected or known past abuse
- ▶ the names of any other witnesses
- ▶ a description of your relationship to the child.

You may be asked to add to the information you have provided by doing further observation or recalling past events. You may also be asked to discuss or add to the documented records you have provided, or you may need to fill in and submit forms and reports specified by the agency.

In some states and territories you may be involved with an inter-agency body, which has the role of working with all services relating to a particular case. They may be responsible for coordinating actions or events, and your involvement may include meeting with an agency or an inter-agency body to support a child’s needs.

Try to be as prepared as possible, and provide all the information required regarding your concerns.

Risk of harm

While abuse relates to any action that is inflicted, harm is about the effect this abuse will leave in both the short and long term.

To identify the risk of harm to a child, you can apply a risk assessment approach. Consider:

- ▶ the level of harm or abuse that has been inflicted on the child (for example, is it simply bruises or is it life-threatening?)
- ▶ the level of impact or effect this harm is having on the child (for example, does the child appear unaffected or are they traumatised?)

The resulting outcome provides you with a picture of the abuse occurring and the level of intensity or response that should follow.

The risk of harm identified supports your decision to report. For example, if the level of abuse is low and the level of impact is low, you might choose to gather further evidence prior to reporting. If the level of abuse is high and the level of impact is high, you should report it immediately.

Practice task 4

1. Access the document ‘Mandatory reporting of child abuse and neglect’ on the Australian Institute of Family Studies website: <http://aspirelr.link/mandatory-reporting-child-abuse>

Locate Table 2 and your relevant state or territory, and record who must make a notification if they believe a child is being abused or is at risk of abuse.

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2. Obtain a copy of an organisational policy. Record your obligations for reporting abuse and the references this policy is based on; for example regulations, standards, mandatory reporting legislation.

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3. Access your state or territory’s legislation relating to child protection and child abuse. Record the principal Act and two other relevant Acts in relation to child protection. You can find this information at your organisation or via the Australian Institute of Family Studies website: <http://aspirelr.link/child-protection-legislation>

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4. The Department of Human Services Victoria suggests that you include the following in a report. Provide an example in the column provided, ensuring your example is non-judgmental. This can be an imaginary case.

Information to include in a report	Details	Your example
Person at risk	The child’s name, age and address	
Indicators of harm	The reason for believing that the injury or behaviour is the result of abuse or neglect	

Information to include in a report	Details	Your example
Reason for reporting	The reason why the report is being made	
Risk of harm	Assessment of immediate danger to the child	
Description	Description of the injury or behaviour that has been observed	
Child's whereabouts	The current whereabouts of the child	
Other services	Your knowledge of other services involved with the family	
Family information	Any other relevant information about the family	
Cultural characteristics	Any specific cultural or other details that will help to care for the child – for example, cultural origins, interpreter or disability needs	

Summary

- ▶ If you suspect a child is being harmed or is at risk of harm, it is essential to keep accurate and objective records.
- ▶ All instances of possible harm should be recorded.
- ▶ Be prepared to report possible situations of harm as part of your advocacy role.
- ▶ All educators have a duty to report harm if they identify it or have reasonable grounds for concern.
- ▶ Child protection agencies can provide support by giving you specific guidelines for reporting child abuse.
- ▶ All organisations must have policies and procedures in place to ensure that children are protected and that reports meet legal and ethical guidelines.

Learning checkpoint 2

Reporting risk of harm

Read the case study, then answer the questions that follow.

Case study

Ronald, an educator, has noticed some bruising and burns on Caleb. Ronald has not noticed any issues prior to this occasion, but suspects that Caleb is being abused by his mother, so he decides to document his observations.

Child's name: Caleb

Date: 19.02.18

Recorded by: Ronald McDougall

Caleb fell over in the mud today and he needed to change his clothing. I helped him to do this, providing pants and a clean shirt. When Caleb removed the dirty clothing I could see that he had a dark bruise approximately 10cm long and 2 cm wide on his lower back. Just above this bruise was a small blister that looked like a round burn. I asked Caleb what had happened and he said it was an accident, then he turned away and wouldn't talk any more. I think someone has told Caleb not to talk about the injuries.

Ronald makes the following recording the next day.

Child's name: Caleb

Date: 20.02.18

Recorded by: Ronald McDougall

This morning I heard Caleb's mum telling another parent that she goes out to a bar most nights and that she is bored being home alone with Caleb. Today she also yelled at Caleb as he didn't remember whether they had turned the lights off before they came this morning. When she was yelling, Caleb hid his face and stepped backward away from his mum. I think Caleb's mum is hurting him because she is bored at home with him.

Ronald decides to make a report to his state child protection authority. As he sits down to collate his observations, the following thoughts are running through his mind:

- Caleb's mum isn't talking to me as much as usual, maybe she knows I am aware of what she has done to Caleb.
- Caleb's mum smokes cigarettes and the burn on Caleb's back was caused by a cigarette.
- Caleb's mum should never have had children.

1. What information has Ronald included that is not specific to the circumstances and is judgmental?

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2. Explain why Ronald should not include these thoughts in his report.

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3. What risk of harm indicators would Ronald report?

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4. In accordance with your organisational policy and state or territory legislation, what should Ronald do next? Check a relevant policy and describe how it supports your response.

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5. What agency in your state or territory would you contact to report suspected abuse? Create an information sheet that includes the names and contact details.

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Topic 3

In this topic you will learn about:

- 3A Providing a safe environment**
- 3B Applying a code of ethics**
- 3C Maintaining professional boundaries**

Applying ethical and nurturing practices

Protecting the rights of children begins by meeting their physical and emotional needs. The quality of supervision and support a child receives is influenced by each educator the child is in contact with. As an advocate for children, ensure that every educator is working in an ethical and nurturing manner.

The following table maps this topic to the National Quality Standard and both national learning frameworks.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
	Quality Area 5: Relationships with children
	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
✓	Secure, respectful and reciprocal relationships
	Partnerships
	High expectations and equity
	Respect for diversity
	Ongoing learning and reflective practice
Practice	
	Holistic approaches
	Responsiveness to children
	Learning through play
	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
	Assessment for learning
	Holistic approaches
	Collaboration with children
	Learning through play
	Intentionality
	Environments
	Cultural competence
	Continuity and transitions
	Evaluation for wellbeing and learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

3A Providing a safe environment

You must provide a healthy and safe environment for all children. Maintaining this expectation minimises any potential for harm and ensures incidents are kept to a minimum.

Common incidents that pose a risk to children:

- ▶ The late pick-up of a child
- ▶ An accident or emergency involving the parent
- ▶ An intoxicated person picking up a child
- ▶ A person who has a restraining order against them arriving to pick up a child

If you know certain family details, such as who is authorised to collect each child, you will be able to solve many issues. You may find the information you need by reading:

- ▶ legislation; for example, a child under 15 is not authorised to pick up a child
- ▶ supervision or custody orders
- ▶ emergency contact forms
- ▶ parent permission notes.

This information may be received from:

- ▶ licensing authorities
- ▶ your organisation or supervisor
- ▶ courts of law
- ▶ the police.



If you let a child leave your organisation with an unauthorised person, your duty of care to the child would be challenged and you may be held accountable not only for the unauthorised release, but for any issue or incident that occurs after the child's release.

If you release a child into the custody of an adult who has authority but is not in a fit state to care for the child, you may also be held accountable for any incident that occurs. This does not mean that you must take full control of a child's release into another person's care; it means that you must take all steps possible to ensure the child is in the care of the right person and that this person is fit to care for the child.

You must act responsibly in all situations that involve children. Create and maintain good relationships with parents and significant others so that when you are faced with unusual situations, you will be equipped to act in the best interests of the child.

Example

Ensuring authorised release

As a new staff member, Simone doesn't know many parents yet, so she makes a point of introducing herself when children are dropped off. Simone notices that children are often dropped off and picked up by different people.

One afternoon, a man enters reception and starts to sign the departure book. Gloria runs to him and gives him a hug. Simone sees that they know each other, and that the man understands the centre's procedure, but she is not certain if he is authorised to pick up Gloria.

Simone could ask another staff member if they know the man, but there is no one available, so instead she approaches the man and introduces herself. He responds by saying he is Arthur, Gloria's uncle, and that he picks Gloria up on Fridays. Simone explains that she is new to the service and asks if it is okay to see some identification. Arthur is pleased to do this and shows Simone his driver's licence. Simone then checks Gloria's records and finds that Arthur is on the permission list. She thanks Arthur, and he and Gloria leave the organisation.

Practice task 5

Read the case study, then answer the questions that follow.

Case study

Rodriguez is one of the last staff members left at the centre. Eva's mum Helen arrives to pick her up at the usual time, but tonight Rodriguez notices that Helen smells of alcohol, is a bit giggly and is a little unsteady on her feet.

Rodriguez has a good relationship with Helen and feels comfortable asking what she has been up to. Helen tells him that there was a farewell party at work and she had a few drinks. Rodriguez says it looks like she enjoyed herself. He suggests that he calls Helen a taxi, but Helen disagrees. Rodriguez reminds Helen that if something goes wrong during the drive home she would be devastated, and could lose her licence. Helen thinks for a minute and then agrees that calling a taxi is a good idea.

Rodriguez makes Helen a coffee and they chat about the party while they wait for the taxi to arrive.

1. Why was Rodriguez concerned about Helen picking Eva up?

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2. Did Rodriguez do enough to uphold his duty of care?

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3B Applying a code of ethics

A code of ethics is a written set of guidelines that those in professional roles can use to protect the rights of children and young people. Educators can use guidelines to help them:

- ▶ understand which behaviours by adults must not be supported
- ▶ maintain standards of practice
- ▶ protect children who are powerless and vulnerable
- ▶ make decisions when faced with ethical dilemmas.



Ethical dilemmas

An ethical dilemma is a situation in which there is a conflict with your moral responsibilities. Usually there are two or more possible solutions, but it is not easy to decide which way to go.

You may be faced with an ethical dilemma in the following situations:

- ▶ You believe there is something wrong in a situation.
- ▶ Each choice of action has a negative or difficult consequence.
- ▶ The issue is not resolved using legal guidelines.
- ▶ The issue affects people, relationships and/or people's rights.

The following ethical dilemmas are common in education and care services, and can be major sources of stress:

- ▶ A parent asks you to keep her child awake all day so he sleeps better at night. You know the child gets really tired and grumpy after lunchtime and really needs a nap.
- ▶ You hear your supervisor making hurtful remarks to children when parents are not around.

Always seek supervisor support for any issues that you are unsure about.

The ethical dilemmas outlined above relate to the difficulty you would have in making a decision out of two choices. In the first example, you may feel that it is in the best interests of the child to have a nap after lunch, yet this is going against the mother's wishes. In the second example, you know that the comments are upsetting the children and staff, but you don't feel confident about confronting your supervisor.

A code of ethics does not provide the answers to ethical dilemmas, but it does provide useful guidelines for appropriate behaviour. You may find that in many situations there are no clear right or wrong answers.

You may not always be surrounded by adults who are role models for ethical practice, so you must develop your own ethical principles to guide you. Keep the following in mind:

- ▶ When in doubt, put the child's welfare first.
- ▶ Respect every family's right to privacy.
- ▶ Consider situations from other people's points of view.
- ▶ Support and assist your team members.
- ▶ Do not discuss your workplace or the people in it with unauthorised people.

Remember that an ethical dilemma is about having two equally concerning choices. If you are too afraid to act or don't care for an outcome, this is another issue.

Tips for solving ethical dilemmas

Early Childhood Australia (ECA) is the peak early childhood advocacy organisation. It acts in the interests of young children, their families and those in the early childhood field. ECA has developed a code of ethics, which provides a basis for critical reflection, a guide for professional behaviour and the principles to inform individual and collective decision-making. You can access the ECA code of ethics at this website: <http://aspirelr.link/eca-code-of-ethics>

As most ethical dilemmas will involve you and a parent or colleague, it may be in your best interest to explain the situation to your supervisor or another senior staff member. If you follow this advice you will be:

- ▶ free from repercussions from the decision
- ▶ understood and hopefully supported
- ▶ preparing your supervisor if the situation is brought to them as a concern or complaint by the other party
- ▶ obtaining feedback to ensure your actions are appropriate.

The following are some tips for solving ethical dilemmas:

- ▶ Get the facts: Ensure you understand the situation and your options clearly.
- ▶ Identify who is involved and who may be affected by a decision.
- ▶ Identify who needs to make this decision: Is your judgment appropriate in this situation (consider the organisational policies and procedures) or should you report this to another staff member and have them solve the situation? Be aware that you may be asked to solve the issue independently.

If you are expected to solve an ethical dilemma, use these guidelines before implementing your decision.

Determine what options you have for resolution

- ▶ Use the ECA's Code of Ethics as guidance and draw on your general knowledge of the people and situations concerned.

Determine which options most respect everyone's rights

- ▶ Parents have the right to make decisions about their children and educators must show respect by implementing these decisions where possible.
- ▶ Refer to your organisational policies and procedures for guidance.

Determine which options are fair

- ▶ Consider the outcomes of any situation and how the decision may affect long-term relationships, such as the element of trust.

Determine which options demonstrate your values and organisation’s values

- ▶ Are you comfortable with making that decision?
- ▶ If a respected colleague asked what you did, would you feel you made the right choice?

Practice task 6

1. Identify **three** ethical concerns that you might face. Outline what the ethical concern is and why it concerns you. You may use a table similar to the following.

What is your ethical concern?	Why are you concerned about this situation?

2. Who would you report to if you had an ethical concern?

.....

.....

3C Maintaining professional boundaries

You will get to know the children and parents who visit your service, and develop close relationships with them. When friendship, caring and affection are involved, some educators find it difficult to clarify and maintain professional boundaries. As an educator, you must be clear about what is appropriate in terms of:

- ▶ how you share information
- ▶ what information you share and receive
- ▶ how you interact with others.



You must find a balance between becoming over-involved and under-involved with children and their family members. This middle ground, known as the zone of helpfulness, ensures your relationship is flexible and exists within the expected boundaries.

The following table describes how to work in accordance with professional boundaries.

Information and actions	In relation to adults	In relation to children
<p>Self-disclosure about personal problems or issues</p>	<p>Parents may wish to share their personal problems or issues with you to enable you to best support their child and family. They may view you as a responsible person they can confide in.</p> <p>You should keep your personal problems and issues to yourself. Never enlist a family member of a child to become your support person. If you need someone to talk to, approach your supervisor, a trusted person outside of your work, or make an appointment with a counselling service.</p>	<p>If children share their personal problems and issues with you, they most likely want you to help them solve the situation or listen to them.</p> <p>Children don't need to know about your problems or personal details as this may cause them to become stressed or fearful. They may even take responsibility for your feelings.</p>

Information and actions	In relation to adults	In relation to children
<p>Drawing on your own life experience to show empathy</p>	<p>You must be careful to keep the parent’s situation the priority in your discussion rather than overshadowing it with your own story or experiences.</p> <p>When people experience difficult situations they are engrossed in their own feelings and, unless your experience is very similar, it will not relate well; it will just seem as if you think your experience is more important.</p> <p>It is better not to reveal too many personal details; remember that the person you are speaking to may not keep the information confidential.</p>	<p>When children share difficult life experiences, your first priority is to listen actively.</p> <p>If the child’s experience links with a situation you have experienced, you must carefully consider whether it is appropriate for you to share this with them.</p> <p>If you do decide to share your story, make sure it has a positive message that will encourage the child, not distress them.</p>
<p>Personal intimacy</p>	<p>Parents and other educators may encourage you to become closer to them. Professional boundaries allow for a trusting and friendly relationship. When you extend the relationship outside these boundaries, there can be negative consequences.</p> <p>For example:</p> <ul style="list-style-type: none"> ▶ you may make your co-workers feel uncomfortable or less favoured ▶ you may end up having a personal dispute with the family, causing wider service issues ▶ your personal information may be divulged. <p>If you cross the boundaries between professional boundaries and personal intimacy, you will involve yourself in a variety of service and family issues that may not be easily resolved.</p>	<p>It is expected that you have a friendly and caring relationship with children. For some educators this relationship will be very close and may include close physical contact.</p> <p>Many educators find the boundaries between close physical contact and inappropriate physical contact difficult to define. Sometimes it is the child who is overstepping the boundaries rather than the adult.</p> <p>Seek advice from your supervisor and co-workers to help you find an appropriate balance between caring and professionalism.</p>

Practice task 7

1. Read the following situations and identify whether these actions are within professional boundaries, or if they are inappropriate and you need to stop them from happening. Explain your responses.
- a. A parent arrives in the morning and tells you that they have been made redundant and they need to sell their car. You start to tell them how your dad was made redundant last year and go on to reveal all the details of his situation and how difficult it was.

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- b. A child is very physical in expressing their affection for others and at times uses inappropriate actions to let others know that they care. Today you are reading a story and the child comes to sit beside you. The child starts rubbing your arm, then your back, and then starts rubbing your stomach.

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- c. A child tells you that they are worried about their brother as he was smoking cigarettes yesterday. You tell the child that maybe it was just one time and that when you were his age you did the same thing.

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- d. A child tells you that their parents are fighting a lot. You listen and ask about how the child is feeling.

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- e. You get on well with a family in the service and one day they invite you to a barbecue. You go, and over time you make close friends with the family and see them on weekends and after work. After some months you find out that one of the family members has told another person some negative information about you. You have an argument with this person and they start to tell other parents that you are an unfit educator.

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- f. You walk into the nappy change area and a staff member is touching a child's genitals. She says to you, 'He is different from my son'.

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Learning checkpoint 3

Applying ethical and nurturing practices

Part A

Read the case study, then answer the questions that follow.

Case study

You are annoyed at a staff member's open hostility and harshness towards the children when you and she are working alone. The staff member gives special treatment to her grandchild who is also in the room. When a supervisor comes into your area, the staff member puts on a sweet-voiced, child-focused approach.

1. Explain why there is a breach of professional boundaries.

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2. Explain what the issue is and why this is an ethical dilemma.

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3. Who should you inform?

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4. Which statement from the Code of Ethics does this scenario relate to in relation to colleagues?

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5. What is one action you may take if faced with the scenario?

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Part B

Read the case study, then answer the questions that follow.

Case study

You are told by a child that another educator has touched them in a private place and they didn't like it.

1. Explain why this may be an ethical dilemma.

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2. Which statement from the Code of Ethics does this scenario relate to in relation to children?

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3. What is one action you may take to deal with this situation?

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