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| Compliance and enforcement policy |
| Child Safe Standards Regulator (Health) – January 2023 |
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Contents

[Purpose 4](#_Toc115101263)

[Glossary 4](#_Toc115101264)

[Context 5](#_Toc115101265)

[Authorising environment 5](#_Toc115101266)

[Regulated organisations 5](#_Toc115101267)

[Co-regulation 6](#_Toc115101268)

[Meeting the standards 7](#_Toc115101269)

[Our approach 9](#_Toc115101270)

[Outcomes focused 9](#_Toc115101271)

[Risk based 9](#_Toc115101272)

[Proportionate 12](#_Toc115101273)

[Regulatory actions and tools 13](#_Toc115101274)

[Education and guidance 14](#_Toc115101275)

[Assisted compliance 15](#_Toc115101276)

[Proactive compliance 15](#_Toc115101277)

[Graduated sanctions 16](#_Toc115101278)

[Full force of the law 17](#_Toc115101279)

[Reviews 18](#_Toc115101280)

[Appendix A: Child Safe Standards 19](#_Toc115101281)

# Purpose

This policy describes the Child Safe Standards Regulator (Health)’s compliance and enforcement approach as the regulator of the Child Safe Standards[[1]](#footnote-2) in the health sector.

| Compliance and enforcement |
| --- |
| In this policy, **compliance** means meeting legal requirements and obligations under relevant Acts, Regulations and Standards administered by the Regulator. Compliance is an ongoing process. Organisations regularly assess their risk of not complying and try to improve their methods and practices to address those risks.**Enforcement** is the Regulator’s response to non-compliance. The Regulator can use guidance, authority and statutory powers. |

## Glossary

|  |  |
| --- | --- |
| Term used in policy | Meaning |
| (The) Act | *Child Wellbeing and Safety Act 2005* |
| (The) Commission | Commission for Children and Young People |
| Organisation | In this policy, the term organisationmeans relevant entity. |
| (The) Regulations | Child Wellbeing and Safety Regulations 2017 |
| (The) Regulator | Child Safe Standards Regulator (Health).The Child Safe Standards Regulator (Health)within the Department of Healthadministers the legislation on behalf of the Secretary. |
| Relevant entity | Health sector organisations, businesses, service providers or groups that provide facilities or services, or work or volunteer with children. |
| (The) Standards | Child Safe Standards. |

# Context

## Authorising environment

The Regulator is responsible for administering the Standards on behalf of the Secretary of the Department of Health, a prescribed ‘sector regulator’ of the Standards for ‘relevant entities’. See [Regulated organisations](#_Regulated_organisations) for a list of the type of health organisations that must meet the Standards.

The Regulator operates under the following legislation and subordinate instruments:

* *Child Wellbeing and Safety Act 2005*
* Child Wellbeing and Safety Regulations 2017
* Child Safe Standards.

The Regulator has the following functions and powers around the Standards:

* Provide education, information and advice on the Standards to promote consistency in child safety outcomes.
* Investigate, monitor and enforce compliance with the Standards.
* Collect, analyse and publish information and data on compliance with the Standards. Give that information and data to the Commission as needed.
* Promote continuous improvement in child safety, preventing abuse and responding properly to child abuse allegations.
* Work collaboratively with the Commission, sector regulators and integrated sector regulators on child safety and meeting the Standards.
* Exchange information and work with people and bodies on child safety and Standards compliance.

## Regulated organisations

In Victoria there are around 500 prescribed in-scope health organisations that must meet the Standards (unless exempt),[[2]](#footnote-3) as specified under Schedule 1 of the Act.

The organisations include:

* an applicable entity that operates a maternal and child health centre
* a hospital listed as a public hospital in Schedule 1 of the *Health Services Act 1988*
* a public health service, as defined in the *Health Services Act 1988*
* a hospital listed as a denominational hospital in Schedule 2 of the *Health Services Act 1988*
* an applicable entity that operates a private hospital, as defined in the *Health Services Act 1988*
* an applicable entity that operates a day procedure centre, as defined in the *Health Services Act 1988*
* a multipurpose service, as defined in the *Health Services Act 1988*
* a registered community health centre, as defined in the *Health Services Act 1988*
* a mental health service provider, as defined in the *Mental Health Act 2014*
* an applicable entity that gets funding under a state contract to provide drug or alcohol treatment services.

## Co-regulation

### Sector regulators and integrated sector regulators

The Act shares responsibility for administering the Standards between:

* the Commission
* sector regulators
* integrated sector regulators.

**Sector regulators** have specific knowledge of the relevant entities that they regulate. They have the primary role in promoting, monitoring and enforcing compliance with the Standards. The Regulator and the Commission are sector regulators.

Sector regulators use powers and functions in the Act to monitor and enforce compliance with the Standards.

Other sector regulators include:

* Secretary of the Department of Families Fairness and Housing
* Wage Inspectorate Victoria.

**Integrated sector regulators** monitor and enforce the Standards using powers in their primary legislation. They also have added powers under the Act.

The integrated sector regulators are:

* Department of Education and Training
* Victorian Registration and Qualifications Authority.

Sector regulators and integrated regulators are responsible for their own prescribed relevant entities. Some organisations or bodies that provide services (such as a local council) may deal with several regulators. For example, a council may provide:

* maternal and child health services – regulated by the Regulator
* early childhood education services – regulated by the Department of Education and Training.

In these instances, regulators have powers to share information and coordinate compliance activities. This is to ensure their regulatory approaches are consistent and to avoid duplication.

### Commission for Children and Young People

The Commission has a statewide leadership and oversight role in administering the Standards. The Commission publishes information for organisations across all sectors on how to create a child safe environment. It gives practical guidance on putting the Standards in place, including compliance indicators, case studies, tools and templates.[[3]](#footnote-4)

Within the Commission, the Commissioner for Aboriginal Children and Young People is a major source of information and guidance for Standard 1:

‘Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued’.

The Commission works with peer regulators to ensure consistency of compliance and enforcement approaches. It is a key source of intelligence about organisations, emerging child safety issues and systemic risks.

The Commission is the default regulator for any organisation not covered by another sector regulator or integrated sector regulator.

### Collaboration and referrals

The Regulator collaborates, shares information and makes referrals with peer regulators and other authorities to:

* increase effectiveness
* use resources efficiently
* reduce regulatory burden on organisations.

Other regulators refer notifications and incidents to the Regulator for follow-up when it has primary jurisdiction.

Notable partners in co-regulating the Standards for health organisations include the following.

#### Victoria Police

If the Regulator becomes aware of criminal conduct or suspected criminal conduct, they must report it to the police.[[4]](#footnote-5) The Regulator liaises with the police and shares information to support child safety.

#### Department of Health program areas

The Regulator shares intelligence and discloses lawful information with areas that co-regulate, provide oversight and administer funds to organisations.

#### Child Protection

The Regulator reports to Child Protection when it reasonably believes that:

* a child has suffered or is likely to suffer significant harm from abuse or neglect, **and**
* the parent has not or is unlikely to protect them from such harm.[[5]](#footnote-6)

## Meeting the standards

The Standards are mandatory for in-scope organisations. There can be legal consequences for organisations that do not comply.

Organisations must meet certain outcomes to show they comply with the Standards.

Each Standard includes minimum requirements. These describe things organisations must put in place including specific:

* actions
* strategies
* operational policies and practices
* governance arrangements.

The Standards and minimum requirements are listed in **Appendix A: Child Safe Standards**.

Organisations vary in size, structure, diversity and range of services. Each organisation must implement the Standards in a way that is appropriate for them.

The Standards drive cultural change within organisations so that protecting children from abuse is embedded in everyday thinking and practice. The aim is to ensure that:

* the safety of children is promoted
* child abuse is prevented
* allegations of child abuse are properly responded to.

Creating a child safe organisation is not a ‘set and forget’ exercise. The outcomes focus of the Standards means organisations must continuously adapt to address new and emerging risks to children and young people.

# Our approach

The Commission has a leadership role in driving consistency in regulatory approaches by Victorian sector regulators and integrated sector regulators. The Regulator has adopted policies and practices in line with the Commission’s regulatory approach.

## Outcomes focused

The Regulator’s approach to regulating health sector organisations is driven by outcomes. These inform its regulatory processes and decision making.

### Regulatory outcomes

* Children are safe from abuse and harm. They feel empowered and respected when accessing health services.
* Organisations actively promote child safety and wellbeing through their governance and operations. It is embedded in the everyday thinking and practice of their leaders, staff and volunteers.
* Organisations identify and address risks to children. They act on complaints and respond properly to allegations of abuse.
* The Regulator’s enforcement measures to address non-compliance are timely, appropriate and proportionate.
* The Regulator, peer regulators and other authorities work together to share information, coordinate regulatory responses and reduce burden for organisations.
* The Regulator's compliance data and insights contribute to sector-wide improvements and broader government policy reforms.

## Risk based

The Regulator takes a risk-based approach in all its regulatory functions and operations.

Identifying and assessing risk allows the Regulator to:

* provide relevant education, guidance and tools to organisations
* plan proactive compliance monitoring activities to reduce the risk of harm
* respond to non-compliance with graduated and proportionate enforcement action
* prioritise regulatory effort for efficiency and impact.

### Sources of information or intelligence

The Regulator uses intelligence from a range of sources about actual or potential non-compliance and harm to children. It updates and analyses data to identify trends and emerging risks.

Information and data come from:

* the Regulator’s compliance activities
* the Commission, sector regulators and integrated sector regulators
* complaints or reports directly from service users or the public
* reports or referrals from Department of Health program areas
* reports or referrals from Victoria Police and other government regulators, authorities and agencies
* reports from organisations.

Peer regulators refer notifications about non-compliance to the Regulator where it has the lead.

Concerns about the Standards may be identified through other child safety schemes, such as the Reportable Conduct Scheme, and worker screening and registration schemes. These concerns may also be referred to the Regulator.

### Risk assessment

Risk is assessed by considering the consequence and likelihood of harm to children and not meeting the Standards.

**Consequence** of a risk is what may happen.

To assess consequence, the Regulator considers:

* the nature of the risk
* the type of harm that has or could happen – for example, physical, emotional or psychological injury to a child
* the severity of the actual or potential harm and how it affects children.

Example consequences are listed in Table 1. Consequence may be rated minor, moderate or major.

Table 1: Example risk consequences

| **Example risk** | **Example consequence** |
| --- | --- |
| Racist behaviour, prejudice or intolerance for diversity | Emotional or psychological harm to children and their families |
| An organisational culture that does not take children’s opinions and preferences about their health treatment seriously | Children feel disempowered, ignored or abused |
| Failure to complete worker screening checks, as required under Standard 6.2[[6]](#footnote-7) | Organisations hire unsuitable workers who may abuse or harm children |
| Failure to manage complaints effectively, as required under Standard 7.3[[7]](#footnote-8) | * Serious or systemic issues are ignored
* Children suffer ongoing abuse
* Organisations do not identify opportunities to improve services
 |

**Likelihood**is how likely it is that the risk will happen.

To assess likelihood, the Regulator considers situational, organisational and vulnerability risks. These factors relate to:

* types of services an organisation provides
* an organisation’s compliance history, governance and operational practices
* characteristics of the children using the services.

Factors affecting the likelihood of risk are listed in Table 2.

Likelihood may be rated unlikely, likely or certain.

Table 2: Likelihood factors

| **Risk type** | **Likelihood factors** |
| --- | --- |
| Situational | Health services may have higher levels of situational risk if they provide more opportunities for abuse or harm to occur.This could relate to:* nature and location of the service
* amount of physical contact between adults and children
* if there are opportunities for close relationships or dependencies to develop between adults and children over time
* if children are away from their parents or guardians for extended periods while receiving health services.
 |
| Organisational | An organisation’s structure, resources, practices and compliance history affect the risk of harm.For example, a lack of resources or capability in an organisation may increase the likelihood that:* policies and procedures are not documented or are not adequate
* risks are not identified or are poorly managed.

There may be a greater likelihood of not meeting the Standards (and higher risk of harm to children) in an organisation with a history of:* non-compliance
* incidents of abuse
* poor responses to regulatory action
* active resistance to engagement with the Regulator.
 |
| Vulnerability | The characteristics of the children using the organisation’s services may change the risk of harm occurring.An organisation may have higher risks if the children and young people using the services have characteristics that increase their vulnerability. This could include:* Aboriginal and Torres Strait Islander young people
* young people with disability or complex communication needs
* young people from culturally and linguistically diverse backgrounds
* young people who identify as lesbian, gay, bisexual, trans and gender diverse, intersex, queer and/or questioning
* young people living with trauma
* young people with drug or alcohol dependency
* young people experiencing homelessness
* young people with limited family or advocate support.
 |

An overall risk rating is determined by comparing the consequence rating to the likelihood rating. See Table 3.

The risk rating determines the urgency of the Regulator’s response and what type of regulatory action is most appropriate.

Table 3: Risk assessment matrix

|  |  |  |  |
| --- | --- | --- | --- |
| Consequence | Likelihood: Unlikely | Likelihood: Likely | Likelihood: Certain |
| **Minor** | **Low** | **Low** | **Medium** |
| **Moderate** | **Low** | **Medium** | **High** |
| **Major** | **Medium** | **High** | **High** |

## Proportionate

Based on the risk rating, the Regulator takes a proportionate approach to allocating effort and resources. This lets it focus attention where it is most needed.

The Regulator uses the risk rating to determine the most appropriate and effective regulatory action for the situation. The action can range from education and guidance, to applying the full force of the law.

The Regulator uses actions, tools and sanctions that best fit the risk or harm it is addressing.

# Regulatory actions and tools

The Regulator uses a range of proactive and responsive measures and statutory tools to deal with risk and non-compliance.

Figure 1 shows the Regulator’s range of activities and escalating forms of enforcement action.

The Regulator may use lower levels of intervention, like **education and guidance** and **assisted compliance** when:

* the risk of harm or non-compliance is **low**
* an organisation tries to meet the Standards and willingly works with the Regulator
* an organisation has a history of isolated or minor non-compliance, complaints or issues.

The Regulator may use moderate levels of intervention, like **proactive compliance** and **graduated and proportionate sanctions**,when:

* the risk of harm or non-compliance is **medium**
* an organisation does not meet the Standards and does not cooperate fully with the Regulator
* an organisation has a history of repeated or moderate non-compliance, complaints or issues.

The Regulator may use the highest level of intervention, such as **full force of the law**,when:

* the risk of harm or non-compliance is **high**
* an organisation deliberately breaches the Standards or hinders the Regulator
* an organisation has a history of repeated or serious non-compliance, complaints or issues.

Figure 1: Regulatory activities and compliance tools



## Education and guidance

Education and guidance play an integral role in creating organisational culture change, and embedding child safety in everyday thinking and practice.

The Regulator develops guidance to help health organisations understand the Standards and put them in place successfully.

This is on top of the general educational material the Commission gives entities across all sectors.

The Regulator collects data and analyses compliance trends in the health sector to identify where the risk of harm is greater. It tailors guidance and educational tools to address these areas of concern.

The Regulator uses the following education and guidance tools:

* general information and resources on its website
* fact sheets, tools and templates
* general verbal or written guidance
* stakeholder information sessions.

Organisations are also expected to proactively seek information to:

* improve their understanding of the Standards
* improve their understanding of risks in their environment
* remain up to date with changing sector practices for child safety.

## Assisted compliance

Assisted compliance is a form of regulatory intervention that does not involve punishment. It may be appropriate when the risk is low and an organisation is proactive in improving its compliance.

An organisation may reach out to the Regulator first by:

* making enquiries about implementing the Standards
* requesting specific advice on compliance matters.

The Regulator may contact an organisation if:

* it gets a referral or intelligence from other authorities
* the Regulator’s data analysis suggests there may be higher compliance risks.

The Regulator uses the following assisted compliance tools:

* letters, emails or phone calls to discuss specific compliance concerns
* meetings or voluntary site visits.

The Regulator recognises that most organisations want to provide a child safe environment and follow the law. They may not have the expertise or resources to put the Standards in place effectively. In these cases, the Regulator may give them compliance advice to improve their performance and outcomes for child safety.

Compliance advice from the Regulator is not an order for the organisation to complete specific actions. It suggests approaches and practical measures they can take to meet their obligations. The organisation is always responsible for following the Standards.

Advice from the Regulator does not give an organisation any extra rights or defences if there is alleged non-compliance. If the Regulator takes enforcement action, it will look at how well the organisation has followed the Regulator’s advice.

## Proactive compliance

All in-scope organisations may be subject to compliance monitoring. The Regulator combines its own compliance data with data and information from:

* peer regulators
* law enforcement authorities
* government agencies
* service users
* the public.

The Regulator uses this information to build a risk profile for the health organisations it regulates. It then decides the level, frequency and focus of proactive monitoring activities.

Organisations with a lower risk profile are likely to need less oversight and compliance monitoring.

Organisations with a higher risk profile may receive more scrutiny in how they are meeting the Standards.

The Regulator uses these proactive compliance tools:

* desktop compliance reviews
* requests for information or documents
* investigations
* on-site inspections and assessments
* independent reviews.

### Authorised officers

The Regulator’s authorised officers play an important role in conducting compliance activities.

Authorised officers are appointed under section 27(1) of the Act. Their front-line regulatory duties include:

* providing education and advice
* monitoring and investigating compliance
* taking enforcement action when non-compliance is found or suspected.

Authorised officers may enter premises to conduct inspections and assess compliance with the Standards under the Act. Organisations must help authorised officers with this.

## Graduated sanctions

When non-compliance is found, the Regulator can use a range of statutory tools or sanctions. In line with its regulatory approach, the Regulator’s use of statutory tools is risk-based, proportionate and driven by outcomes.

Table 4 lists possible sanctions or tools the Regulator can use.

Table 4: Possible sanctions

| Sanction | Description |
| --- | --- |
| Notice to produce | A written notice that makes an organisation produce specified documents or information by a specified date or face possible enforcement action. |
| Notice to comply | A written notice that makes an organisation take specified actions to address non-compliance by a specified date or face possible enforcement action. |
| Official warning | Issued when the Regulator suspects an organisation has:* not followed a notice to produce or a notice to comply
* not met the Standards
* has committed (or is committing) an offence specified in the Act.

The warning explains that they may face an enforcement action because of their non-compliance or offending. |
| Infringement notice | A financial penalty issued to an organisation that the Regulator reasonably believes has committed a prescribed offence.This can include failing to:* help an authorised officer
* follow a notice to produce or comply.

An infringement notice allows matters to be dealt with by payment of a fine, rather than through court proceedings. |
| Enforceable undertaking | A binding, formal commitment an organisation voluntarily enters into with the Regulator. They agree to complete specific actions within an agreed timeframe.This can be a constructive alternative to civil or criminal proceedings. If the organisation does not meet these commitments, it may face penalties. |

## Full force of the law

The Regulator may bring proceedings for an offence under the Act or Regulations or apply to a court for a range of orders.

Table 5 lists possible legal consequences.

Table 5: Possible legal consequences

| Legal consequence | Description |
| --- | --- |
| Enforcement of an undertaking | A court may enforce an undertaking where an organisation has failed to follow an enforceable undertaking. This includes:* an order to comply
* an order to complete specified actions
* an order that the enforceable undertaking is no longer in force.
 |
| Civil penalty | A court may order an organisation to pay a financial penalty for not following a notice to produce or comply.  |
| Criminal prosecution | The Regulator may start criminal proceedings if it is considered the most effective and appropriate option to address the:* seriousness of the offence
* level of risk or harm from the offence
* culpability of the organisation involved.
 |
| Injunction | A court may grant an injunction when an organisation:* has not followed a notice
* has not met (or likely will not meet) the Standards.

The injunction may:* make an organisation complete specific actions
* stop an organisation from providing a service.
 |
| Interim injunction | A court may grant an interim injunction if the Regulator seeks urgent action to protect evidence or children who may be at risk. |
| Adverse publicity order | A court may order an organisation to publicise details of its offence or non-compliance. |
| Publish details ofnon-compliance | If it is in the public interest, the Regulator may publish details of non-compliance following a:* court conviction
* finding of guilt
* declaration that the organisation has not followed a notice.
 |

# Reviews

Under the Act, an organisation can ask the Regulator for an internal review of a decision to:

* issue a notice to produce or comply
* issue an official warning
* publish information.

The Regulator’s internal review process ensures that:

* regulatory decisions are fairly and independently assessed
* the applicant is told the outcome in a timely manner.

An organisation can apply to the Victorian Civil and Administrative Tribunal to review the Regulator’s decision to:

* issue a notice to comply
* publish information.

This can only happen after the decision has been internally reviewed by the Regulator.

# Appendix A: Child Safe Standards

To create and maintain a child safe organisation, a relevant entity must comply with the following 11 child safe standards.

Child Safe Standard 1

Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued.

In complying with Child Safe Standard 1, an organisation must, at a minimum, ensure:

* 1.1: A child’s ability to express their culture and enjoy their cultural rights is encouraged and actively supported.
* 1.2: Strategies are embedded within the organisation which equip all members to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal children and young people.
* 1.3: Measures are adopted by the organisation to ensure racism within the organisation is identified, confronted and not tolerated. Any instances of racism are addressed with appropriate consequences.
* 1.4: The organisation actively supports and facilitates participation and inclusion within it by Aboriginal children, young people and their families.
* 1.5: All of the organisation’s policies, procedures, systems and processes together create a culturally safe and inclusive environment and meet the needs of Aboriginal children, young people and their families.

Child Safe Standard 2

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

In complying with Child Safe Standard 2, an organisation must, at a minimum, ensure:

* 2.1: The organisation makes a public commitment to child safety.
* 2.2: A child safe culture is championed and modelled at all levels of the organisation from the top down and bottom up.
* 2.3: Governance arrangements facilitate implementation of the child safety and wellbeing policy at all levels.
* 2.4: A Code of Conduct provides guidelines for staff and volunteers on expected behavioural standards and responsibilities.
* 2.5: Risk management strategies focus on preventing, identifying and mitigating risks to children and young people.
* 2.6: Staff and volunteers understand their obligations on information sharing and recordkeeping.

Child Safe Standard 3

Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously.

In complying with Child Safe Standard 3, an organisation must, at a minimum, ensure:

* 3.1: Children and young people are informed about all of their rights, including to safety, information and participation.
* 3.2: The importance of friendships is recognised and support from peers is encouraged, to help children and young people feel safe and be less isolated.
* 3.3: Where relevant to the setting or context, children and young people are offered access to sexual abuse prevention programs and to relevant related information in an age-appropriate way.
* 3.4: Staff and volunteers are attuned to signs of harm and facilitate child-friendly ways for children and young people to express their views, participate in decision-making and raise their concerns.
* 3.5: Organisations have strategies in place to develop a culture that facilitates participation and is responsive to the input of children and young people.
* 3.6: Organisations provide opportunities for children and young people to participate and are responsive to their contributions, thereby strengthening confidence and engagement.

Child Safe Standard 4

Families and communities are informed, and involved in promoting child safety and wellbeing.

In complying with Child Safe Standard 4, an organisation must, at a minimum, ensure:

* 4.1: Families participate in decisions affecting their child.
* 4.2: The organisation engages and openly communicates with families and the community about its child safe approach and relevant information is accessible.
* 4.3: Families and communities have a say in the development and review of the organisation’s policies and practices.
* 4.4: Families, carers and the community are informed about the organisation’s operations and governance.

Child Safe Standard 5

Equity is upheld and diverse needs respected in policy and practice.

In complying with Child Safe Standard 5, an organisation must, at a minimum, ensure:

* 5.1: The organisation, including staff and volunteers, understands children and young people’s diverse circumstances, and provides support and responds to those who are vulnerable.
* 5.2: Children and young people have access to information, support and complaints processes in ways that are culturally safe, accessible and easy to understand.
* 5.3: The organisation pays particular attention to the needs of children and young people with disability, children and young people from culturally and linguistically diverse backgrounds, those who are unable to live at home, and lesbian, gay, bisexual, transgender and intersex children and young people.
* 5.4: The organisation pays particular attention to the needs of Aboriginal children and young people and provides/promotes a culturally safe environment for them.

Child Safe Standard 6

People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.

In complying with Child Safe Standard 6, an organisation must, at a minimum, ensure:

* 6.1: Recruitment, including advertising, referee checks and staff and volunteer pre-employment screening, emphasise child safety and wellbeing.
* 6.2: Relevant staff and volunteers have current working with children checks or equivalent background checks.
* 6.3: All staff and volunteers receive an appropriate induction and are aware of their responsibilities to children and young people, including record keeping, information sharing and reporting obligations.
* 6.4: Ongoing supervision and people management is focused on child safety and wellbeing.

Child Safe Standard 7

Processes for complaints and concerns are child focused.

In complying with Child Safe Standard 7, an organisation must, at a minimum, ensure:

* 7.1: The organisation has an accessible, child focused complaint handling policy which clearly outlines the roles and responsibilities of leadership, staff and volunteers, approaches to dealing with different types of complaints, breaches of relevant policies or the Code of Conduct and obligations to act and report.
* 7.2: Effective complaint handling processes are understood by children and young people, families, staff and volunteers, and are culturally safe.
* 7.3: Complaints are taken seriously, and responded to promptly and thoroughly.
* 7.4: The organisation has policies and procedures in place that address reporting of complaints and concerns to relevant authorities, whether or not the law requires reporting, and co-operates with law enforcement.
* 7.5: Reporting, privacy and employment law obligations are met.

Child Safe Standard 8

Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

In complying with Child Safe Standard 8, an organisation must, at a minimum, ensure:

* 8.1: Staff and volunteers are trained and supported to effectively implement the organisation’s child safety and wellbeing policy.
* 8.2: Staff and volunteers receive training and information to recognise indicators of child harm including harm caused by other children and young people.
* 8.3: Staff and volunteers receive training and information to respond effectively to issues of child safety and wellbeing and support colleagues who disclose harm.
* 8.4: Staff and volunteers receive training and information on how to build culturally safe environments for children and young people.

Child Safe Standard 9

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

In complying with Child Safe Standard 9, an organisation must, at a minimum, ensure:

* 9.1: Staff and volunteers identify and mitigate risks in the online and physical environments without compromising a child’s right to privacy, access to information, social connections and learning opportunities.
* 9.2: The online environment is used in accordance with the organisation’s Code of Conduct and child safety and wellbeing policy and practices.
* 9.3: Risk management plans consider risks posed by organisational settings, activities, and the physical environment.
* 9.4: Organisations that contract facilities and services from third parties have procurement policies that ensure the safety of children and young people.

Child Safe Standard 10

Implementation of the Child Safe Standards is regularly reviewed and improved.

In complying with Child Safe Standard 10, an organisation must, at a minimum, ensure:

* 10.1: The organisation regularly reviews, evaluates and improves child safe practices.
* 10.2: Complaints, concerns and safety incidents are analysed to identify causes and systemic failures to inform continuous improvement.
* 10.3: The organisation reports on the findings of relevant reviews to staff and volunteers, community and families and children and young people.

Child Safe Standard 11

Policies and procedures document how the organisation is safe for children and young people.

In complying with Child Safe Standard 11, an organisation must, at a minimum, ensure:

* 11.1: Policies and procedures address all Child Safe Standards.
* 11.2: Policies and procedures are documented and easy to understand.
* 11.3: Best practice models and stakeholder consultation informs the development of policies and procedures.
* 11.4: Leaders champion and model compliance with policies and procedures.
* 11.5: Staff and volunteers understand and implement policies and procedures.
1. For more information on the Standards, read the Short guide to the Child Safe Standards. This is on the [Commission website’s Resources and support for the Child Safe Standards page](https://ccyp.vic.gov.au/resources/child-safe-standards/#CSS_ShortGuide) <https://ccyp.vic.gov.au/resources/child-safe-standards/#CSS\_ShortGuide> [↑](#footnote-ref-2)
2. Section 22, Child Wellbeing and Safety Act [↑](#footnote-ref-3)
3. [Commission website’s Resources and support for the Child Safe Standards page](https://ccyp.vic.gov.au/resources/child-safe-standards) <https://ccyp.vic.gov.au/resources/child-safe-standards> [↑](#footnote-ref-4)
4. Section 41E of the Actallowsdisclosure to prevent a serious threat of harm to a child’s health, safety or wellbeing. [↑](#footnote-ref-5)
5. [Department of Families, Fairness and Housing website's Reporting child abuse page](https://services.dffh.vic.gov.au/reporting-child-abuse) <https://services.dffh.vic.gov.au/reporting-child-abuse> [↑](#footnote-ref-6)
6. Standard 6.2: Relevant staff and volunteers have current working with children checks or equivalent background checks [↑](#footnote-ref-7)
7. Standard 7.3: Complaints are taken seriously, and responded to promptly and thoroughly [↑](#footnote-ref-8)