1. PURPOSE AND SCOPE

Global Health is a child safe department of the Royal Australasian College of Surgeons (RACS) that endorses the Australian Government Department of Foreign Affairs and Trade’s (DFAT) Child Protection Policy (January 2018). RACS Global Health has a zero-tolerance approach to child abuse and exploitation. This policy demonstrates a commitment to ensuring the protection of children in Global Health programs and department operations and provides a framework for managing and reducing risks of child abuse and exploitation in the context of its work. Some activities within the Global Health program are classified as “working with children”, and therefore the RACS Global Health Child Safeguarding Policy applies and builds on all nine DFAT minimum child protection standards. This policy applies to all people who are engaged by RACS or RACS Global Health to perform any part of a RACS Global Health related activity, including:

- staff;
- volunteers;
- RACS Fellows;
- RACS Council members

and RACS Global Health associates:

- Partner organisations (INGOs, CSOs, DPOs and including their staff and volunteers);
- consultants and contractors; and
- sub–contractors.

2. KEYWORDS

Child Safeguarding, Global Health Program, Volunteers, Department of Foreign Affairs and Trade (DFAT), Risk Management, Safety

3. DEFINITIONS AND LEGISLATION

A list of definitions and legislation relevant to RACS Global Health Child Safeguarding Policy are outlined in Appendix 5 and the Glossary of this document.

4. BODY OF POLICY

It is an Australian and New Zealand Government requirement for RACS to have a Child Safeguarding Policy in place. This is in keeping with the United Nations Convention on the Rights of the Child (1989) and the guiding principle of sharing responsibility for child protection. As an Australian and New Zealand Government funded organisation implementing aid and development activities overseas, RACS must meet the Australian and New Zealand Government’s child protection compliance standards (see ‘Associated Documents’ below for DFAT’s Child Protection Policy January 2018, and the New Zealand Vulnerable Children Act 2014 for further details).

5. GOVERNANCE

The RACS Global Health Committee is accountable to the Council for fulfilment of duties and responsibilities as outlined in this policy, and overall risk management of programs. The Committee’s proceedings are recorded in minutes and reported to the Council Executive and RACS Council.
6. POLICY PRINCIPLES

This policy outlines RACS’ commitment to maintaining child protection standards and procedures for program activities and includes the following principles:

6.1. Zero tolerance of child exploitation and abuse
RACS has a zero-tolerance approach to child exploitation and abuse. Such action attracts criminal, civil and disciplinary sanctions. RACS works to minimise the risks of child exploitation and abuse associated with delivering Program activities and trains its personnel on their child safeguarding obligations. RACS will not knowingly engage, directly or indirectly, anyone who poses an unacceptable risk to children. RACS will not fund any individual or organisation that does not meet its child safeguarding compliance standards in their operations and activities.

6.2. Assess and manage child protection risk and impact
While it is not possible to eliminate all risks of child exploitation and abuse, careful management can identify, mitigate, manage or reduce the risks to children that may be associated with the Program’s activities. These risks are identified during initial risk assessments and are managed for the duration of the Program activity.

6.3. Sharing responsibility for child safeguarding
To effectively manage risks to children, RACS requires the commitment, support and cooperation of all personnel and associates who help to deliver programs administered by RACS. They must comply with this policy in addition to all applicable laws of the jurisdiction in which the Program is taking place, and will be held accountable through contracts, audits and spot checks.

6.4. Procedural fairness
In making decisions that may affect a person’s rights or interests, RACS abides by the principles of natural justice and procedural fairness in accordance with its Natural Justice – Information for Decision Makers Policy. Our partners are also expected to adhere to these principles when responding to concerns or allegations of child exploitation and abuse.

6.5. Recognition of the best interest of the child
Australia is a signatory to the United Nations Convention on the Rights of the Child, and RACS is committed to upholding those rights under the convention. RACS recognises that some children, such as those with disability and children living in areas impacted by disasters, are particularly vulnerable. In all actions concerning children, the best interests of the child shall be a primary consideration.

7. POLICY AWARENESS AND DISTRIBUTION

All RACS Global Health personnel and associates who are engaged to perform any part of a RACS Global Health activity will receive a copy of the Child Safeguarding Policy and associated procedures and are required to sign RACS’ Global Health Child Safeguarding Code of Conduct.

8. TRAINING

RACS Global Health is committed to providing regular training to personnel regarding child safeguarding to ensure that personnel are fully aware of their responsibilities to protect children and how to report concerns or allegations about child exploitation and abuse or policy non-
compliance. All staff and volunteers are required to complete online training in child safeguarding as part of their induction. This training includes information on the individual’s responsibility to build and maintain a child safe organisation, how to make a child safeguarding report, and what is considered appropriate behaviour when interacting with children or child sensitive material.

Refresher training will be undertaken on an bi-annual basis and other periodic training on specific child safeguarding topics within the department will be undertaken as deemed necessary.

All volunteers are required to complete child safeguarding training prior to deployment and refresher training on a bi-annual basis.

Where possible, RACS Global Health will work to strengthen the child safeguarding capacity and understanding of partners which may involve awareness raising as well as discussion and review of child safeguarding implementation.

9. RISK ASSESSMENT

All programs and projects are required to complete a child safeguarding risk assessment, assessing all potential child safeguarding risks within the program/project before commencement of any activities. The risk assessment includes actions and recommendations that are to be put in place to minimise or remove any risks to children and these (and any emerging risks) are actively monitored throughout the activity/program cycle. The risk assessment is completed by the relevant program personnel and reviewed by the Head of Global Health.

RACS Global Health Risk Report documents risk management of the department and integrates Child Protection as a standing risk. The departmental Risk report is updated quarterly by the Head of Global Health and shared with the Global Health Program Steering Group (GHPSG) and International Engagement Committee (IEC) at quarterly governance meetings.

When responding in emergency contexts we commit to designing, implementing and monitoring programs that are informed by a thorough risk assessment of the heightened risks posed to children in these contexts.

Staff and other (as relevant) are trained in child safeguarding and risk assessment. They are expected to be continually aware of potential risks to children as well as to be actively minimising opportunities and situations where children can be harmed.

10. ETHICAL STORIES AND IMAGES POLICY (EXA-RGH-045)

The Royal Australasian College of Surgeons (RACS) Global Health communicates about its Global Health programs and their impact to a range of stakeholders, for reporting and promotional purposes. This includes the production and distribution of communications materials through RACS publications, external publications, intranet and internet sites, social media platforms, television and radio interviews, and podcasts.

The purpose of the Ethical Stories and Images policy is to ensure that images and stories collected by staff, volunteers, and other contributors to RACs Global Health program activities are collected, sourced, and used honestly and ethically, according to RACS values, and safeguarding and compliance obligations. All stories and images collected and used must portray
the people and communities with whom RACS Global Health works, with respect, dignity and accuracy. This policy is part of RACS accountability to its local partners and patients whose stories and images it shares, to ensure that their rights, safety, dignity, privacy, cultural and religious beliefs are respected and protected.

In addition, when collecting stories or images of children, RACS people must adhere to standards outlined in the Child Safeguarding Policy to ensure children are portrayed in a respectful, appropriate and consensual manner always.

This means that when collecting children's stories and images must:

a) ensure that local traditions or restrictions for reproducing personal images are adhered to before photographing or filming a child;

b) Obtain informed consent from the child’s parent/guardian/caretaker of the child in all circumstances, and the child where appropriate and possible, before photographing, filming a child or using their personal information. At a minimum, informed consent means explaining to the parent/guardian/caretaker and child the implication, purpose and potential uses of the photograph, film or personal information. This consent should be documented using the RACS Consent Form;

c) ensure that children are represented in a dignified and respectful manner (i.e. adequately clothed and depicted in a manner which is not vulnerable, submissive or sexually suggestive) in all photographs, films, videos and DVDs;

d) ensure that images of children are honest and factual representations of the context in which they were taken;

e) ensure that file labels, meta data or text descriptions do not reveal identifying information about a child (such as a child’s name, village or hospital/clinic name) when sending images electronically or publishing images in any form; and

f) obtain RACS consent before storing, transferring, or using any images for medical research, education, promotional and/or fundraising purposes. RACS Global Health is committed to keeping children safe when collecting and using their images and personal information. Detailed guidelines on Taking and Using Visual Images and Personal Information of Children are outlined in the Child Safeguarding Manual and the RACS Ethical Stories and Images Policy (EXA-RGH-045).

11. RECRUITING AND SCREENING INDIVIDUALS

RACS is committed to using robust child safe recruitment, selection and screening practices with the aim of recruiting the safest and most suitable people to work in our Global Health programs and departmental activities.

RACS will not knowingly engage, directly or indirectly, anyone working for Global Health, who poses an unacceptable risk to children.

RACS’ Global Health employment contracts and volunteer agreements contain provisions for suspension or transfer to other duties of any employee or volunteer who is under investigation and provisions to dismiss any employee or volunteer after an investigation.

The following child safe recruitment and screening procedures are used:

11.1. Police Checks
A criminal record check must be obtained for any individual engaging in RACS Global Health activities.
A criminal record check must be obtained from an individual’s:
• Country of citizenship; and
• Country of residence; and
• Any country an individual has lived for a period of 12 months or more in the last five years.

In Australia, an Australian Federal Police (AFP) National Police Check (NPC) clearance certificate must be obtained. In Aotearoa New Zealand, a Criminal Record check from the Ministry of Justice must be obtained.

Individuals working on or visiting Global Health programs overseas must complete a criminal record check on an annual basis. A police check is considered valid for screening purposes for three years from the date of issue for office staff who do not travel overseas. All information relating to criminal record checks must be handled in accordance with the RACS Privacy Policy.

Exceptional Circumstances: In certain cases, such as in the emergency mobilisation of a team or a team member, there may be insufficient time for the results of a criminal record check to be received by RACS Global Health. In this instance, a statutory declaration must be provided by the individual in substitute of a police clearance, declaring the individual free from any criminal charges and/or involvement in any ongoing criminal court hearings (or awaiting verdict), inclusive of child-related offences.

Before engaging this option, personnel must demonstrate that every reasonable effort has been made to source a criminal record check from the required country. All information relating to criminal record checks must be handled in accordance with the RACS Privacy Policy.

RACS Global Health will cover costs of criminal record checks for funded volunteers. Unless prior approval is given by the Manager, self-funded volunteers will be liable for covering the cost of their criminal record checks.

RACS Global Health will review checks when personnel have a change in circumstances.

11.2. Reference Checks

Character reference checks that include child safeguarding questions are mandatory for all personnel engaging in RACS Global Health activities.

Where an individual has been nominated for participation by an existing team leader, long-standing volunteer or RACS Fellow, a documented recommendation from the nominator (including how long, and in what capacity the individual has been known to the nominator) must be procured.

In addition, the Project Manager must also undertake 2 verbal referee checks (other than family members) supporting the recommendation.

Where an individual is engaged to participate in Global Health activities without a recommendation, 2 verbal referee checks (other than family members) must be conducted.

11.3 Interviews

Child safe behaviour-based questions will be asked of all individuals (paid or unpaid) who will be working with RACS Global Health
All individuals (paid or unpaid) who will be working with RACS Global Health, will be requested to disclose whether they have been charged with child exploitation offences.

11.4 Code of Conduct
RACS Global Health has developed a Child Safeguarding Code of Conduct to provide clear guidance to those under the scope of this policy about ways to minimise risk to children and make clear the standards of behaviour and practice required of them at all times when they are in contact with children. These behaviours are not intended to interfere with normal family interactions. (See Appendix 1)

Prior to engagement, all individuals (paid or unpaid) must sign the RACS Global Health Child Safeguarding Code of Conduct. Any amended versions of the Child Safeguarding Code of Conduct will require signing by all individuals (paid or unpaid).

Signed copies of the Child Safeguarding Code of Conduct will be kept by RACS Global Health in a personnel file.

12. ENGAGING WITH PARTNERS
Prior to entering into a formal agreement with a new partner, Global Health must undertake the following:
- an assessment of partner child safeguarding capacity; and
- a child safeguarding risk assessment.

12.1 Working with non-government partners
Non-government partner organisations are required to maintain their own child safeguarding policy, in accordance with DFAT requirements. Where such partner’s do not have an existing Child Safeguarding Policy which meets the DFAT minimum standards, they will be required to sign onto and comply with the RACS Global Health Child Safeguarding Policy until they have developed their own.

12.2 Working with government partners
RACS Global Health acknowledges that where an implementing partner is a government department of the partner country, RACS Global Health is unable to require that they be bound by this policy. However, RACS Global Health commits to actively working with these partners to ensure that child safeguarding standards are included in partner agreements and MOU’s and program activities.

All documented agreements with partners must include agreed child safeguarding measures and responsibilities, including agreed reporting pathways.

RACS Global Health actively monitors the implementation of agreed child safeguarding measures and obligations with our partners on an ongoing basis.

RACS Global Health partners share the responsibility for identifying, reducing and monitoring child safeguarding risks to children benefitting from and in contact with RACS Global Health programs.

13. REPORTING CHILD SAFEGUARDING CONCERNS
It is mandatory for all those under the scope of this policy to report to any witnessed, suspected or alleged incidents of child abuse, exploitation or any Child Safeguarding Policy or
Child Safeguarding Code of Conduct non-compliance by people who are engaged by RACS or RACS Global Health to perform any part of a RACS Global Health related activity. Reports can be raised by anyone, including but not limited to program beneficiaries, including children, parents, guardians, carers, partners, RACS Global Health personnel or associates, members of the public, etc.

All complaints regarding child safeguarding issues will be treated seriously, confidentially and immediately with due regards for the rights of the child, the notifier and the accused person/s.

13.1. What should be reported?
- Any disclosure or allegation regarding the safety/abuse/exploitation of a child or a breach of the Child Safeguarding Policy or Code of Conduct.
- Any observation of concerning behaviour exhibited by RACS Global Health personnel or associate that breaches the Child Safeguarding Policy and/or Code of Conduct.

13.2. When to report
Reports must be made immediately, or as soon as practically possible.

13.3 How should it be reported?
Verbally and then by completing the RACS Global Health Child Safeguarding Incident Form (See Appendix 3).

13.4 Who to report to
All reports should be made to:
1) The Team Leader; or
2) The Head of Global Health; or
3) RACS Complaints Manager

If in-country and involving a RACS Global Health personnel or associate, a report should also be made to the local partner liaison or using local partner reporting mechanism.

Concerns external to RACS Global Health programs, not involving those under the scope of this policy are to be considered outside scope of this policy and should be reported via local organisation procedures or to local authorities as appropriate.

A reporting flowchart is provided in Appendix 2.

Any reports involving anyone working on a DFAT funded project will be documented in a DFAT Child Incident Notification Form and reported by RACS Global Health to DFAT’s Child and Ethics Unit within 5 days.

13.5 Managing child safeguarding concerns
The Head of Global Health and RACS Complaints Manager, in consultation with the Executive General Manager, People and Culture will discuss the allegations and then decide upon the next step. This may involve one or more of the following steps:
- Suspending volunteers or personnel whilst an internal investigation takes place
- Interviewing the person/persons who made the allegations and/or other witnesses to gather more information with which to decide about the allegation;
- Reporting to local police, Australian Federal Police and/or child protection authority when it is suspected or becomes clear that a crime has been committed;
• Referring the child to local support services if necessary;
• Handling the concern as a disciplinary matter internally if it is not a criminal
  offence;
• Providing support to all stakeholders (including reporter) as necessary
• Lodging a complaint under the RACS Complaints Framework (Fellows).

Confidentiality is a key principle of reporting and managing child protection concerns. All information regarding a child protection concern must only be reported to the designated focal points listed above.

Subject to considerations regarding the safety of a child, and RACS’ reporting obligations pursuant to the laws of the relevant jurisdiction and relevant Australian laws, to the greatest extent possible, the names of people involved, and specific details of any child protection incident will be treated confidentially.

All reports will be handled professionally, confidentially and expediently and each report will be investigated on a case by case basis. Responses will reflect the nature of the allegation.

All discussions and concerns will be documented through an Incident Report Form (See Appendix 3)

All reports made in good faith will be viewed as being made in the best interests of the child regardless of the outcomes of any investigation.

RACS will ensure the interests of anyone reporting child abuse/exploitation in good faith are protected.

Disciplinary action will be taken against any personnel or associate found to:
• Have failed to report a child protection concern
• Have intentionally made a false allegation

13.6 Organisational Sanctions
Where the Child Safeguarding Policy or the Code of Conduct has been breached RACS Global Health may remove or suspend an individual immediately from a program activity while the case is being assessed, or where a child’s safety is potentially at risk.

During any formal investigation period, the investigated person will be suspended from participation in program activities. This action is to be taken as a matter of precaution and does not form or evidence a judgement of guilt.

RACS recognises an individual’s right to a just process and does not presume guilt or innocence. Therefore, other than in circumstances of serious misconduct for which they may be suspended without pay at RACS’ sole discretion, any suspended paid personnel will continue to receive full pay. Any volunteers who are stood down will receive reasonable reimbursement of costs in the natural course.

13.6.1 RACS may consider the following sanctions if the Child Safeguarding Policy and/or the Code of Conduct have been breached by volunteers:
(a) Suspension
(b) Dismissal
13.6.2 RACS Fellows may also be sanctioned in accordance with the RACS Complaints Policy as well as the Professional Conduct Committee TOR, the following sanctions may be applied:
   (a) Reprimand with warning (Acknowledge and returning a signed Deed of Undertaking)
   (b) Censure
   (c) Termination of Fellowship

13.6.3 Employees who breach the Child Safeguarding Policy and/or the Code of Conduct will be sanctioned in accordance with RACS Human Resources policies, and the following disciplinary actions may be applied:
   (a) Transfer to other duties
   (b) Suspension
   (c) Termination of Employment

13.6.4 Where a Program team member, who is an overseas resident or citizen (such as a local medical professional in a partner country), is the subject of an allegation the following will be applied:
   (a) Suspension from the RACS Global Health program team whilst under investigation
   (b) Removal from the RACS Global Health program team and all RACS associated work if found to have breached the Child Safeguarding Policy and/or the Code of Conduct

Anyone who, after due investigation by the relevant authorities, are found to have put children at risk, or abused children, will not be permitted any further involvement in RACS Global Health.

13.6.5 Document Management
All confidential documents and sensitive information will be handled in accordance with the College’s Privacy Policy. Confidential and sensitive information in the context of child safeguarding documentation includes all information relating to police checks, verbal referee checks, consent forms and any information in relation to a child safeguarding incident.

14. POLICY REVIEW
This policy will be reviewed every three years, or earlier if needed.

15. ASSOCIATED DOCUMENTS
   DFAT Child Protection Policy (January 2017);
   New Zealand Vulnerable Children Act 2014;
   Australian Council for International Development – Code of Conduct (June 2017, revised January 2019);
   RACS Privacy Policy;
   Natural Justice – Information for Decision Makers Policy;
APPENDIX 1: Royal Australasian College of Surgeons - Global Health Child Safeguarding Policy

CODE OF CONDUCT

All personnel and associates engaged by the Royal Australasian College of Surgeons (RACS) are required to sign this code of conduct prior to engagement in RACS Global Health projects, programs or activities, and to adhere to this code of conduct while performing their duties. The information contained in this document is based on the Department of Foreign Affairs and Trade’s (DFAT) Child Protection Policy (January 2018) and the Australian Council for International Development’s (ACFID) Code of Conduct (June 2017, revised January 2019).

This Child Safeguarding Code of Conduct aims to keep children safe from abuse and exploitation and serves to protect those working with RACS Global Health from misunderstandings by providing clear behavioural guidelines and expectations that assist in establishing and maintaining clear professional boundaries when working with or having contact with children.

I, ____________________________, (insert name), acknowledge that I have read and understood RACS’ Global Health Child Safeguarding Policy, and agree that in the course of performing my duties in connection with my involvement in RACS Global Health projects, programs and activities, and my association with RACS Global Health, I must:

- Treat children with respect regardless of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability or other status;
- Not use language or behaviour towards children that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;
- Not engage persons under the age of 18 in any form of sexual intercourse or sexual activity (as defined under the Criminal Code Act 1995), including paying for sexual services or acts;
- Wherever possible, ensure that another adult is present when working in the proximity of children. Only ever examine or treat a child in the presence of their carer, parent or other medical professionals;
- Not invite unaccompanied children into my private residence, hotel or a remote or isolated location unless they are at immediate risk of injury or in physical danger;
- Not sleep close to unsupervised children unless necessary, in which case the supervisor’s permission must be obtained, and ensuring that another adult is present if possible (noting that this does not apply to an individual’s own children);
- Not use any technology (including but not limited to computers, mobile phones, video cameras, cameras or social media) to exploit or harass children or access child exploitation material through any medium;
- Not subject children to physical punishment of any kind under any circumstances;
- Not hire or otherwise engage children for domestic or other labour which is inappropriate given their age or developmental stage, or which interferes with their time available for education and recreational activities, or which places them at significant risk of injury;
- Not give or provide children with alcohol or illegal drugs;
- Not show favouritism through the provision of gifts or inappropriate attention;
- Inform myself of and comply with my obligations under all relevant Australian and local legislation, including labour laws in relation to child labour;
- Immediately report concerns or allegations of child exploitation and abuse to the appropriate authority and RACS Global Health in accordance with RACS Global Health Child Safeguarding Reporting Process;
- Immediately disclose all charges, convictions and allegations against me in relation to child exploitation and abuse (including those under the traditional law), which occurred before, or occurs during, my association with RACS Global Health and/or my participation in RACS Global Health projects, programs or activities;
• Not seek to or contact any child outside Global Health program times, this is inclusive of direct contact or any contact via telephone or social media platforms.
• Act in an open and transparent way and at all times be aware of behaviour and avoid actions or behaviours that could be perceived by others as child exploitation and abuse.
• Be mindful of, and never abuse or use my position of power and the trust placed in me to exploit or abuse a child in any way.

When photographing or filming a child or using children’s images or personal information for work-related purposes, I must do all things necessary to:
• Comply with the RACS Global Health ETHICAL STORIES AND IMAGES POLICY (EXA-RGH-045) and Guidelines on Taking and Using Visual Images of Children outlined in the Child Safeguarding Manual.
• Ensure that local traditions or restrictions for reproducing personal images are adhered to before photographing or filming a child;
• Obtain informed consent from the child’s parent/guardian in all circumstances, and the child where appropriate and possible, before photographing, filming a child or using their personal information. At a minimum, informed consent means explaining to parent/guardian and the child the implication, purpose and potential uses of the photograph, film or personal information. This consent should be documented using the RACS Consent Form.
• Ensure that images depicting children in surgical contexts are only taken for reporting and documentation purposes, and entail minimal exposure of the subject as necessary to achieve the purpose
• Ensure that children are represented in a dignified and respectful manner (i.e. adequately clothed and depicted in a manner which is not vulnerable, submissive or sexually suggestive) in all photographs, films, videos and DVDs;
• Ensure that images of children are honest and factual representations of the context in which they were taken;
• Ensure that file labels, meta data or text descriptions do not reveal identifying information about a child (such as a child’s name, village or hospital/clinic name) when sending images electronically or publishing images in any form.
• Ensure to obtain RACS consent before storing, transferring or using any images for medical research, education, promotional and/or fundraising purposes

I understand that the onus is on me, as a person engaged by RACS, or otherwise participating in RACS’ Global Health projects, programs or activities, to at all times abide by this code of conduct and all relevant Australian and local laws, and to avoid actions or behaviours which may be construed as child exploitation or abuse.

(Signed) (Date)
### APPENDIX 2: Child Safeguarding Reporting and Response Process

<table>
<thead>
<tr>
<th><strong>WHO CAN REPORT?</strong></th>
<th>Anyone (child, parent, guardian, carer, RACS staff, volunteers, partners, Council members, Fellow, members of the public, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHAT SHOULD BE REPORTED?</strong></td>
<td>Behaviour that is suspected of being child exploitation or abuse (including possession of child exploitation material) or policy/code of conduct non-compliance.</td>
</tr>
</tbody>
</table>
| **WHO TO REPORT TO** | (1) Head of Global Health  
Ph.: +61 3 9249 1121  
E: racs.globalhealth@surgeons.org  
(2) RACS Complaints  
Ph.: 1800 892 491 | 0800 787 470  
E: complaints@surgeons.org  
If overseas, also report to the local partner liaison or using local partner reporting mechanism. |
| **WHEN SHOULD IT BE REPORTED?** | All concerns must be made immediately, or as soon as practically possible |
| **WHAT WILL HAPPEN?** | Upon receipt of a report The Head of Global Health and RACS Complaints Manager, in consultation with the Executive General Manager, People and Culture will discuss the nature of the allegation, report the matter to DFAT for DFAT-funded projects, and decide upon the next steps – this may include:  
• Undertaking an internal investigation  
• Immediately suspending involvement in the project and/or Global Health activities  
• Notifying relevant local authorities and child protection authorities and support services as required  
• Making a confidential report with DFAT’s Employee Conduct and Ethics Section as required |
| **POSSIBLE OUTCOMES** | The outcome of any report will depend on its nature and circumstances, but could include up to one or more of the following:  
• Suspension  
• Dismissal  
• Reprimand with warning  
• Censure  
• Termination of Fellowship  
• Re training  
• Additional supervision  
• No follow up – case unfounded |
APPENDIX 3: Child Safeguarding Incident Form - CONFIDENTIAL

Please complete this form to document and report any child safeguarding concerns, a breach or potential breach of the Child Safeguarding Policy/ Code of Conduct. All child protection concerns should be reported immediately. This report must be made in strict confidence.

IMPORTANT! It is your responsibility to report any allegations – NOT to investigate. You do not need to have proof of your concern or answers to all the questions in order to complete this form.

<table>
<thead>
<tr>
<th>Project:</th>
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<table>
<thead>
<tr>
<th>Names(s) of person reporting and contact details</th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Position:</td>
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<table>
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<tr>
<th>Type of Allegation</th>
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<tbody>
<tr>
<td>Please circle most appropriate description of alleged incident:</td>
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</tbody>
</table>

- Sexual Abuse/Sexual Misconduct
- Physical Abuse
- Psychological Abuse
- Neglect
- Breach of Policy/Code of Conduct
- Other

<table>
<thead>
<tr>
<th>Details of allegation - if known (Date\location\when report was received, witnesses etc):</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Other relevant details: (For example implements used, vulnerability, or disability factors):</th>
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</thead>
</table>
## Details of Person(s) against whom the allegation has been made (IF KNOWN)

<table>
<thead>
<tr>
<th>Family Name:</th>
<th></th>
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<tbody>
<tr>
<td>Given Name:</td>
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<tr>
<td>Sex:</td>
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<td>Date of birth:</td>
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<tr>
<td>Nationality:</td>
<td></td>
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<tr>
<td>Contact details:</td>
<td></td>
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<tr>
<td>Employer\Program:</td>
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</tbody>
</table>

(Please circle most appropriate descriptor. You can circle more than one)

- RACS Global Health personnel
- RACS Global Health Associate
- Other

<table>
<thead>
<tr>
<th>Position: (If applicable)</th>
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## Details of Victim(s) If known (IF KNOWN)

<table>
<thead>
<tr>
<th>Family Name:</th>
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<tbody>
<tr>
<td>Given Name:</td>
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<td>Sex:</td>
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<td>Date of birth:</td>
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<tr>
<td>Nationality:</td>
<td></td>
</tr>
<tr>
<td>Contact details:</td>
<td></td>
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</tbody>
</table>

Age of child at time of alleged incident:  
Have any injuries been observed or reported?  

## Further Details

Is the victim still in danger of abuse or neglect?  

Are local police or other local authority aware of the incident\allegation?  

What other authorities have been informed?
## APPENDIX 4: References and Legislation Relevant to Child Protection

### 1. National References

<table>
<thead>
<tr>
<th>Reference</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFAT’s Child Protection Compliance Unit</td>
<td>Email: <a href="mailto:childwelfare@dfat.gov.au">childwelfare@dfat.gov.au</a></td>
</tr>
</tbody>
</table>
| Australian Federal Police | AFP Operations Coordination Centre (AOCC)  
For urgent AFP attendance or response  
Telephone: 131 AFP  
(131 237)  
Police attendance (all states)  
Telephone: 131 444  
Website: https://www.afp.gov.au/contact-us |
| New Zealand Police | Police National Headquarters  
Phone: +64 4 474-9499  
Fax: +64 4 498-7400  
Website: http://www.police.govt.nz/contact/ |

### 2. Relevant Australian Legislation – Commonwealth Legislation

#### Criminal Code Act 1995

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Examples of offences</th>
<th>Maximum penalty</th>
</tr>
</thead>
</table>
| Division 272  
(child sex offences outside Australia) | Engaging in sexual intercourse outside of Australia with a child under 16 years of age | 20 years imprisonment |
| | Engaging in sexual activity outside of Australia with a child under 16 years of age | 15 years imprisonment |
| | Engaging in sexual intercourse or sexual activity outside of Australia with a child under 16 years of age and the child has a mental impairment or is under the care, supervision or authority of the defendant | 25 years imprisonment |
| | Engaging in sexual intercourse outside of Australia with a young person aged 16 or 17 years and the defendant is in a position of trust or authority | 10 years imprisonment |
| | Engaging in sexual activity outside of Australia with a young person aged 16 or 17 years and the defendant is in a position of trust or authority | 7 years imprisonment |
| | Grooming a child under 16 years of age to engage in sexual activity outside of Australia | 12 years imprisonment |

| Division 273  
(offences involving child pornography material or child abuse material outside Australia) | Possessing, controlling, producing, distributing or obtaining child pornography or child abuse material outside Australia | 15 years imprisonment |

| Division 474 (telecommunications offences, subdivision C) | Accessing, soliciting or transmitting child pornography or child abuse material using a carriage service | 15 years imprisonment |
| | Engaging in sexual activity with a child under 16 years of age using a carriage service | 15 years imprisonment |
| | Online grooming of a child under 16 years of age | 15 years imprisonment |

*The Crimes Act 1914 sets out the laws that govern the way legal proceedings under the Criminal Code Act 1995 are conducted, including the conduct of investigations and the protection of children involved in proceedings for sexual offences (under Part 1AD).*

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**Review Date:** October 2026
3. **In-Country Legislation**

Most countries in which RACS works have legislation relating to child exploitation and abuse. When working in-country, RACS staff, individuals or the personnel of sub-contractors and organisations undertaking activities funded by RACS are required to abide by local legislation, including labour laws about child labour.

Link to each country’s labour laws about child labour:

4. **International child protection instruments that Australia is a signatory to:**

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva Declaration of the Rights of the Child</td>
<td><a href="http://www.un-documents.net/gdrc1924.htm">www.un-documents.net/gdrc1924.htm</a></td>
</tr>
<tr>
<td>International Labour Organization Convention 182 Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour</td>
<td><a href="http://www.ilo.org/ilolex/english/convdisp1.htm">www.ilo.org/ilolex/english/convdisp1.htm</a></td>
</tr>
</tbody>
</table>
### APPENDIX 5: Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>physical abuse—the use of physical force against a child that results in harm to the child. Physically abusive behaviour includes shoving, hitting, slapping, shaking, throwing, punching, kicking, biting, burning, strangling and poisoning.</td>
</tr>
<tr>
<td>neglect</td>
<td>the failure by a parent or caregiver to provide a child (where they are in a position to do so) with the conditions that are culturally accepted as being essential for their physical and emotional development and wellbeing.</td>
</tr>
<tr>
<td>emotional abuse</td>
<td>refers to a parent or caregiver’s inappropriate verbal or symbolic acts toward a child, or a pattern of failure over time to provide a child with adequate non-physical nurture and emotional availability. Such acts have a high probability of damaging a child’s self-esteem or social competence.</td>
</tr>
<tr>
<td>sexual abuse</td>
<td>the use of a child for sexual gratification by an adult or significantly older child or adolescent. Sexually abusive behaviours can include fondling genitals; masturbation; oral sex; vaginal or anal penetration by a penis, finger or any other object; fondling breasts; voyeurism; exhibitionism; and exposing the child to, or involving the child in, pornography.</td>
</tr>
<tr>
<td>ill-treatment</td>
<td>disciplining or correcting a child in an unreasonable and seriously inappropriate or improper manner; making excessive and/or degrading demands of a child; hostile use of force towards a child; and/or a pattern of hostile or unreasonable and seriously inappropriate degrading comments or behaviour towards a child. Note: the above includes a child or children being present (hearing or seeing) while a parent or sibling is subjected to any of the above.</td>
</tr>
</tbody>
</table>

#### Behavioural-based interview questions

Interview questions that probe the applicant’s past behaviour in specific situations relevant to the position. Behavioural-based questions give interviewers additional information about the applicant’s suitability to work with children.

#### Changes in circumstances

Personnel should report the following changes in circumstances to management:
- involvement in criminal activity
- disciplinary procedures and criminal or civil court proceedings relating to child exploitation and abuse

#### Child or children

In accordance with the United Nations Convention on the Rights of the Child, ‘child’ means every human being under the age of 18 unless under the law applicable to the child, majority is attained earlier. For the purposes of this policy, RACS considers a child to be a person under the age of 18 years.

#### Child abuse material

Material that depicts (expressly or implicitly) a child under 18 years of age as a victim of torture, cruelty or physical abuse.

#### Child exploitation

One or more of the following:
- committing or coercing another person to commit an act or acts of abuse against a child
- possessing, controlling, producing, distributing, obtaining or transmitting child exploitation material
- committing or coercing another person to commit an act or acts of grooming or online grooming
- using a minor for profit, labour, sexual gratification, or some other personal or financial advantage

#### Child exploitation material

Material, irrespective of its form, which is classified as child abuse material or child pornography material.
Child pornography

In accordance with the Optional Protocol to the Convention on the Rights of the Child, ‘child pornography’ means ‘any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.’ For further information about child pornography offences, refer to the [Criminal Code Act 1995](https://www.ag.gov.au/). See Part 10.6 of the criminal code for the full definition.

Child pornography material

Material that depicts a person, or is a representation of a person, who is, or appears to be, under 18 years of age and is engaged in, or appears to be engaged in, a sexual pose or sexual activity, or is in the presence of a person who is engaged in, or appears to be engaged in, a sexual pose or activity, and does this in a way that a reasonable person would regard as being, in all the circumstances, ‘offensive’.

Child safeguarding

An activity or initiative designed to protect children from any form of harm, particularly that arising from child exploitation and abuse.

The broad obligation on personnel and associates to ensure that the design and delivery of RACS’ Global Health programs and organisational operations do not expose children to adverse impacts, including the risk of abuse and exploitation, and that any concerns about children’s safety within the communities where they work are appropriately reported.

Child protection policy

A statement of intent that demonstrates a commitment to safeguard children from harm and makes clear to all what is required in relation to the protection of children. It helps to create a safe and positive environment for children and to show that the organisation is taking its duty and responsibility of care seriously.

Contact with children

Working on an activity or in a position that involves or may involve contact with children, either under the position description or due to the nature of the work environment (also see Working with children definition).

Contractor

The individuals engaged to perform specific services under a contract and includes:

- (a) specified personnel nominated in a head agreement with an intermediary company (the contractor) to which payment is made; or
- (b) if the person performing the service is the service provider, he/she is an individual contractor.

Criminal record check

A check of an individual’s criminal history record. In Australia, national criminal record checks are available through state and territory police departments. They take around 20 working days. The type of employment should be specified as ‘overseas employment’. Overseas, different checking procedures apply in each country and may take six weeks or longer. Individuals need to consent to a criminal record check and should be informed of the purpose for which the resulting police clearance certificate will be used, including sighting by DFAT.

Harm

Any detrimental effect on a child’s physical, psychological or emotional wellbeing. Harm may be caused by financial, physical or emotional abuse, neglect, and/or sexual abuse or exploitation whether intended or unintended.

Individual contractor

See Contractor.

Informed consent

Ensures the child and the parent or guardian understand the implications, purpose and potential uses of photographs or videos.

Personnel

Personnel are either employed by an organisation, engaged by an organisation on a subcontract basis, or engaged by an organisation on a voluntary or unpaid basis. Personnel can include paid staff, volunteers, interns, trustees, board members.

Police clearance certificate

The certificate showing the results of a criminal record check, which is issued by the police or other authority responsible for conducting such checks.

Policy non-compliance

The failure to abide by RACS’ policy.

Statutory Declaration

A written statement which you sign and declare to be true before an authorised witness.
Working with children means being engaged in an activity with a child where the contact would reasonably be expected as a normal part of the activity and the contact is not incidental to the activity. Working includes volunteering or other unpaid works.