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## CR9 Preventing and Responding to Abuse, Neglect and Exploitation

<b>Policy context:</b> This policy relates to the following legislation and / or Standard(s):	
<b>Relevant International, National or State Standard</b>	<ul style="list-style-type: none"><li>• <b>Human Services Quality Standards</b> – Standard 4 Safety, Wellbeing and Rights; Indicators 1 – 4.</li></ul>
<b>Legislation or other requirements</b>	<ul style="list-style-type: none"><li>• Qld. <i>Child Protection Act 1999</i></li><li>• Qld. <i>Working with Children (Risk Management and Screening) Act 2011</i></li><li>• Qld. <i>Working with Children (Risk Management and Screening) Regulation 2011</i></li></ul>

### PURPOSE

The purpose of this policy is to ensure that all employees and volunteers at Eating Disorders Queensland (“EDQ”) have clear guidelines to assist them in responding to suspicions or allegations of harm to clients under the age of 18 years or children of clients.

This policy and procedure outlines EDQ’s immediate response requirements following verbal assault, bullying, discrimination or racism or an allegation of physical or sexual assault that involves a client.

The aim of this policy is to:

- ensure timely and effective responses are taken to address immediate client safety and wellbeing;
- support clients who have experienced physical or sexual assault;
- be accountable to clients for actions taken immediately and planned in response to their experience of an assault;
- ensure due diligence and responsibilities to clients are met; and
- hold perpetrators of physical and sexual assault accountable for their actions.

### SCOPE

This policy applies to

- Employees
- Volunteers
- Contractors
- Students
- Board Members

### DEFINITIONS

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**Abuse** (in the context of this policy): Verbal, physical and/or emotional mistreatment and/or lack of care of a person. Examples include sexual abuse and any non-accidental injury.

**Abuser:** A person who mistreats and/or harms another person.

**Bullying:** Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

**Child or Young Person:** A person under the age of 17 years.

**Children:** A child under the age of 18 years (the term “young person” is also used to designate an older child e.g. over 13 but still under 18).

**Child abuse:** An act or omission by an adult that endangers or impairs a child’s physical and/or emotional health and development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment are generic terms used to describe situations in which a child may need protection.

**Physical abuse:** When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

**Sexual abuse:** When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It involves a wide range of sexual behaviour including but not limited to grooming, inappropriate touching/fondling of a child, exposing a child to pornography, having sex with a child. Problem sexual behaviour occurs when inappropriate sexual behaviour is engaged in by one child under 12yo to another. Sexual harm occurs when the harm is caused by a young person aged 12-17yo to another young person.

**Emotional and psychological abuse:** Involves continuing behaviour which erodes social competence or self-esteem over time. It occurs when a person engages in inappropriate behaviours, such as rejecting, ignoring, threatening or verbally abusing a child/adult, or allowing others to do so.

**Racial, cultural and religious abuse:** Conduct that demonstrates contempt, ridicule, hatred or negativity towards a because of their race, culture or religion.

**Neglect:** Refer to definition below.

**Exposure to domestic/family violence:** When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships<sup>1</sup>.

**Child sex offender:** Someone who sexually abuses children, and who may or may not have prior convictions.

**Child protection:** The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

**Code of conduct:** A set of rules or practices that establish a standard of behaviour to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each other, and towards other organisations and individuals in the community.

**Disclosure** (in the context of this policy): A statement that a child or person makes to another person that describes or reveals abuse.

**Discrimination** – treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

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<sup>1</sup> Adapted from the Australian Medical Association definition.

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**Age discrimination:** Discrimination based on age (regardless of age) or based on age-specific characteristics or characteristics generally associated with a person of a particular age.

**Disability discrimination:** Discrimination on the basis of physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g., HIV virus).

**Racial discrimination:** Discrimination based on race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

**Sex discrimination:** Discrimination based on sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

**Sexual harassment:** Any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

**Domestic/family violence:** The repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s) or someone with who they have or have had an intimate relationship, including carers.

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility EDQ has to provide its clients with an adequate level of care and protection against foreseeable harm and injury.

**Maltreatment** (in the context of this policy): Physical and/or emotional mistreatment, and/or lack of care of a child or person. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury.

**Mandatory reporting:** The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child needs protection from harm. Under the Child Protection Act 1999 (Qld), the following people are mandated to report:

- teachers,
- doctors,
- police officers with child protection responsibilities,
- a person performing a child advocate function under the Public Guardian Act 2014, and
- early childhood education and care professionals.

**Neglect:** The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.

**Negligence:** Doing, or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

**Offender or Perpetrator:** A person who mistreats and/or harms a child or person.

**Reasonable grounds:** A person may form a belief on reasonable grounds that another person is in need of protection after becoming aware that their health, safety or wellbeing is at risk and the client's parents/guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a client states that they have been physically or sexually abused;
- a client states that they know someone who has been physically or sexually abused (sometimes they may be referring to themselves);
- someone who knows the client states they have been physically or sexually abused;
- a client shows signs of being physically or sexually abused;

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- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the client’s safety, stability or development;
  - the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision; or
  - a client’s actions or behaviour may place them at risk of significant harm and the parents/guardians are unwilling or unable to protect the child.

**Risk of harm:** A child or young person is at risk of harm if current concerns exist for their safety, welfare and well-being. **Harm** is defined as any physical, sexual, emotional or psychological abuse or neglect of a child or vulnerable adult. “Risk of harm” refers to the likelihood that a child or vulnerable adults may suffer physical, psychological or emotional harm as a result of what is done or not done by another person.

**Voluntary (non-mandated) notification** – A notification to the department by a person who believes that another person is in need of protection, where the notification is made out of moral obligation, rather than legislative obligation. The person making the notification is not expected to prove the abuse, and the law protects the anonymity of the person making the notification.

## **POLICY**

- The EDQ Board, employees, and volunteers are proactive in preventing the occurrence of abuse and neglect in its services and to its clients. This includes supporting the safety and security of people affected by family violence.
- Physical and sexual assault are crimes against the person. Staff should be aware that many clients, including children, young people and people with a disability, are at greater risk of physical and sexual assault than the general population.
  - EDQ has a moral, ethical and legal responsibility to ensure that all clients are safe in their care, and will provide training, resources, information and guidance to support this. EDQ is committed to:
    - ensuring that the health, safety and wellbeing of clients at the service is protected at all times;
    - fulfilling its duty of care obligations under the law by protecting clients from any reasonable, foreseeable risk of injury or harm;
    - ensuring that all staff, students and volunteers caring for clients at the service act in the best interests of the client and take all reasonable steps to ensure the client’s safety and wellbeing ;
    - supporting the rights of all clients to feel safe, and be safe, at all times;
    - developing and maintaining a culture in which clients feel valued, respected and cared for;
    - encouraging active participation from parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach with shared responsibility for clients’ health, safety, wellbeing and development; and
    - educating clients of their individual rights by including personal safety education programs within EDQ.

## **RESPONSIBILITIES**

**All staff:** All EDQ staff are responsible for being vigilant to the possibility that a child or young person under 18 is being abused. If they have any suspicions, they must raise these with the General Manager.

**General Manager:** The designated person responsible for receiving, responding to or coordinating the response to all reports of abuse, assault or neglect. The EDQ General Manager is also responsible for making

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notifications to Child Safety and / or the Police in consultation with practitioners/coaches. Practitioners/ Coaches need to abide by their professional bodies ethical guidelines regarding mandatory reporting.

## **STRATEGIES AND PRACTICES**

The following are some strategies that EDQ will utilise to ensure the safety of children who use its services:

### **Risk management plans**

These can be used to identify, evaluate and plan strategies to minimise the risk of children coming into harm, being abused or neglected by a parent, employee, volunteer or another child or young person.

### **Code of Conduct**

This communicates the values and attitudes of EDQ stakeholders on the issue of protection for children and vulnerable adults and providing safe environments for children and vulnerable adults. It establishes informed and best practice expectations. It identifies appropriate and inappropriate behaviours and language, and it guides EDQ's expectations regarding attitudes, responsibilities, and behaviours.

### **Child protection awareness programs**

EDQ will provide training and education for relevant staff and volunteers in current legislative and organisational requirements for child protection strategies.

### **Employee recruitment and selection**

EDQ has policies and procedures for selecting and recruiting staff and volunteers that will contribute positively to child protection. This includes the need for a criminal history or "Working with Children" (Blue Card) check. These policies and procedures reflect natural justice, procedural fairness and equal opportunity obligations

### **Mandatory reporting**

If a staff member has concerns or suspicions regarding child assault, abuse or neglect, the staff member must raise these concerns with the General Manager, or in the case where the General Manager is unavailable, with the Senior Practitioner.

The General Manager is responsible for making notifications to Child Safety and / or the Police in consultation with practitioner/coach. Practitioners/ Coaches need to abide by their professional bodies ethical guidelines regarding mandatory reporting.

EDQ will report all alleged or suspected instances of abuse, neglect and exploitation in accordance with this policy, as well as the *Critical and Notifiable Incident Policy*;

## **PROCEDURES**

### **PREVENTION OF ABUSE, NEGLECT AND EXPLOITATION**

EDQ will:

- ensure that all staff are aware of, trained in, compliant with, and implement this policy;
- ensure the cultural needs of clients from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds are safeguarded through training in cultural competency;

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- ensure that staff are trained to recognise and prevent/minimise the occurrence or recurrence of abuse, neglect and exploitation of clients within a service delivery context;
  - support staff to create an appropriate service culture in accordance with this policy and vision and values of the organisation.
  - Appropriate supervision and debriefing procedures are in place for all staff who respond to suspicions of harm.

## **IDENTIFICATION OF ABUSE, NEGLECT AND EXPLOITATION**

EDQ will:

- ensure there are systems in place to identify and remedy gaps which contributed to a client experiencing abuse, neglect or exploitation;
- ensure staff are trained in early intervention approaches where potential or actual abuse, neglect and exploitation of clients is identified.

### **Suspicion of Harm**

You have reasonable grounds to suspect harm if:

- A child tells you they have been harmed
- Someone else, for example another child, parent, or staff member tells you that harm has occurred or is likely to occur.
- A child tells you they know someone who has been harmed (it is possible that they are referring to themselves)
- You are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries, or
- You see the harm happening

Any disclosure of harm is important and must be acted upon, regardless of whether:

- The harm to the child has been caused by a person within or outside EDQ, or
- The person disclosing the harm to you is from within or outside EDQ.

## **RESPONDING TO ABUSE, NEGLECT AND EXPLOITATION**

EDQ will ensure:

- That there is a culture of no retribution for any person who reports abuse, neglect or exploitation of a person with a mental illness and/or disability;
- That each client is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made;
- That staff advise clients, their families and advocates about:
  - Support services, which are equipped to identify abuse, neglect and exploitation and able to refer individuals to appropriate specialist services; and
  - Their right to pursue grievances and complaints and access to the criminal justice system.

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**The General Manager will ensure:**

- That any concerned person, including but not limited to, the person receiving services, another client, relative, friend or person from the community is able to make a report or an allegation of abuse, neglect and exploitation, without fear of retaliation or retribution;
- That all EDQ staff supporting clients are respectful of their rights and needs; and
- The requirement – to report the abuse, neglect or exploitation of clients to the relevant authority in line with the requirements of the Incident Reporting and Investigation Guideline – is implemented.

**EDQ staff will:**

- Support the creation of a culture of no retribution for reporting suspected abuse, neglect or exploitation;
- Support other staff to create an appropriate service culture in accordance with this policy;
- Provide services to clients in a manner consistent with this policy;
- Report all alleged or suspected instances of abuse, neglect and exploitation in accordance with this policy, as well as the *Critical and Notifiable Incident Policy*;
- Cooperate with the investigation of any complaint or grievance relating to the provision of EDQ; and
- Provide appropriate support to the person making the report.

**If you suspect a child has been, or is being, abused:**

- Remain alert to any warning signs or indicators that a child is experiencing or is at risk of abuse.
- Observe the child and make written notes as soon as you begin to have concerns — pay attention to changes in their behaviour, ideas, feelings and the words they use.
- Have gentle, non-judgemental discussions with the child — expressing your concern that a child looks sad or unwell can result in disclosures.
- Do not pressure a child to respond and do not ask questions that put words into a child's mouth.
- Assure the child that they can come and talk to you when they need to and listen to them when they do.
- Seek expert advice by contacting the Department of Communities, Child Safety and Disability Services.
- Remember that not acting on a suspicion or disclosure may result in further harm to the child.

**If a child discloses previous, current or ongoing abuse:**

- Utilise communication styles and / or aids commensurate with the child's comprehension levels.
- Remain calm.
- Do not express shock, panic or disbelief — the child is counting on you to provide calm reassurance that they are being listened to and heard.
- Find a private place to talk.
- Thank the child for coming to talk to you about it and recognise their bravery for talking about something that may be difficult or embarrassing.
- Be supportive, tell them that you believe what they are saying and thank them for helping you to understand.

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- Be a listener not an investigator — encourage children to talk in their own words and ask just enough questions to act protectively, for example, “can you tell me more about that?”.
  - Do not conduct any form of interview with the child. This can significantly hinder or potentially destruct police investigations due to evidence being considered contaminated.
  - Stress that what has happened is not their fault, for example, “you are not in trouble” and “if I look or sound upset it is because I want you to feel safe”.
  - Be aware of your tone of voice and help the child make sense of what you are feeling, for example, “I am feeling concerned for you,” or “what we can do right now is talk about ways to help you feel safe”.
  - Act proactively, for example, “I know some people do wrong things and it is up to grown-ups to protect children,” or “every child has a right to be safe, there are laws to help protect children”.
  - Reassure the child that they have done the right thing by telling you, and that they are not in trouble.
  - Do not make promises you cannot keep, such as promising you will not tell anyone — you need to tell someone in order to get help for the child.
  - Do not contact the person allegedly responsible for the abuse, regardless of who that person is — leave this to the Department or the police.
  - Keep information confidential — only those who absolutely need to know should be told at this point.
  - Report the alleged abuse to the General Manager.
  - Case note clearly the disclosures made by the child/young person and the responses you gave.

***Under no circumstances should any employee or volunteer of EDQ:***

- Conduct their own investigation to substantiate claims.
- Hold its own internal hearing (a “kangaroo court”).
- Attempt to mediate a settlement of the matter instead of notifying relevant authorities.

Investigations conducted in this way could lead to:

- The compromising of future legal proceedings.
- The destruction of evidence by an accused person.
- Intimidation of the person disclosing the information.
- Intimidation of the child being harmed (if the disclosure was made by somebody else).

**WHERE A CLIENT IS THE ALLEGED PERPETRATOR**

- Staff must consult with Police about whether to inform the client of the report to Police. The police may want to interview the client and take a statement. Clients with a cognitive disability must have an independent third person present during the interview, and this will be arranged by police. Where the client is under the age of 18 years, an independent person must be present during the police interview.
- Staff must contact the service most directly responsible for the client’s care who will ensure that the client has legal representation and is assisted during the investigation and hearing.

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- Under no circumstances should anyone but the Police interview the client about the allegation. It is acknowledged however that some discussion with the client may be required to establish safety and a basic understanding of what has occurred.

#### **WHERE A STAFF MEMBER IS THE ALLEGED PERPETRATOR**

- After reporting to the Police, the Board must be immediately notified of the report.
- Depending on the nature of the allegation, the Board's response regarding the alleged perpetrator should comply with EDQ's *Misconduct Policy*. Responses include redirecting the staff member to alternate duties that do not involve direct client care or standing the staff member down.

#### **WHERE A STAFF MEMBER IS THE ALLEGED VICTIM**

- Allegations or assaults where an EDQ staff member is the alleged victim should be dealt with in accordance with EDQ's *Critical and Notifiable Incident Policy*.

#### **NOTIFICATION OF NEXT OF KIN OR GUARDIAN – ALL CLIENTS**

- If the alleged perpetrator is the client's next of kin or legal guardian, the staff member must ensure that the immediate needs of the client and an appropriate planned response are undertaken.
- The General Manager/Senior Practitioner must notify the client's next of kin or guardian in the below circumstances, unless by notifying the next of kin or guardian will place the child at greater risk of harm:
  - the client is under 18 years old,
  - the client is over 18 years old and consents to their next of kin or guardian being contacted. If the client is unable to make an informed decision regarding contact and the client does not have an appointed guardian, the General Manager should contact the next of kin as appropriate;
  - the client has a legal guardian; or
  - the client is on a guardianship to Secretary order.
- The General Manager must explain to the next of kin or guardian: the nature of the allegation; the standard procedure for reporting allegations to the Police; that the client may choose whether or not to participate in the Police investigation; and any action taken by staff since reporting the allegation.
- If the client is a child or young person who does not wish their next of kin or guardian to be notified, a decision in relation to notification will need to consider factors including the client's age and capacity, where they are living and their best interests. If necessary, legal advice should be sought, and if a decision is taken not to notify the next of kin or guardian, this must be clearly documented and placed on the client's file.

#### **General Manager Actions**

Reporting of a disclosure or suspicion of harm involves a three-step-process, namely:

##### **1. Considering whether the disclosure or suspicion needs to be reported to the Queensland Police Service**

EDQ will refer matters to the QPS where a child is at imminent risk of harm or a child has been the victim of a criminal offence. As mentioned above, nurses are required to report any incidents of suspected or actual abuse of children or young people.

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If a person reasonably suspects a child has been, or is likely to become, a victim of a criminal offence, individuals should contact Queensland Police Service in relation to their concerns.

## **2. Considering whether the disclosure or reasonable suspicion of harm needs to be reported to Child Safety**

### ***Non-mandatory reporting***

Although not all staff are legislative mandatory reporters, EDQ's policy is that every person **MUST** report to Child Safety if that person forms a reasonable suspicion that a child (including an unborn child) has suffered, is suffering, or is at unacceptable risk of suffering significant harm **AND** does not have a parent able and willing to protect the child from the harm.

EDQ staff are to report to their General Manager/Senior Practitioner who will provide support in making the report to Child Safety.

### **Contact Information**

**During normal business hours** - contact the Regional Intake Service

<http://www.communities.qld.gov.au/childsafety/about-us/contact-us/child-safety-service-centres/regional-intake-services>

**After hours and on weekends** - contact the Child Safety After Hours Service Centre on **1800 177 135** or **(07) 3235 9999**. The service operates 24 hours a day, seven days a week.

If you are not sure who to call, or for assistance to locate the nearest Child Safety Service Centre, contact Child Safety Services' Enquiries Unit on **1800 811 810**. Child Safety Service Centres have professionally trained child protection staff members who are skilled in dealing with information about harm or risk of harm to children.

A person making a report is protected from liability under the *Child Protection Act 1999* from civil or criminal legal actions and is not considered to have broken any code of conduct or ethics.

## **3. Consider whether referral is required to other support services, including Family and Child Connect**

Staff who have concerns for a child that do not amount to a **reasonable suspicion** of harm should consider what support services could be offered to the family, for example, a Family and Child Connect service. The General Manager should work with their staff to access information.

### **IMPORTANT THINGS TO NOTE**

- Anyone can contact Family and Child Connect for information, advice and support for connecting families with support services.
- A mandatory reporter can refer a family without their consent, but others require the consent of the family to make a referral.
- The criteria for Family and Child Connect service to work with the family is:
  - The referred family has a child from unborn to 18 years of age, and

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- The child is not currently in need of protection, and
  - Without support the child, young person and family are at risk of entering or re-entering the statutory child protection system, and
  - The family would benefit from access to intensive and specialist support services, and
  - The family has multiple and complex needs.

The Family and Child Connect website provides useful materials, including Training resources in relation to family support services, which can assist you further:

<http://www.communities.qld.gov.au/childsafety/protecting-children/how-to-prevent-abuse/family-and-child-connect>

### ***Other important aspects of managing a report***

Whilst the General Manager is to lead and coordinate a report to any external bodies, it is important to be aware that the person receiving the information is also able to report this to the relevant authorities and is encouraged to be involved in the reporting process. This is important as:

- The integrity of the information is retained when the person receiving the disclosure is the person reporting the matter to the authorities,
- Information is not accidentally mishandled in the internal reporting procedures, prior to the matter being reported to the authorities, and
- Where there is immediate risk of harm to a child, all staff or volunteers are aware they can act immediately to protect that child and contact the authorities.

### **Other aspects for the General Manager to consider**

- Processes to ensure appropriate confidentiality are to be maintained in relation to the issues and any relevant documents.
- Procedures to access appropriate support or counselling for the child or young person, the carer or guardian and the person who receives the disclosure should be detailed and provided to these persons, in a timely manner.
- **Media attention:** A disclosure or suspicion of harm may attract media notice. It is critical to avoid giving out protected or potentially damaging information. Consider limiting contact with the media to one person in your organisation. If you are uncomfortable dealing with the media, refer them to your legal agent.

## **EXTERNAL REPORTING**

### **Level One Incidents**

- Level One incidents are very serious incidents, with a significant risk of or actual harm or death, injury, loss or damage; and an immediate and/or major consequence for the person/s involved or the provision of service.

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▪ Level One incidents include:

- Death of a person with a disability
  - Who was a child or young person known to Child Safety in the previous 12 months; or
  - Which is defined as a 'death in care' under the *Coroners Act 2003 (Qld)*; or
  - Where another client, foster or kinship carer, or staff member is involved in the death; or
  - While attending or using the service.
- Life threatening injuries;
- Hospitalisation, due to injury, of a child or young person known to Child Safety – currently or within the previous twelve months;
- Abduction;
- Physical assault or injury requiring hospitalisation, emergency medical treatment or ambulance attendance;
- Alleged rape, sexual assault or serious assault of a child under 14 years.

### **Level Two Incidents**

- Level Two incidents involve events that threaten the health, safety and/or wellbeing of clients or staff, but do not have an immediate or major consequence for clients, staff and or the public, including, but not limited to:
  - Serious injury to a person that results in hospitalisation
  - Alleged rape, sexual assault or serious assault
  - Attempted suicide
  - Missing Child
  - Missing person, where there are serious concerns for their safety or wellbeing due to their vulnerability
  - Alleged abuse, neglect or exploitation of a person with a disability.
- The person with management or control of the workplace must ensure, so far as reasonably practicable, that the site where the incident occurred is not disturbed until either Workplace Health and Safety Queensland or the Board advise that the area is no longer required to be preserved.
- The Board and General Manager will track progress and outcomes of accidents, incidents and near misses in the *Incident Report Register* and refer any relevant items for inclusion in the *Continuous Improvement Plan*.
- Accidents, incidents and near misses are to be reported to the Board monthly by the General Manager as part of their WHS reporting

### **NDIS REPORTING REQUIREMENTS**

#### **ONGOING SUPPORT**

- Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also

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frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the client may be required.

- A quality of support review must also be undertaken by the General Manager for clients who are victims or alleged perpetrators of an assault. Agreed actions for the client's immediate and ongoing needs must be recorded on the client's care plan. This must include:
  - Steps being taken to assure the client's safety and wellbeing in the future
  - Treatment or counselling the client may access to address their safety and wellbeing
  - Modifications in the way services are provided (for example, same gender care or placement)
  - How best to support the client through any action the client takes to seek justice or redress including making a report to Police
  - Any ongoing risk management strategy required where this is deemed appropriate.

### **Reviewing current policies and procedures**

EDQ will undertake a review of the operation of relevant procedures following a disclosure or suspicion of harm being actioned to:

- Consider the application of the policies and whether there are any changes necessary, for example, whether they are suitable for:
  - Responding to a child or young person when a disclosure is made
  - Protecting children and young people from harm, and
  - Assisting involved parties within your organisation, and
- Identify any additional training requirements.

This review must not interfere with court processes, and legal advice may be sought before starting a review. During the review, record what worked well and what may need to be improved upon.

### **Additional Resources**

#### **1. Kids Helpline**

Provides information, support & advice to children 5 – 25 years of age

Ph: 1800 55 1800

[www.kidshelp.com.au](http://www.kidshelp.com.au)

#### **2. eheadspace**

Provides support, information & advice to children from 12+ years of age

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Ph: 1800 6500 8900

[www.eheadspace.org.au](http://www.eheadspace.org.au)

### 3. Family & Child Connect

Ph: 133264

[www.familychildconnect.org.au](http://www.familychildconnect.org.au)

## REVIEW MECHANISMS

This policy will be reviewed on a regular basis. Indicators of the policy being successful include:

- Staff feedback
- Client feedback

## RELEVANT DOCUMENTATION

- Code of Conduct document
- Incident report form
- Consent Form
- Clients Rights and Responsibilities
- Risk Register

## OTHER RELEVANT POLICY & PROCEDURES

- HR7 Code of Conduct
- HR4 Criminal History Screening
- CR1 Statement of Client Rights and Responsibilities

<b>Approved:</b> EDQ Board
<b>Date Approved:</b> July 2019
<b>Date last revised:</b> June 2019
<b>Date to be reviewed:</b> June 2021
<b>This Document is CONTROLLED and is not to be altered without authorisation</b>