

1.0 PURPOSE

The purpose of this policy is to guide Autism Queensland (AQ) staff in how to behave with children and to outline how AQ will respond to and report harm, or allegations of harm to clients under 18 years of age. The policy focuses on how AQ can promote children's participation in the organisation and keep them safe from harm.

2.0 SCOPE

This Policy applies to all employees of AQ (except for employees of AQ School where the *Child Protection (School) Policy & Procedure* applies). A reference to "employees" includes permanent, fixed-term, temporary and casual employees, directors, contractors, volunteers and people undertaking work experience or vocational placements at AQ and other representatives acting on behalf of Autism Queensland in any capacity.

The protections included in this Policy apply to all children and young people under 18 years of age on AQ premises (except the AQ School), accessing services provided by AQ at other locations, and children unconnected with AQ if AQ employees, in the course of their AQ role, become aware of or reasonably suspect harm.

Please refer to the *Child Protection (School) Policy & Procedure* for protections related to students and children on AQ School sites.

3.0 POLICY

Autism Queensland supports the active participation of children in our organisation. We want children and young people who participate in our programs and services to have a safe and happy experience. We listen to children's views, respect what they say and involve them when we make decisions, especially about matters that will directly affect them.

Autism Queensland is committed to ensuring all children engaged in AQ services, facilities or activities are protected from harm and abuse. AQ has written processes in place to enable it to comply with the requirements of the *Work Health and Safety Act 2011 (Qld)* and the *Working with Children (Risk Management and Screening) Act 2000 (Qld)*. All employees must ensure their behaviour towards and relationships with children reflect proper standards of care in accordance with AQ policies and procedures.

When AQ receives any information alleging harm to a child or young person, it will deal with the situation compassionately and fairly to minimise any likely harm to the extent it reasonably can. This is set out in the *Child and Youth Risk Management Strategy*.

All staff will participate in regular training on Child Protection, Incident Reporting and Workplace Health & Safety. Updates of any aspects of these processes will be communicated at scheduled staff meetings, in individual supervision meetings, in CEO Updates and through any other relevant method.

4.0 PRINCIPLES

Autism Queensland:

- recognises the safety, wellbeing and best interests of the child are paramount;
- recognises the right of children to feel safe and to be in an environment where they are protected from harm and abuse;
- encourages and supports any person who has witnessed harm or abuse of a child, or who suspects that abuse has occurred, to make a report;
- ensures that any person who makes a report can be confident of doing so without fear of retribution;
- acknowledges prevention is the best protection from abuse and recognises its duty of care obligations to implement prevention strategies;

- maintains a rigorous and consistent recruitment, screening and selection process and provides regular Child Protection training and information sessions to ensure employees respect the rights of children, understand this policy, and are aware of current legislation about abuse and neglect;
- discourages employees from being alone with a child or out of “sight and/or sound” of other adults and where this is not possible, applies robust risk assessment, and other strategies are implemented;
- maintains transparent procedures for children and employees to raise concerns or complaints, including the requirement for employees to assist children and their families or guardians to raise any concerns and access the complaints process;
- will respond quickly, considerately and effectively where harm or abuse has occurred, to protect children from any further harm;
- will assist children throughout their involvement with counselling, medical and/or legal services that may take place as a consequence of harm or abuse, including any investigations;
- will assist children and/or their families, where appropriate, to access advocacy support;
- will take disciplinary action against an employee who fails to report or attempts to cover up any incidents of actual or potential harm or abuse

5.0 DEFINITIONS

5.1 Harm

Harm to a child (Section 9 of the *Child Protection Act 1999*) is any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing.

It is immaterial how the harm is caused. Harm can be caused by:

- physical, psychological or emotional abuse or neglect; or
- sexual abuse or exploitation;
- a single act, omission or circumstance; or
- a series or combination of acts, omissions or circumstances.

5.2 Child Abuse

Child Abuse is a single incident or a number of incidents that take place over time. The *Child Protection Act 1999* considers whether a child:

- has suffered harm, is suffering harm, or is at risk of harm;
- has a parent or guardian able and willing to protect the child from harm.

There are four different types of child abuse that lead to harm:

- physical abuse;
- sexual abuse;
- emotional abuse;
- neglect.

5.2.1. Physical Abuse

Physical abuse occurs when a child has suffered, or is at risk of suffering, non-accidental physical trauma or injury. Physical abuse can include hitting, punching, kicking, strangling, shaking, throwing, burning, biting, poisoning, smothering. Physical abuse does not always leave visible marks or injuries. Regardless of marks or injuries, the act itself causes trauma to the child.

5.2.2. Sexual Abuse

Child sexual abuse occurs when an adult, adolescent or child use their power or authority to involve a child in sexual activity. Child sexual abuse can cause physical and emotional harm to a child.

Sexual abuse can be physical, verbal or emotional and can include but is not limited to the following:

- kissing or holding, or touching a child in a sexual manner;
- exposing a sexual body part to a child;
- having sexual relations with a child;
- talking in a sexually explicit way that is not age or developmentally appropriate;
- making obscene phone calls or remarks to a child;
- sending obscene mobile text messages or emails to a child;
- fondling a child in a sexual manner;
- persistently intruding on a child's privacy;
- penetrating the child's vagina or anus by either the penis, finger or any other object;
- oral sex;
- rape;
- incest;
- showing pornographic films, magazines, internet sites or photographs to a child;
- having a child pose or perform in a sexual manner;
- forcing a child to watch a sexual act;
- child prostitution.

5.2.3. Emotional Abuse

Emotional abuse occurs when abuse impairs or threatens a child's social, emotional, cognitive or intellectual development. It can include emotional deprivation due to persistent rejection, hostility and threats, teasing, bullying, yelling, criticism or exposure to domestic and/or family violence.

5.2.4. Neglect

Neglect occurs when a child's needs are not met, affecting their health and development. Basic needs include food, housing, health care, clothing, personal hygiene, and adequate supervision.

5.3 Child in Need of Protection

A Child in Need of Protection (Section 10 of the *Child Protection Act 1999*) is a child who: has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm; and does not have a parent or guardian able and willing to protect the child from the harm.

5.4 Reportable Suspicion

A Reportable Suspicion about a child is a reasonable suspicion that the child: has suffered, is suffering, or is at unacceptable risk of suffering, harm caused by physical, sexual or emotional abuse or neglect; and does not have a parent able and willing to protect the child from the harm.

5.5 National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission

An independent government agency established to improve the quality and safety of NDIS supports and services, including the implementation of Positive Behaviour Support and the use of Restrictive Practices.

5.6 NDIS Quality and Safeguards Commission Reportable Incident

Registered NDIS providers are required to record and manage all incidents that happen in the delivery of NDIS supports and services in their internal incident management systems, and **notify the NDIS Commission of reportable incidents**.

Registered NDIS providers must notify the NDIS Commission, via the NDIS Commission Portal, of all reportable incidents (including allegations), even where the provider has recorded and responded within their own incident management system.

For an incident to be reportable a certain act or event needs to have happened (or alleged to have happened) **in connection with the provision of supports or services by the registered NDIS provider**. This includes:

- The death of a person with disability
- Serious injury of a person with disability
- Abuse or neglect of a person with disability
- Unlawful sexual or physical contact with, or assault of, a person with disability
- Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- Unauthorised use of restrictive practices in relation to a person with disability.

6.0 PROCEDURE

The following procedure provides processes for responding to allegations and/or identification of actual or suspected child abuse or harm. All actions in these matters are strictly confidential and are to be carried out in accordance with the *Privacy Policy*. Also refer to the *Incident Management Policy & Procedure* for further details on reporting procedures.

6.1 Responding to Reports of Harm

- In all aspects of service delivery, highlight and prioritise the importance of preventing and responding to concerns of harm to children, whether it is alleged or actual.
- Respond immediately to any allegation of abuse or neglect of a child.
- Address detection, allegations and reporting of harm and abuse in accordance with training and relevant AQQA policies and procedures.
- Respond to abuse and neglect with specific consideration to the age of the child. Support the child through investigation of any allegations, as directed by Child Safety.
- Maintain strict confidentiality around any allegations and/or investigations, including where an alleged perpetrator of harm is an AQ employee. Due process and fair treatment will be extended to every person throughout the investigation and in any legal proceedings.

6.2 Reporting Child Abuse¹

Criminal Code (Child Sexual Offences Reform) and Other Legislation Amendment Act 2020

- **All adults** must report sexual offending to the **Police** unless they have a reasonable excuse. This includes current or historical offending.
- **All adults** in an institutional setting (e.g. a school, church or sporting club) must protect children from the risk of a sexual offence being committed against them.

¹ Education (Accreditation of Non-State Schools) Regulation 2017 (Qld) s.16 (2)(d)

Section 13E (3) of the Child Protection Act 1999

If a doctor, registered nurse, teacher or early education and care professional forms a 'reportable suspicion' about a child "in the course of their engagement in their profession", they must make a written report.

6.2.1. Employees

IF YOU ARE AN AQ STAFF MEMBER AND YOU ARE WORRIED ABOUT A CHILD:

If the **child is in immediate danger**, then:

- Make the child safe, provide medical assistance as required, and/or remove the source of harm or potential harm from the person (e.g. other people, harmful objects) if it is safe to do so;
- Call emergency services if necessary;
- Immediately inform your direct manager, or, if not available, your managers' manager or any other manager or the Client Safety and Wellbeing Manager;
- If you cannot leave the child, direct any other staff member to contact the above people on your behalf;
- If you are at a school other than AQ's own school, report to that school's principal, follow that school's child protection policy as directed by the principal and also inform your direct manager as soon as possible;
- Make written notes as soon as possible;
- Inform the Client Safety and Wellbeing Manager;
- Follow all directions given to you by your direct manager, the Client Safety and Wellbeing Manager and/or other managers involved.

Otherwise:

- Inform your direct manager as soon as you have any concerns – this might not be one specific situation but an accumulation of observations;
- Make written notes of event/s as soon as possible;
- If you are at a school other than AQ's own school, inform that school's principal, follow that school's child protection policy as directed by the principal and also inform your direct manager as soon as possible;
- Inform the Client Safety and Wellbeing Manager;
- Follow all directions given to you by your direct manager, the Client Safety and Wellbeing Manager and/or other managers involved;
- Discussion with your direct manager will clarify what the next steps need to be;
- It is highly likely that this will require you to complete an Incident Report on ProSIMS (see *Incident Management Policy & Procedure*);
- If it is determined that a report needs to be made to the Department of Child Safety, Youth & Women, then you will need to do this (as the person with the direct knowledge of what has occurred and the nature of the concerns), supported by your manager;
- If it is determined that a report needs to be made to the police, your direct manager or their manager will initiate this, and you will need to provide the necessary information to the police when requested;
- Ensure all subsequent events that occur:

- as a result of the incident; and/or
- as a result of AQ's actions in response to the incident; and/or
- seem to otherwise relate to the incident / your concerns

are communicated to your direct manager, the Client Safety and Wellbeing Manager and, where relevant, added to the Incident Report in the current AQ incident reporting system.

6.2.2. Managers

IF YOU ARE A MANAGER AND A STAFF MEMBER WHO DIRECTLY REPORTS TO YOU INFORMS YOU THAT THEY ARE WORRIED ABOUT A CHILD:

- Ascertain whether **urgent action** is immediately required as per *Incident Management Policy & Procedure*.
- If it is a **Critical Incident level 1** (see *Incident Categories Guidelines* for detailed information on Critical Incident levels), verbally inform
 - the CEO or another member of the Executive Leadership Team (ELT) as relevant, and
 - your direct manager as soon as it is possible to do so –

this may require another staff member to contact those people on your behalf, if your continued attendance on the scene is required.
- If it is a **Critical Incident level 2**, verbally inform
 - a member of the ELT and
 - your direct manager –

this may require another staff member to contact those people on your behalf, if your continued attendance on the scene is required.
- Inform the Client Safety and Wellbeing Manager.
- Follow all directions given to you by the CEO or ELT.
- For **all other incident levels**, direct communication to the CEO or ELT is not required, but
 - you must inform the Client Safety and Wellbeing Manager or ensure that the staff member has done so.
- **For all incident levels:**
 - Gather further, more detailed verbal information from the staff member as soon as possible.
 - Gather verbal information from other staff members where possible.
 - Ensure the staff member/s have made written notes.
 - Make your own written notes as soon as possible.
 - In collaboration with the staff member and the Client Safety and Wellbeing Manager, determine what the appropriate next steps will be.
 - If it is determined that a report needs to be made to the police (required if concern is actual or suspected sexual abuse), you will need to do this as promptly as possible, and the staff member/s who reported the issue made aware that they will need to provide information to the police.
 - If a report to the Department of Child Safety, Youth & Women is required, support and facilitate the staff member to do this (e.g. provide relief staffing to release the staff member, discuss the content of the report) before the end of the day.

- If a report is being made to The Department of Child Safety or Police, consult with the Client Safety and Wellbeing Manager about informing the carer/s. The Client Safety and Wellbeing Manager will consult with your manager to ensure the carer/s are informed as appropriate.
- Make provision for all staff involved to complete an incident report, if required, and other documentation before the end of the day (e.g. provide relief staffing to release the staff member/s).
- If the child is accessing the service using NDIS funding and the incident meets the NDIS Quality & Safeguard Commission ('the Commission') criteria as a reportable incident – that is that the harm came about as a consequence of AQ providing an NDIS-funded service to the child – make a report to the NDIS Commission within 24 hours of the occurrence of the incident (see <https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>), followed by a 5 day report.
- Support the child, the staff member/s and the child's family (if harm was caused by somebody other than the parents/carers) throughout the situation.
- **Ensure that all the above obligations have been carried out e.g.:**
 - Incident Report has been satisfactorily completed on ProSIMS and forwarded to you and the Client Safety and Wellbeing Manager;
 - any further documentation has been added to the Incident Report;
 - you have been provided with the necessary information to complete the 5-day report to the Commission;
 - physical evidence has been provided (e.g., photos of bruises);
 - if, after investigation, it is confirmed that the perpetrator is an AQ staff member, a report is made to the appropriate professional registration board and HR.

6.2.3. Client Safety and Wellbeing Manager

IF YOU ARE THE CLIENT SAFETY AND WELLBEING MANAGER AND YOU ARE INFORMED BY A STAFF MEMBER OR THEIR DIRECT MANAGER THAT THEY ARE WORRIED ABOUT A CHILD:

- If a staff member, check they have informed their direct manager.
- Discuss the concerns and ask for further information if necessary.
- Discuss whether a report to the police is needed and talk to the staff member and their manager about this process.
- Discuss whether a report to Child Safety is needed and talk to the staff member about this process if needed.
- Discuss whether a report to the Commission is needed and if so, that it is the direct manager who will need to upload this to the Commission portal.
- Check that the staff member/manager is aware of and addressing all requirements:
 - Incident Report procedure and any associated documentation on the AQ database;
 - Ongoing monitoring of staff member/s and situation;
 - A report has been made to the NDIS Quality & Safeguards Commission, where necessary;
 - Where the perpetrator is an AQ staff member, that a report to the relevant professional registration board has been made.

6.2.4. Chief Executive Officer will:

- notify the Chair of the Board of Directors;
- ensure notification to the relevant insurance provider.

7.0 COMPLAINTS

Suggestions of non-compliance with this Policy & Procedure may be submitted and will be managed in accordance with AQ's *Complaints Management Policy*.

8.0 RELATED DOCUMENTS

Legislation and Regulations

Australian Human Rights Commission Act 1986 (Cth)

Child Protection Act 1999 (Qld)

Corporations Act 2001 (Cth)

Criminal Code Act 1899 (Qld)

Criminal Code (Child Sexual Offences Reform) and Other Legislation Amendment Act 2020

Disability Discrimination Act 1992 (Cth)

Disability Discrimination and Other Human Rights Legislation Amendment Act 2009 (Cth)

Disability Services Act 2006 (Qld)

Disability Services Regulation 2017 (Qld)

Education (Accreditation of Non-State Schools) Act 2017 (Qld)

Education (Accreditation of Non-State Schools) Regulation 2017 (Qld)

Human Rights Act 2019 (Qld)

National Disability Insurance Scheme Act 2013 (Cth)

Privacy Act 1988 (Cth)

Guardianship and Administration Act 2000 (Qld)

Public Guardian Act 2014 (Qld)

Public Trustee Act 1978 (Qld)

Work Health and Safety Act 2011 (Qld)

Work Health and Safety Regulation 2011 (Qld)

Working with Children (Risk Management and Screening) Act 2000 (Qld)

Working with Children (Risk Management and Screening) Regulations 2011(Qld)

Standards and Principles

Australian Privacy Principles

Human Services Quality Standards

National Disability Standards (Cth)

NDIS Quality & Safeguarding Framework

Autism Queensland Quality Assurance

Child Protection (School) Policy & Procedure

Child and Youth Risk Management Strategy

Client Protection (Adult) Policy & Procedure

Code of Conduct

Complaints Management Policy

Incident Management Policy & Procedure

CHILD PROTECTION (NON-SCHOOL) POLICY & PROCEDURE



Incident Categories Guidelines

Privacy Policy

Reportable Incident Investigation Form – NDIS Participants Only

Restrictive Practices Policy and Procedure

Risk Management Policy

Workplace Health & Safety Policy

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