

**Policies and Procedures**

**Updated 5.03.2017**

Ethics and Codes of Conduct

All staff to be fully up to date with latest ethics and professional regulations for their profession. For example SPA has revised its Code Of Ethics in 2010 and has an Ethics Education Package and workbook for members. See jcpslp, vol 17, 2015..

Our Code of Conduct

Statement of Commitment:

Our organisation provides an open, welcoming and safe environment for everyone participating in our programs. We provide high quality program(s) for kids and adults that are safe and welcoming for them. We seek advice and guidance from kids, parents and colleagues so these standards are maintained. Everyone participating in Child Think and Australian Effective Therapies's programs (including staff, volunteers, students, children, parents and visitors) must keep to the following codes of behaviour:

* Do: •Treat everyone with respect and honesty (this includes staff, volunteers, students, children, young people and parents).

• Remember to be a positive role model to kids in all your conduct with them.

• Set clear boundaries about appropriate behaviour between yourself and the kids in your organisation. Boundaries help everyone to carry out their roles well.

• Follow organisational policy and guidelines for the safety of children as outlined in your Child-safe Policy

• Always have another adult present or in sight when conducting one to one coaching, instruction etc.

• Record and act on serious complaints of abuse.

* Do not • Develop any 'special' relationships with children that could be seen as favouritism such as the offering of special gifts or special treatment.
* • Do things of a personal nature that a child can do for themselves, such as going to the toilet or changing clothes

CHILD-SAFE POLICY

Child Think's "Child-safe Policy" We want children and young people who participate in our program to have a safe and happy experience. We support and respect our children, young people, staff, volunteers and students. Our policy guides staff, volunteers and students on how to behave with kids in our organisation. The policy focuses on how we can promote kids’ participation in our organisation and make it safer for them.

Child Think supports the active participation of kids in our organisation. We listen to kids' views, respect what they say and involve them when we make decisions, especially about matters that will directly affect them.

1. We promote respect, fairness and consideration for all staff, volunteers and students.

2. All staff, volunteers and students have a more senior officer assigned to support and supervise their work.

3. All new staff, volunteers and students will receive a copy of the Child-safe Policy, Code of Conduct and Dealing with Complaints process.

Our organisation will maintain a rigorous and consistent recruitment, screening and selection process. We use interviews, references, and the Working With Children Check.

We have strong procedures for kids and workers to raise concerns or complaints (see our complaints policy)

Our Child Safety Contact Person to manage all complaints is Dr Jenny Harasty CEO.

We will hold regular information sessions for staff, volunteers and students.

Our policy will be discussed during induction sessions for all new staff, volunteers and students. Our policy will also be discussed in supervisory sessions with each staff at every session to determine if any incidents or complaints have occurred .

Kids and parents joining our program/s will receive a copy of the Policy, Code of Conduct and Dealing with Complaints process.

Parents will receive a copy of the Parent's Guide to Child Protection Issues on request.

The policy and guidelines will be reviewed every two years and incorporate comments and suggestions from children and young people, parents, staff, volunteers and students.

This policy will be updated and reviewed every 12 months. For further information see: www.kidsguardian.nsw.gov.au who participate in our program to have a safe and happy experience. We support and respect our children, young people, staff, volunteers and students.

Complaints handling

All complaints to go straight to CEO Dr Jenny Harasty (Our Child Safety Officer) who will investigate and determine action required such resolving difficulties, changing therapist, providing documents, or a free therapy session if needed.

Every complaint is different but the steps for dealing with them should be the same.

A complaint handling procedure ensures complaints are dealt with the same way every time.

Here is a procedure for handling customer complaints consistently.

1. **Listen to the complaint**. Accept ownership of the problem. Apologise. Don't blame others. Thank the customer for bringing the problem to your attention.
2. **Be understanding**. Remember, the person is complaining about your business, not about you personally. Be calm, cheerful and helpful. Where possible, let the customer know that you will take responsibility for resolving the problem.
3. **Record the complaint**. Detail the complaint so that you and other staff know exactly what the problem is. Have one place to record complaints and the actions taken to resolve them. This lets you see any patterns emerge over time. Complaints about a particular process or product might indicate that changes need to be made. Staff can also see what was done to resolve complaints in the past.
4. **Make sure you have all the facts**. Check that you understand the details while the person is making the complaint, and ask questions if necessary. This will also let them know that you are taking their complaint seriously.
5. **Discuss options for fixing the problem**. At the very least, a sincere apology costs nothing. But think about what this complaint could cost you in lost business or a complaint to the Equal Opportunity Commission. Maybe you can provide a free product or discount a future service.
6. **Keep your promises**. Don't promise things that you can't deliver. In handling complaints it is better to under-promise and over-deliver.
7. **Be quick**. If complaints take several days to resolve or are forgotten, they can escalate.
8. **Follow up**. Record the customer's contact details and follow up to see if they were happy with how their complaint was handled. Let them know what you are doing to avoid the problem in the future.
9. **Reward your staff**. Encourage and reward your staff for dealing with unhappy customers and handling their complaints well.

Complaints management:

All service providers of specialist disability services are to have clear and accessible complaints handling and dispute resolution processes which are in accordance with the Australian/New Zealand Standard

Guidelines for Complaint Management in Organizations.

Providers must advise participants that if they are not satisfied with the outcome of their complaint lodged with their provider, the participant can lodge a complaint with the Department of Communities,

Child Safety and Disability Services (DCCSDS) Central Complaints Unit.

For more information:

<https://www.communities.qld.gov.au/gateway/aboutus/compliments>

# Child Safety & Mandatory reporting

## **A child safe organisation has:**

* **employees who are aware of their duty of care** and reporting and responding to concerns and complaints.
* **procedures in place** for listening to children and dealing with concerns or complaints about behaviours towards a child, a disclosure of abuse or abuse.

## **Child protection**

A child safe organisation knows what constitutes harm to a child and what to do when it is detected.

The *Children and Young Persons (Care and Protection) Act 1998* makes certain occupations mandatory reporters of child abuse. However, anyone who has reasonable grounds to suspect that a child or young person is at risk of being neglected or physically, sexually or emotionally abused should make a report to the Child Protection Helpline. Remember that allegations of child abuse must be handed by professional. Call Family and Community Services Helpline on 132111 (24 hours a day 7 days a week) if you suspect child abuse or 133 627

# How to make a report?

If you are a mandatory reporter, you can make **non-imminent** suspected risk of significant harm reports to the Child Protection Helpline either by using [eReporting](https://kidsreport.facs.nsw.gov.au/) or by phone. All urgent reports must be made by phone to the Helpline on **133 627 (13 DOCS)**.

The general public should call the Child Protection Helpline on 132 111.

If you are a **mandatory reporter employed in a government agency that has a Child Wellbeing Unit (CWU)** – you can call your CWU for help in identifying whether a case meets the statutory threshold of risk of significant harm.

If you are a **mandatory reporter employed by a non-government organisation or a government agency without a CWU** – you can report matters, where you believe a child is at risk of significant harm, to the Child Protection Helpline. You are encouraged to use the [Mandatory Reporter Guide](http://www.community.nsw.gov.au/__data/assets/pdf_file/0009/327663/mandatory_reporter_guide.pdf) before making a report to the Helpline.

## Helpline eReporting

eReporting must only be used for **non-imminent** suspected risk of significant harm reports. ALL urgent reports must still be made by phone to the Helpline on 133 627 (13 DOCS).

eReporting is an internet-based system used to make child protection reports to Family and Community Services if you have current concerns about the safety, welfare or wellbeing of a child or young person.

eReporting is easily accessible and simple to use and does not require user registration. eReports are delivered securely and automatically to the Child Protection Helpline for assessment.

eReporting is only available for mandatory reporters at this stage.

## **Managing complaints**

Many people find it difficult to raise a concern or a problem about the organisation they are involved in, particularly children who are often reluctant to complain and may feel powerless. A well defined incident/concern reporting and management arrangement should make it clear that a child can approach any person in the organisation to express concerns about their treatment and they will be taken seriously. It should also inform employees and volunteers about whom they can approach to express concerns

Restrictive practices: No restrictive or physical handling of customers must occur.

Providers of specialist disability services must comply with the DSA 2006 requirements when using restrictive practices. This framework aims to reduce or eliminate the need for use of restrictive practices by ensuring practices are used in a way that: has regard for the human rights of those adults; is the least restrictive way of ensuring the safety of the adult or others; maximises the opportunity for positive outcomes and; projects/ positive behaviour support monitoring and compliance.

Restrictive practices framework only applies to adults with disability who:

1. Have an intellectual or cognitive disability;
2. Requires restrictive practices as part of a positive behaviour support plan; and
3. Have impaired capacity to consent to the use of restrictive practices.

Disability Reportable Incidents Scheme Guidelines:

Service providers of disability supported group accommodation and centre based respite are required to notify the NSW Ombudsman of Service providers must report the following incidents to the NSW Ombudsman:

1. Employee to client incidents of sexual assault, sexual misconduct, assault, fraud, ill- treatment or neglect
2. Client to client incidents of sexual and physical assault (causing serious injury or involving the use of a weapon), or that forms a pattern of abuse
3. Contravention of an AVO taken out to protect a person with disability
4. Serious unexplained injury of a person with disability.

Client Death Legislation:

Information about the deaths of children and adults with disability who, at the time of their death, were living in or temporarily absent from, residential or a licensed boarding house you are required to report this to the Ombudsman.

You are also required to:

* Report deaths in accordance with legislative requirements and timeframes
* Co-operate with enquiries from external agencies such as Police, Ombudsman and Coroner
* Review the circumstances of the death and implement and monitor appropriate actions arising from the review
* Maintain and store records required to comply with the legislation and this policy
* Maintain documented procedures for responding to the death of the person that give effect to this policy and meet the principles of this policy.

Disability Reportable Incidents Scheme:

All service providers of disability supported group accommodation and centre based respite are required to notify the NSW Ombudsman of ‘reportable incidents’ involving people with disability.

Service providers must report the following incidents to the NSW

Ombudsman:

1. Employee to client incidents of sexual assault, sexual misconduct, assault, fraud, ill-treatment or neglect
2. Client to client incidents of sexual and physical assault (causing serious injury or involving the use of a weapon), or that forms a pattern of abuse
3. Contravention of an AVO taken out to protect a person with disability
4. Serious unexplained injury of a person with disability.

Records Management Policies and procedures

All clients to have individual files or two files (one assessment file and one therapy file). Files to be kept by therapist and updated regularly when client is in therapy and then kept at central location when discharged. All clients to have signed copy of client information sheet in files.File audits to be done every six months. On resignation files to be checked by Dr Jenny Harasty.

# Security and confidentiality of records

## Building controls

Childthink paper records are kept securely in [building] with controls to protect against unauthorised access.

## Security labels

Sensitive records in all formats have labels such as ‘In Confidence’ along with their associated management rules, as defined by the NSW Government Chief Information Office’s *Guide to labelling sensitive information*

## Rules for childthink staff

Child Think staff are bound by SPA & Respective Associations *Code of ethics*, preventing unauthorised access or disclosure of records.

# Access to records

## Access relating to duties

Staff need to have access to information held by Childthink to help them make informed decisions on matters under their consideration. This information should be relevant and appropriate to the discharge of their obligations

**PRIVACY AND PERSONAL INFORMATION**  
When you are provided with services from Child Think and Adult Think, your personal information is collected so that we can provide you with appropriate services Your collected details and therapists can also be accessed by administrators to produce reports.

Personal information provided to us will be used and disclosed for the educational and professional and therapy purposes, or a directly related purpose, unless you consent to another use or disclosure, in emergencies or as otherwise required or authorised by law.

The child think website does not use cookies to collect personal information.

The provision of information to the Child Think is voluntary, meaning there is no law requiring you to provide personal information to Child think.

**Your rights**

Under the *Privacy and Personal Information Protection Act 1998*, you have the right to access your personal information held by us without excessive delay or expense. You also have the right to have your personal information corrected in certain circumstances, for example if it’s inaccurate, by making a written request to us

* Email – enquiries@childthink.net

Why we have a privacy management plan

We have a Privacy Management Plan (plan) because we want our stakeholders and staff to know how we manage personal information. With this plan we also acquit our compliance with s33 of the Privacy and Personal Information Protection Act 1998

(NSW) (PPIP Act).

The plan explains how we manage personal information in line with the PPIP Act and health information under the Health Records and Information Privacy Act 2002

(NSW) (HRIP Act).

It also explains who a person can contact with questions about the personal or health information we hold, how they can access and amend their information and what to do if they think we may have breached the PPIP Act or

the HRIP Act.

We also use this plan to train our staff about how to deal with personal and health information. This helps to ensure that we comply with the PPIP Act and the HRIP Act.

Please refer to

Appendix A

for more information about the PPIP Act, the HRIP Act and other privacy-related

instruments.

What this plan covers

S33(2) of the PPIP Act sets out the requirements of this plan. This plan must include:

•

information about how we develop policies and practices in line with the PPIP Act and the HRIP Act

•

how we train staff in these policies and practices

•

our internal review procedures

•

anything else that we consider relevant to the plan in relation to privacy and the personal and health information we hold.

We also referred to our own privacy management plan resources when writing this plan.

We will review this plan every 12 months. We will review the plan earlier if any legislative, administrative or systemic changes affect how we need to manage personal and health information.

Risk Management Plan

# The Risk Management Process

Treat the Risks

Evaluate the Risks

Analyse Risks

Estimate Risk Level

**Likelihood**

**Consequence**

Establish Goals & Context

###### *Likelihood*

# Consequence

**Consequence**

AS/NZS 4360:2004

Stakeholder Consultation / Communication

Monitor /

Review

Identify Risks

The steps involved in managing risk

### Establish Goals and Context

As outlined in the Risk Management process, the risk assessment is undertaken within the context of your goals. The identification / validation of your goals is therefore a critical first step in the risk management process.

Effective risk management requires a thorough understanding of the context in which your Department or Agency operates. The analysis of this operating environment enables you to define the parameters within which the risks to your outputs need to be managed.

The context sets the scope for the risk management process. The context includes strategic, organisational and risk management considerations. According to the Standard, strategic context defines the relationship between the organisations and its environment. Factors that influence the relationship include financial, operational, competitive, political (public perceptions / image), social, client, cultural and legal. The definition of the relationships is usually communicated through frameworks such as the SWOT (Organisational strengths, weaknesses, opportunities and threats) and PEST (Political, Economic, Societal, and Technological).

The organisational context provides an understanding of the organisation, its capability and goals, objectives and strategies. According to the Standard, organisational context is important because:

1. risk management occurs within the context of endeavouring to achieve the goals and objectives,
2. failure to achieve the objectives is one set of risks that need to be managed, and
3. the goals and strategies assist to define whether a risk is acceptable or unacceptable.

The risk management context defines that part of the organisation (goals, objectives, or project) to which the risk management process is to be applied.

### Identify risks

Identify the risks most likely to impact on your outputs, together with their sources and impacts. It is important to be rigorous in the identification of sources and impacts as the risk treatment strategies will be directed to sources (preventive) and impacts (reactive).

### Analyse risks

Identify the controls (currently in place) that deal with the identified risks and assess their effectiveness . Based on this assessment, analyse the risks in terms of likelihood and consequence. Refer to the [Risk Matrix](http://www.treasury.act.gov.au/actia/toolkit.doc) to assist you in determining the level of likelihood and consequence, and the current risk level (a combination of likelihood and consequence).

### Evaluate risks

This stage of the risk assessment process determines whether the risks are acceptable or unacceptable. This decision is made by the person with the appropriate authority. A risk that is determined as acceptable should be monitored and periodically reviewed to ensure it remains acceptable. A risk deemed unacceptable should be treated (see below). In all cases the reasons for the assessment should be documented to provide a record of the thinking that led to the decisions. Such documentation will provide a useful context for future risk assessment.

### Determine the treatments for the risks

Treatment strategies will be directed towards:

1. Avoiding the risk by discontinuing the activity that generates it, (rarely an option when providing services to the public),
2. Reducing the likelihood of the occurrence,

iii. Reducing the consequences of the occurrence,

1. Transferring the risk, and
2. Retaining the risk.

Potential treatment options are developed according to the selected treatment strategy. The selection of the preferred treatment options takes into account factors such as the costs and effectiveness.

The determination of the preferred treatments also includes the documentation of implementation details (eg responsibilities, a timetable for implementation and monitoring requirements).

The intention of these risk treatments is to reduce the risk level of *unacceptable* risks to an *acceptable* level (ie: the target risk level). Use the [Risk Matrix](http://www.treasury.act.gov.au/actia/toolkit.doc) to determine the expected reduction in level of risk (expected consequence, likelihood and Target risk level) resulting from the successful implementation of the treatment.

### Monitor and report on the effectiveness of risk treatments

The relevant manager is required to monitor the effectiveness of risk treatments and has the responsibility to identify new risks as they arise and treat them accordingly. Managers are also required to report on the progress of risk treatments at regular intervals. The person who has the responsibility for a risk treatment is expected to provide feedback on the progress of the ‘project / initiative’ as detailed in the ‘monitoring’ field of the treatment.



# Useful References

* Standards Australia SAA/NZS HB 143: 2004, *Guidelines for managing risk in the Australian and New Zealand public sector*
* Standards Australia SAA/NZS HB 221:2003, *Business Continuity Management*
* Standards Australia (risk management portal) This site includes details about the purchase of electronic and hard copies of their publications and products

All risks identified such as clients physically hurting themselves in fall. All insurance to be kept up to date. Child Safety induction to occur for all new staff members. Risk management plan to be updated regularly.

Risk management Plan

|  |  |
| --- | --- |
| **Internal** | **External** |
| **Human Resources**,   * Succession planning * Poor staff supervision and performance appraisal * Staff turnover/ headhunted by competitor * Excessive work load and poor staff morale / staff burn-out * Difficulties in recruiting suitable staff | **Regulatory environment**,   * Changes in regulatory framework * Negative registration reports * No internal systems to proactively manage all the factors that drive the performance of the organisation |
| **Property management**,   * Inappropriate materials * Contractors fail to perform maintenance contract / Poor response time by contractors * Stock transfer liabilities * Aging / poor quality materials | **Reputation**,   * Public and community perception of the Association * Negative comments from press or politicians |
| **Legislation compliance**,   * Privacy Act- * Corporations Act / relevant Incorporation legislation * Anti-discrimination / Disability Services Act * OHS * Meeting tax requirements | **Competition**,   * Losing opportunities to grow * Other providers * Unexpected rapid growth |
| **Corporate governance**,   * Lack of appropriately skilled management * Conflicts of interest not managed effectively * Difficulty recruiting * Director’s insurance not kept up to date * Policies and procedures not reviewed * Management lacks a value based framework | **Partnerships**,   * Risks from failed partnership arrangements * Risk of conflict with partners |
| **Rental management**,   * Poor arrears control * Increasing proportion of staff with complex needs therefore increasing rental needs | **Natural disasters**,   * Flood, hail storms etc * Lacks a business continuity plan |
| **Information technology**,   * IT not sufficient for expanded organisation * IT not able to produce registration monitoring data * IT performance date disaster recovery plan |  |

Financial Policies and Procedures

|  |  |
| --- | --- |
| **Internal** | **External** |
| **Financial management**,   * Viability / liquidity * Fraud control * Reducing / insufficient income streams * Income loss * Poor cost control * Insurances not kept up to date | **Funding**,   * Changes in funding agreement * Shortfalls in funding programs |

Quality Assurance:

Quality assurance and auditing processes will occur with projects of quality checking occurring. Pease note that files are regularly checked and customer service occurs regularly during supervisory meetings.

Decision Making and Choice:

Child Think has contemporary practices that place people with disability at the centre of decision making and choice about their supports and services. The NSW DSS have been streamlined and align to the proposed revised National Standards for Disability Services. Where an organisation has attained third party verification against the NSW DSS, they will be deemed to meet the requirements of the proposed revised National Standards for Disability Services.

Governance Probity in Employment:

Child Think has procedures in place that enable services to assess the integrity, character and honesty of prospective employees, board members, volunteers.

All services have in place employment policies and procedures that allow for:

Working with Children Checks:

1. All employees need at least one referee check and a criminal record check prior to employment and a criminal record check at least once every four years. This is a requirement for all people (employees, volunteers, students, self- employed person, contractor or subcontractor) who work directly with people with a disability in a way that involved face to face or physical contact.
2. Criminal Record Screening:
3. All employees must provide a criminal record check in accordance to the DSA 2006. This is done through working with children check.
4. These requirements apply to the engagement or appointment of new and existing sole practitioners, employees, board members, executive officers, students, volunteers, contractors and subcontractors engaged by the specialist disability services provider.

Policy Governance:

Child Think services has a robust governance arrangement that is appropriate to the size of our organisation to ensure sustainability, viability, efficiency and productivity.

Policy Sub Contracting:

All providers who subcontract are required to ensure that subcontracting organisations meet all legislative and policy obligations in regard to the services delivered.

# Privacy considerations

Child safe organisations are fully aware of their privacy obligations, and respect the privacy rights of children as well as those people who provide information. Because of the sensitive nature of personal information, child safe organisations establish policies and procedures that provide safeguards regarding the collection, use and disclosure of such information. Organisations using sensitive and/or confidential information must protect against the compromise of this information by putting in place protective security measures.

Child safe organisations need to ensure they are following obligations defined under the *Privacy and Personal Information Protection Act 1998*.

You can protect an individual's information by ensuring:

1. **Personal information is collected in the correct manner and for a specific purpose (e.g. the Working With Children Check and Referee check)**
2. **Asking permission prior to obtaining personal information**
3. **Storing personal information securely**
4. **Personal information can only be accessed by authorised person**
5. **Policy in place outlining when personal information needs to be accessed**
6. **Ensuring personal records aren’t altered or forged**
7. **Checking the accuracy of information provided**
8. **Policy in place for disclosing information to others**

To avoid confusion and maintain confidentiality, everyone, including children, should be made aware of the need to report serious matters involving child protection to external authorities. You cannot promise confidentiality in these matters; however, you must assure privacy in handling the matter and that only those who need to know will be advised.

The Privacy and Personal Information Protection ACT 1998 (NSW):

Our services comply with 12 information protection principles. This includes obligations with respect to data security, data quality (accuracy) and rights of access and amendment to one’s own personal information, as well as how personal information may be collected, used and disclosed.

The Health Records and Information Privacy Act 2002 (NSW):

Our services comply with 15 health privacy principles regarding information about a person’s disability and health/disability services provided to them. The principles cover the entire information ‘life cycle’ but also include some additional principles with respect to anonymity, the use of unique identifiers and the sharing of electronic health records.

The Privacy Code of Practice (General) 2003:

The privacy Code of Practice allows departure from some privacy principles where an individual lacks capacity.

The Health Records and Information Privacy Code of Practice 2005 (NSW):

This Privacy Code allows sharing of information with other service providers in limited circumstances

Child Protection Policy- Responding to Risk of Harm to Children and Young People:

All service providers must take reasonable care to protect children and young people against risks of harm that can and should be foreseen. All staff are to make a report to the Child Protection Helpline if they suspect a child or young person is at risk of significant harm.

Commission for Children and Young People Act 1998:

Services providers must notify the Commission for Children and Young People when employment proceedings against an employee involving reportable conduct or an act of violence committed in the course of employment and in the presence of a child, are completed. These are matters where an employer (or professional or other body that supervises the professional conduct of the employee, the subject of the allegation), has found:

* Reportable conduct, or
* That an act of violence committed by the employee in the course of employment and in the presence of a child has occurred, or there is some evidence it occurred, however the finding is inconclusive.

Client Risk:

All services must ensure that risks to people with disability are identified so that adverse effects on their lifestyle, health and wellbeing and safety can be prevented, minimised or eliminated. As well as, all services must meet their Work Health and Safety obligations to provide maximum safety for the person with disability, support staff, management, contractors, volunteers and others, whatever the situation or location.

Abuse and Neglect:

All services providers are obliged to prevent abuse and neglect to a person in the first instance. When prevention strategies fail to protect the person, services are to recognise, respond to and report any form of abuse and neglect as appropriate.

Wherever possible, people with disability must be supported to understand when they are being abused and to know how to report it to the right authority.

Decision Making and Consent:

All services are required to involve the person in all decisions that affect the person’s life. No other person can make decisions for a person who is 16 years and older except when the person lacks capacity to make some decisions. Services will support people to make their own decisions and family and others provide informal decision making support where it is needed. A guardian with a specific decision making function is legally appointed to make critical decisions, for example, choosing accommodation.

COMPLAINT FORM

|  |  |
| --- | --- |
| **CUSTOMER INFORMATION** | |
| **Name:** | **Phone:** |
| **Address:** | **Email:** |
| **Please Circle:** | **PARENT / GUARDIAN / COMMUNITY MEMBER/ EDUCATOR / CONSULTANT / STAFF MEMBER / OTHER** |

|  |  |
| --- | --- |
| **COMPLIANT INFORMATION** | |
| **Date of notification:** |  |
| **Nature of notification:** |  |
| **Name of person notification was mate to:** |  |
| **Complainant signature** | |

|  |  |
| --- | --- |
| **CONSULTANT / NOMINATED SUPERVISOR / MANGER** | |
| **Notes:** |  |
| **Follow up/action required:** |  |
| **Concerns resolved/outcome:** |  |
| **Consultant/nominated supervisor/manager signature** | |

# Incident, injury and trauma record

(Circle relevant type of record)

|  |
| --- |
| **Child details:** |
| Surname: ..................................................... Given names: ......................................................  Date of birth: ......../......../........ Age: .........................................................................................  Professional’s Name: ................................................................................................................................ |

|  |
| --- |
| **Incident/injury/trauma/illness details:** |
| Circumstances leading to the incident/injury/trauma: .......................................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  Products or structures involved: .........................................................................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  Location: ...................................................... Time: ................. am/pm Date: ......../......../........  Name of Professional:  ..............................................................................................................................  Professional’s Signature: ............................................................................. Date: ......../......../........ |

**Nature of injury sustained:**

|  |  |  |
| --- | --- | --- |
|  | Abrasion, scrape   Bite   Broken bone / fracture   Bruise   Burn   Concussion |  Cut   Rash   Sprain   Swelling   Other (please specify)  .......................................... |

|  |
| --- |
| **Action Taken** |
| Details of action taken, including first aid administration of medication: ..........................................  ..............................................................................................................................................................  ..............................................................................................................................................................  Medical personnel contacted: Yes / No  If yes, provide details:  ..........................................................................................................................  ..............................................................................................................................................................  .............................................................................................................................................................. |

|  |
| --- |
| **Details of person completing this record** |
| Name: ...................................................... Signature: ................................................................  Time record was made: ....................................... am/pm  Date record was made ......../......../........ |

|  |
| --- |
| **Notifications (including attempted notifications)** |
| Parent/Guardian: ........................................... Time: ................ am/pm Date: …./......./.........  Scheme Manager: .......................................... Time: ................ am/pm Date: ...../....../.........  Regulatory Authority (if applicable): ............. Time: ................ am/pm Date: ...../...../......... |

**Please Note:**

**All serious incidence (as outlined in the “Serious Incident Policy) must be reported to the Regulatory Authority within 24 hours of the incident.**

**This notification is completed and submitted by a Scheme Manager of ChildThink in conjunction with the professional.**

|  |  |
| --- | --- |
| **Parental acknowledgement:** | |
| I.............................................................................................................................................................  (name of parent/guardian) have been notified of my child’s incident/injury/trauma. (Please circle)  Signature: ....................................................................................... Date: ......../......../........ | |
|  |
|  |

We want children and young people who participate in our program to have a safe and happy experience.

**(**

**Child Think/Australian Effective Therapies's "Child-safe Policy Policy"**

Child-safe Policy

www.kidsguardian.nsw.gov.au

[

]

We support and respect our children, young people, staff, volunteers and students.

|  |  |
| --- | --- |
| Title | The policy is called AET's Child-safe Policy. |
| Introduction  Describe the policy intent | Our policy guides staff, volunteers and students on how to behave with kids in our organisation. The policy focuses on how we can promote kids’ participation in our organisation and make it safer for them. |
| Support kids’ participation  Describe how you involve kids | (AET/Child Think supports the active participation of kids in our organisation. We listen to kids' views, respect what they say and involve them when we make decisions, especially about matters that will directly affect them. |
| Support staff, volunteers and students  Describe how you supervise and support your workforce | 1. We promote respect, fairness and consideration for all staff, volunteers and students. 2. All staff, volunteers and students have a more senior officer assigned to support and supervise their work. 3. All new staff, volunteers and students will receive a copy of the Child-safe Policy, Code of Conduct and Dealing with Complaints process. |
| Recruitment  Describe how you select the right workforce | 1. Statement - eg: our organisation will maintain a rigorous and consistent recruitment, screening and selection process. 2. Practice - set out how you will achieve this standard eg you may use interviews, references, the Working With Children Check. |
| Dealing with Complaints | 1. Outline the organisational procedures for kids and workers to raise concerns or complaints. 2. Appoint a Child Safety Contact Person to manage all complaints. |
| Communication  Letting everyone know about your policy | 1. We will hold regular information sessions for staff, volunteers and students. 2. Our policy will be discussed during induction sessions for all new staff, volunteers and students. 3. Kids and parents joining our program/s will receive a copy of the Policy, Code of Conduct and Dealing with Complaints process. 4. Parents will receive a copy of the Parent's Guide to Child Protection Issues. |
| Review  Set a date to review and update this policy 3.5.19. | The policy and guidelines will be reviewed every two years and incorporate comments and suggestions from children and young people, parents, staff, volunteers and students. |