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## 1 - Statement of Commitment

Marsden Families Program (MFP) is committed to providing specialist therapeutic intervention and intensive support services to children, young people, and their families, and assist them to develop skills, confidence and connections needed to be resilient and capable of actively shaping their own future.

Our organisation is committed to ensuring the safety and wellbeing of all children, young people, and their families and the protection of children from harm. We commit to this with our Child and Youth Risk Management Strategy and the policies and procedures embedded throughout the operational practice and service delivery of Marsden Families Program. We are dedicated to providing a safe and supportive service environment for children and young people by developing and delivering holistic, high-quality programs and partnering across services in the region to extend the reach and effectiveness of our programs and activities.

Marsden Families Program's Child and Youth Risk Management Strategy is developed, implemented and reviewed by the Administration and Quality Manager and Program Manager. We further commit to adhering to the National Principles for Child Safe Organisations and to protecting and upholding the Human Rights of all children, young people, and their families.

Marsden Families Program is committed to providing a culturally safe environment for Aboriginal and Torres Strait Islander children, children from culturally and /or linguistically diverse backgrounds, and to providing a safe and accessible environment for children with a disability.

The following values guide the decisions and actions of MFP and reflect the culture that we are committed to promoting within our organisation:

### **Respect**

- For children, their safety and well-being;
- For human dignity;
- For human rights;
- For diversity in culture, ethnicity, age and lifestyle choices;
- For the power of place.

### **Collaboration**

- Inviting the community in,
- Generating fresh, creative responses to challenging issues,
- Providing opportunities for reciprocity.

### **Person-centered practice**

- Placing children, young people and families at the center of everything we do,
- Supporting children and young people to be safe and free from harm,
- Supporting people to be resilient and self-determining,
- Supporting people to imagine and shape their own future.

### **Sustainability**

- Making strategic and business decisions that reflect a commitment to future generations,
- Making day-to-day decisions that support continuity and innovation in service provision,
- Making decisions that reflect a commitment to environmental sustainability, including those that relate to procurement and work practice.



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### **Reconciliation**

- Frederick Marsden Youth Centre and Marsden Families Program acknowledges the traditional owners of country and their continuing connection to land, waters and community. We pay our respects to elders past and present.
- Developing an organisational framework for bringing the vision of reconciliation to life.

Marsden Families Program has specific Policy, Procedures and training in place that support our staff to achieve these commitments.

**\*\*Staff who believe a child is at immediate risk of abuse must phone 000.\*\***



## 2 - Code of Conduct for Working with Children and Young People

In addition to Marsden Families Program's standard Code of Conduct for employees, Marsden Families Program has a Code of Conduct for Working with Children and Young People that specifically addresses interactions with children and young people.

The purpose of the Code of Conduct for Working with Children and Young People is to clearly outline expected standards of behaviour for all people involved with MFP when interacting with children and young people in the organisation.

This policy applies to all people involved with the organisation, including employees (permanent, part-time, and casual), volunteers, consultants and contractors, board/committee members, students on placement, people undertaking work experience, and visitors and spectators.

MFP upholds a Zero Tolerance to racism and all forms of discrimination. Every person — including children, families, staff, and community partners — has the right to be treated with dignity and respect. Any behaviour, action, or communication that is racist, culturally disrespectful, or discriminatory is strictly prohibited and will be addressed under the organisation's disciplinary and grievance procedures.

### **At all times I will:**

- Follow Marsden Families Program's child protection and child services policies and procedures
- Listen to and respect children
- Avoid favouritism
- Treat children and young people fairly and without prejudice or discrimination
- Value and take children's and young people's contributions seriously, actively involving children and young people in planning activities wherever possible
- Ensure any contact with children and young people is appropriate and in relation to my work and the work of the service being provided
- Ensure my language is appropriate
- Follow the Child and Youth Risk Management Strategy and report any breaches;
- Ensure equipment is used safely and for its intended purpose
- Role model behaviour for children and young people to follow
- Respond appropriately to unacceptable behaviour and report all allegations/suspicions of abuse
- Respect a child's or young person's right to personal privacy

### **I will not:**

- Patronise or be condescending towards children and young people
- Allow allegations to go unreported
- Develop inappropriate relationships such as contact with children and young people that is not a part of my work or agreed to with Program Manager
- Conduct a sexual relationship with a child or young person or indulge in any form of sexual contact with a child or young person



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- Provide children and young people with my personal contact details (mobile number or address)
- Make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of children and young people
- Act in a way that can be perceived as threatening or intrusive
- Make inappropriate promises to children and young people, particularly in relation to confidentiality
- Jump to conclusions about others without checking facts
- Exaggerate or trivialise child abuse issues

## Reporting breaches of the Code of Conduct

I will report any breaches or suspected breaches of the Code of Conduct to the Program Manager. I understand that trivial, unfounded, or vexatious complaints may result in disciplinary action.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## 3a - Culturally Safe Practices

The purpose of this policy is to outline the commitment of Marsden Families Program to ensuring a culturally safe organisation, which respects and honours the diversity of our clients, staff, and the communities we work within. Marsden Families Program is committed to providing a culturally safe environment for Aboriginal and Torres Strait Islander and culturally and/or linguistically diverse children, young people, and families. This policy applies to all people involved in the organisation.

Cultural considerations are embedded in day-to-day case discussion and problem solving. Considerations such as those relating to hospitality, language, family structure and communication protocols will inform approach to service provision. The cultural backgrounds of staff are respected, acknowledged, and referred to as a source of expertise. This expertise is utilised to provide good judgement, and good practice that provides culturally sensitive service. Simultaneously, alongside cultural training, preference is given to recruitment practice that strengthens the diversity of the workforce so that cultural consideration becomes normal practice instead of consideration.

Where languages other than English are used in the home, accredited translation services will be offered and coordinated, as mentioned in the *Communication with Clients Policy*. Members of the deaf community will be offered the use of appropriate supports e.g. TTY, on-site interpreting or video conference interpreting. People with disability will also be offered supports.

Reference will be made to <https://www.qld.gov.au/gov/find-translator-or-interpreter> for interpreter service providers.

Core organisational values of Marsden Families Program include **Respect** – for children, their safety and wellbeing, for human dignity and human rights, for diversity in culture, ethnicity, age, and lifestyle choices, and for the power of place – and **Reconciliation** – acknowledging the traditional custodians of Country and their continuing connection to land, waters, and community and an organisational framework for bringing the vision of reconciliation to life.

### **Zero Tolerance for Racism**

Marsden Families Program upholds a Zero-Tolerance approach to racism, discrimination, or cultural disrespect in any form. All staff, volunteers, clients, and visitors are expected to contribute to a culturally safe environment. Any behaviour that undermines respect for culture, identity, or human rights will be addressed through our Code of Conduct and disciplinary procedures. We are committed to fostering a workplace where all individuals feel safe, valued, and free from racial prejudice or bias.

To enable and support the growth of cultural capability throughout the organisation, Marsden Families Program is committed to:

- Collaborating to find pathways of support and exploring the role of culture for our clients so that supports that are effective, acceptable to the family and respectful of the family's values.
- Adhering to the National Principles for Child Safe Organisations which emphasise improving the way organisations engage with Aboriginal and Torres Strait Islander children and their families, recognising the impact of intergenerational trauma, and respecting cultural diversity.
- Providing training in cultural competency for all employees, to enable a respectful and practical understanding of the cultural norms, values, beliefs and practices of our community and community members.



- Working in partnership with government departments, NGOs and communities to ensure collaborative responses to culturally diverse community needs.
- Referencing Queensland's Aboriginal and Torres Strait Islander child protection peak (QATSCIPP) for resources and information to inform practice.
- Consultations with Cultural Practice Advisors through the Department of Families, Seniors, Disability Services and Child Safety, following Cultural Support Plans and requesting involvement of the Early Indigenous Response Collective on relevant notifications made via the Regional Intake Service where appropriate
- Providing office and therapy rooms that create safe, comfortable, accessible and culturally supportive environments. This is achieved through the display of cultural artworks, acknowledgement of Country, and therapeutic materials including dolls, books, and toys that represent cultural diversity.
- Ensuring cultural rights are imbedded throughout MFP policies and day-to-day service operations including the QLD Human Rights Act 2019 and awareness of the Aboriginal and Torres Strait Islander Practice Principle.

## Glossary

Term	Definition
Cultural Safety	A service or environment that reflects the cultural norms and values of colleagues and services users and does not prioritise the dominant culture. Providing a culturally safe service or workplace requires acknowledging the impact of institutional discrimination and colonisation. It means creating a space where someone can be their true self and express all parts of their culture and identity freely and without discrimination.
Cultural Awareness	Cultural awareness means being aware of, and developing sensitivity to, cultural difference and cultural diversity. It involves knowledge, attitudes and values that demonstrate an openness and respect for other people and other cultures, languages, religions, dress, and communication styles
Cultural Capability	Cultural capability refers to the skills, knowledge, behaviours and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

## Additional Policies and Resources:

- Know Your Community Resource
- Human Rights Policy
- MFP Code of Conduct
- MFP Language Policy



### 3b - Cultural considerations

Cultural considerations are embedded in day-to-day case discussion and problem solving. Considerations such as those relating to hospitality, language, family structure and communication protocols will inform both choice of team member and approach to service provision. The cultural backgrounds of staff are respected, acknowledged, and referred to as a source of expertise. This expertise is utilised to provide good judgement, and good practice that provides culturally sensitive service. Simultaneously, alongside cultural training, preference is given to recruitment practice that strengthens the diversity of the workforce so that cultural consideration becomes normal practice instead of consideration.

Where languages other than English are used in the home, accredited translation services will be offered and coordinated, as mentioned above in *4. Communication with Clients Policy V1*. Members of the deaf community will be offered the use of appropriate supports e.g. TTY, on-site interpreting or video conference interpreting. People with disability will also be offered supports.

- Reference will be made to <https://www.qld.gov.au/gov/find-translator-or-interpreter> for interpreter service providers.



## 4a - Communication with Clients Policy

To communicate and interact with individuals effectively and respond to decisions to access and/or exit services, MFP complies with the Queensland Language Services Policy. The provisions of language services aim to provide people who have difficulties communicating in English with the same access to effective and efficient services and programs as English-speaking persons.

An interpreter should be provided in situations where a Non-English-speaking client has difficulty communicating in English. A National Accreditation Authority for Translators and Interpreters (NAATI) accredited interpreter is recommended for service providers using interpreters to bridge communication gaps with clients. Professional interpreters are bound by a code of ethics to maintain confidentiality, impartiality, and accuracy.

As required, an interpreter will be procured and the work will be conducted onsite or over the phone as required. It is not recommended that family members and/or friends be engaged as paid, or unpaid, interpreters. Further, family members will be avoided as interpreters for confidentiality reasons, particularly in domestic violence and sexual assault situations, due to the issues of bias, such as gender-related bias, that may arise. The Program Manager or Senior Practitioner, who are involved in the referral/intake process of MFP, will provide guidance to the staff as to the language services required by the individual for service delivery.

NGOs that have service agreements with the Department of Families, Seniors, Disability Services and Child Safety, have access to interpreting services funded by the department for services to clients. The cost of interpreting services is not included in the funding provided by the department under the service agreement. Instead, NGOs access the interpreting services program with costs reverting to the department.

The department has engaged a panel of providers to deliver these services to clients of NGOs for whom accounts have been established. This reduces the administrative burden on NGOs paying up-front for interpreting costs. The panel of providers are:

- 2M Communications Pty Ltd
- Translationz Pty Ltd
- TIS National

To access this arrangement, eligible service providers must obtain a unique account access from the department ([interpretingservices@cyjma.qld.gov.au](mailto:interpretingservices@cyjma.qld.gov.au)). Eligible service providers use their unique account access when accessing interpreter services through the providers' booking portals. The providers invoice the department directly for charges incurred for services provided to departmentally funded NGOs.

To promote communication from clients and stakeholders interacting with our services, MFP will seek regular feedback using feedback forms. Feedback forms are provided during visits and are also available in the foyer for clients and visitors to submit.

The feedback gathered will be used to help demonstrate satisfaction with the service and highlight specific areas of continuous improvement needed by the organisation. Where appropriate, feedback will be provided to the client about any action taken as a result of their feedback within 5 days of the action being taken.

### **Additional Policies and Resources**

1. Cultural Safety
2. [www.naati.com.au/](http://www.naati.com.au/) or [www.ausit.org/](http://www.ausit.org/)



## 4b - Privacy and Confidentiality

Marsden Families Program protects and upholds the privacy and confidentiality of clients and staff. To protect and uphold privacy we:

- Have processes in place, so no personal information is collected, stored, used or shared with anyone, purposefully or by omission, unless the client provides informed consent or we are required by law to do so
- Only collect the information needed to perform services
- Store all data securely as per legislation.

To maintain confidentiality, we:

- Uphold all legal and ethical obligations concerning handling confidential information
- Provide information to clients and staff about their rights regarding confidentiality and the processes used to protect these rights, and where any limits to confidentiality exist
- Avoid inappropriate verbal and written disclosure of information about clients and staff within and outside of the organisation
- Take all reasonable steps to protect all information held (including personal information) from misuse, loss, unauthorised access, modification, or disclosure.

Confidential information including case files and all personal information are maintained in hard copy in a designated file room. This room is double locked and is kept free from rodent and insect pests, kept dry and clean, and maintained at a steady cool temperature by its own air conditioning unit.

Files removed by Family Support Workers and Therapists will be returned to the file room at completion of use, and must not be left unattended on the desk or in unsecured desk drawers or cabinets.

Electronic policy, forms and information is maintained on the secure MFP server. MFP uses the Flowlogic Case Management System for electronic storage of case information and files. All Flowlogic products and services are hosted in Australia and no data is hosted off-shore.

No records – hard copy or electronic – may be removed from the MFP Centre.

## Commitment to privacy legislation

Marsden Families Program processes for the collection, storage, use and disclosure of personal information comply with the obligations of the *Privacy Act 1988*, in accordance with the Information Privacy Principles (*Right to Information Act 2009 (QLD)*), and the *Human Rights Act 2019 (QLD)*. These obligations are:

- Telling individuals of their right to know why information is collected, how it is protected, how it is stored, how long it is kept, how it is disposed of, how they can access their personal information
- Seeking consent from individuals for the collection, storage, use and disclosure of personal data
- Only collecting information that is appropriate and relevant to the provision of services or for its primary function



- Ensuring individuals can make corrections to their personal information, where necessary unless access is refused by law
- Taking all reasonable steps to store personal information securely and protect it from misuse, loss, unauthorised access, modification, or disclosure.

Marsden Families Program comply with the requirements of the *Child Protection Act 1999* and the Department of Families, Sevniors, Disability Services and Child Safety *Information Sharing Guidelines - To meet the protection and care needs and promote the wellbeing of children.*

## Collection of Personal Information

Marsden Families Program only collects information that is necessary for effective service provision, including assessments. We inform our clients:

- What information is collected
- Why it is collected
- How we use their information
- When information may need to be released or disclosed
- Their right to decline to provide information
- When we can release their information without their consent
- Their right to make a complaint about privacy and confidentiality at any time
- How to make a complaint
- What they can do if the information we hold is incorrect

Staff use professional and appropriate language in client records and are unbiased and non-judgmental in comments and assessments they record. Information is kept up-to-date and accurate.

## Sharing of Personal Information

Personal information is only shared verbally or in writing with the clients written consent unless the circumstances are such that limits to confidentiality apply.

## Disclosure of Personal Information

All personal information is protected. It is only released internally or externally with the individuals' written consent, except where legally obliged to disclose information. Legal obligations for disclosure are:

- Where disclosure would protect the client or others
- Where necessary for best service practice
- Where obligated by law.

## Protocol for accessing information

Clients and their legal representatives have a right to access their personal information held by Marsden Families Program. We treat all access requests with respect and courtesy. Requests to access personal information are made to Program Manager or to the Board Chairperson. The Program Manager notifies the client of the anticipated length of time required before they can access their personal file.



## Managing privacy breaches

Under the State and Federal privacy legislation, Marsden Families Program is required to report when a data breach is likely to result in serious harm to the people whose information is involved in the breach to:

- Affected individuals
- The Department of Families, Seniors, Disability Services and Child Safety
- The Office of the Australian Information Commissioner

Marsden Families Program manages and reports privacy breaches to the Department by following the Privacy and Data Breaches Policy.

### **Additional Policies and Resources:**

1. Privacy and Data Breaches Policy (HR)
2. Media Attention Policy
3. Management of Breaches of Risk Management Strategy



## 5a - Entry Policy and Procedure

### Eligibility

Eligibility of children, young people and families is as per the Service Contract.

### Assessment

*MFP Assessment* involves gathering information from multiple sources relevant to the client's situation.

The MFP assessment process is aligned to Department of Families, Seniors, Disability Services and Child Safety *Collaborative Assessment and Planning Framework*. It includes:

- Mapping the initial case information from the referral and the Departmental Case Plan (as per Families Investment Specification 5.1.2);
- Summary information from professionals involved with the family;
- Information provided by the caregiver/family, taking into account their views; and
- Information given by the child/young person.

### Intake

Access to the Tertiary Family Support Service (TFSS) or Counselling Intervention Service (CIS) are obtained from the Department of Families, Seniors, Disability Services and Child Safety via the Referrals Inbox with further information obtained from the referring Child Safety Officer (CSO), if required.

A decision is made to accept (or not accept) a referral based on eligibility criteria (as outlined in the service contract) and service capacity. MFP will consider each child's Case Plan where this is available to the organisation.

Notice of acceptance or non-acceptance will be communicated to the relevant Child Safety Service Centre (CSSC) and copied to the MFP Administration Officer who will open the case file if accepted.

Where a decision is made to not accept a referral, the CSO will be advised of the reasons for non-acceptance. The referral will be recorded as "Not Accepted" in Flowlogic Case Management System with reason noted. In addition, MFP will provide advice to the CSSC regarding alternative support options, where appropriate. The CSO will be responsible for making an alternative referral.

Accepted referrals will be contracted for an initial three-month period with extensions negotiated as needed on a quarterly basis, taking into account engagement, progress towards goals, and other relevant circumstances.

An Intake Meeting to welcome the family will be undertaken by a nominated team member at the earliest, mutually convenient date and time. An Information Pack will be provided to the caregiver/family at this meeting.

An Information Pack contains:

- Marsden Families Program CIS or TFSS Brochure
- Client Charter
- CIS or TFSS Information Pack Checklist
- Client Complaint Form and reply-paid envelope
- Queensland Government Guide to Making a Complaint Brochure



- Children's Privacy Information
- Adult Privacy Information
- Food and Community Assistance Brochure
- Queensland Human Rights Act 2019 Information
- Advocacy Services Brochures
- Outcome measures – PCOMS and SDQ (in CIS Packs only)

Children, young people, and adults will be informed of support and advocacy services that are available to them and would be valuable to their individual needs and circumstances at the Intake Meeting and throughout the progress of service delivery. MFP has an extensive list of contacts available to all staff in the Resource Folder for such services, and brochures for various support services can be obtained at the Centre.

The primary purpose of the Intake Meeting is to reach an agreement in relation to the Client Charter, begin to set goals for the intervention and discuss respective responsibilities.

Where the Intake Meeting is undertaken in the client's home, a Home Safety assessment will be conducted.

Clients will be informed, prior to signature of Client Charter for service delivery, that MFP will store and share personal information using the Privacy Information. Clients will be made aware of their right to access personal information held by the organisation by request (verbal or written) to their case worker at any time, and arrangements will be made for viewing copies of the information held.

Clients will be advised that if a request is made and ignored, it is their right to make a complaint. At the time of discussion of the Privacy Information, questions or misunderstandings can be answered.



## 5b - Review Process

The purpose of a Review is to evaluate progress toward the identified goals set forth within the Family Support Plan (TFSS) or Individual Support Plan (CIS). An internal Review Meeting is held to acknowledge progress, identify any roadblocks to achieving goals and desired change, discuss level of engagement, and consider whether any adjustments are needed to the support offered or the goals of the intervention.

Review Meetings will also provide opportunity to determine whether ongoing intervention is warranted, and the focus of the ongoing intervention, or whether to proceed to closure.

Feedback from the client, CSO, or any relevant stakeholders is to be sought prior to the meeting and is presented to ensure the family's and Department's views are considered. An interim North Carolina Family Assessment Scale in TFSS, and SDQ in CIS, is to be presented within the Review Meeting where possible, to contribute to the assessment of progress.



## 6 - Exit from the Service

### Closure meetings

Where it is suitable, closure meetings are held with clients to provide a place and opportunity to reflect on work achieved together toward meeting case plan goals, the strengths and challenges, and celebrate the positive changes.

It is the responsibility of the MFP team member to ensure that the Closure Report is completed, and sent to the CSO, with a copy on file, no later than 4 weeks from the date of closure. The Senior Practitioner advises Office Administration to close file once Closure Report is sent.

### Referral to other agencies

Clients may be referred to other agencies where:

- MFP is unable to provide the required service,
- the client has moved outside of the MFP catchment area, and/or
- at the request of the referring CSSC.



## 7 - Complaints

Marsden Families Program is committed to continuous improvement practices. Marsden Families Program encourages clients and other stakeholders to raise any complaints associated with its operations. In investigating complaints, Marsden Families Program commits to the following:

- The provision of accessible and accountable processes for the effective resolution of complaints;
- The management of complaints in a constructive and responsive manner free from retribution and prejudice; and
- The resolution of complaints in a timely manner to the satisfaction of all parties, where possible.

Staff responsibilities are to:

- support and encourage all stakeholders to provide feedback, and raise issues and complaints; and
- report all feedback and complaints to the Manager.

The Manager's responsibilities are to:

- provide accessible and accountable processes for the effective resolution of grievances and complaints;
- manage feedback, grievances, and complaints in a constructive and responsive manner, free from retribution and prejudice;
- respond to, action, and resolve grievances and complaints in a timely manner to the satisfaction of all parties where possible;
- provide staff with access to fair and prompt processes to deal with grievances and complaints; and
- ensure stakeholders are provided with information and independent support where appropriate to enable their participation in the process and to promote effective and satisfactory resolution.

If the person making a complaint is not satisfied with the decision or would like to make a complaint against the Program Manager then the matter may be referred to the Board Chairperson, or Department of Children, Youth Justice, and Multicultural Affairs.

All correspondence and reports associated with addressing complaints and grievances should be filed in the Complaints Register.

## Complaints Process

In the first instance, clients are encouraged to raise the complaint with the person/s involved. Where a complaint is unresolved at this level, or where it may be raised more effectively in a different forum, they are encouraged to speak directly to the Manager. Where the complaint is about the Manager, the client is encouraged to speak directly with the Chairperson of the Frederick Marsden Youth Centre (FMYC) Board.

Clients are provided a range of ways they can make a complaint when they commence working with MFP at the Intake Meeting. They are encouraged to use the form provided in the Information Pack which also provides alternative methods for them to make a complaint either by phone, mail, or email or directly in person.

A copy of the Queensland Government **"A Guide to Making a Complaint"** brochure must also be given to the person making a complaint, so they are aware of the rights to access this process.



The Manager must be informed immediately of complaints that involve or have the potential to involve:

- physical danger
- criminal investigation
- abuse or neglect
- disciplinary action
- breaches of legislation
- employer liability

The Manager may investigate and resolve the complaint or appoint a member of staff or an external independent person or body to investigate and resolve the complaint. Where a third party has been appointed, the person or organisation making the complaint shall be informed of the appointment.

The investigation of a complaint/dispute should be initiated within 48 hours of receipt of complaint/grievance and take steps to effectively resolve the grievance within a timely manner. MFP sets 5 days as a standard benchmark for resolution, closure, and feedback.

The person or body responsible for the investigation and resolution of the complaint shall prepare a report to the Manager incorporating the content of the complaint, the process adopted, records of any discussions held, any actions taken to bring about resolution and the final outcome. Alternatively, depending on instructions from the Manager, the person or body may only be required to provide recommendations to the Manager for action.

If the person making a complaint is not satisfied with the decision of the Manager or delegate or if it is one of a confidential or serious nature involving the senior management, the complainant may discuss the issue directly with the FMYC Chairperson.

All formal feedback and complaints will be recorded in the Complaints Register and/or Continuous Improvement Register and will record the progress and actions taken towards resolution and the results of the investigation. MFP commits to providing feedback to the complainant during and after the resolution. The MFP Program Manager (or where more appropriate, FMYC Chairperson) will make contact by phone with the person who has made the complaint to seek feedback in regard to satisfaction with the outcome. This will be recorded on the Complaints Register.

Complaints will be considered finalised when it is reasonably demonstrated that the principles of procedural fairness and natural justice have been applied.

If the complainant is not satisfied with the outcome, all staff, clients, and stakeholders have access to information provided to ensure they know they have the right to make a complaint to the Department of Families, Seniors, Disability Services and Child Safety local service centre, regional office, or the Department's Complaint Unit in person, by telephone, email or post.

Visit: [www.qld.gov.au/community/caring-child/issues-and-complaints](http://www.qld.gov.au/community/caring-child/issues-and-complaints)

Email: [feedback@csyw.qld.gov.au](mailto:feedback@csyw.qld.gov.au) or

Telephone 1800 080 464 (free call)



## 8 - Advocacy Policy and Procedure

MFP supports client decision-making and choice regarding their services and self-determination in how clients interact with us. We actively support and promote the use of advocates, support people, or representatives in empowering or assisting our clients to make decisions that affect their lives, make choices for themselves, or interact with us.

Clients will be provided with information and contact details of support and advocacy services by MFP staff on entry via intake packs. We will also have support and advocacy services information available in the MFP foyer.

Some support and advocacy organisations relevant to our services include:

The Office of the Public Guardian

[www.publicguardian.qld.gov.au](http://www.publicguardian.qld.gov.au)

Phone for adults: 1300 653 187

Phone for children and young people: 1800 661 533

Email: [publicguardian@publicguardian.qld.gov.au](mailto:publicguardian@publicguardian.qld.gov.au)

Queensland Aboriginal Torres Strait Islander Child Protection Peak (QATSICPP)

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

Phone: 07 3102 4119

Address: Level 11, 411 Vulture Street, Woolloongabba, QLD, 4102.

Supporting Documents

1. Independent Person Brochure for Children and Young People
2. Support for Children and Families to have their say in Decisions Brochure
3. Office of the Public Guardian Brochure
4. Office of the Public Guardian Fact Sheet
5. QATSICPP "Know Your Rights" brochure



## 9a - Human Rights Policy and Procedure

### Policy Statement

Marsden Families Program actively supports the human rights of our clients. The *QLD Human Rights Act 2019* is important to our organisation because it protects the rights of vulnerable community members. Marsden Families Program support the promotion of human rights within our organisation, and across communities in Queensland. We also support our clients to act if they feel their human rights have been breached, through internal and external complaints mechanisms.

Marsden Families Program will consider the human rights and obligations of all our services users, staff and stakeholders when planning and implementing our day-to-day service delivery and in development of our strategic plan.

*Human Rights Act 2019 (QLD)* [The Queensland Human Rights Act 2019 – A guide for public entities](#) (Queensland Human Rights Commission)

The *Queensland Human Rights Act 2019* protects 23 fundamental human rights and freedoms. These are described in the *Queensland Human Rights Act 2019 – A guide for public entities*, developed by the Queensland Human Rights Commission:

- Recognition and equality before the law
  - Every person has the right to recognition as a person before the law and the right to enjoy their human rights without discrimination. Every person is equal before the law and is entitled to equal protection of the law without discrimination. Every person is entitled to equal and effective protection against discrimination.
- Protection from torture and cruel, inhuman or degrading treatment
  - A person must not be tortured or treated in a way that is cruel, inhuman or degrading. This includes that a person must not be subjected to medical or scientific experimentation or treatment unless they have given their full, free and informed consent.
- Freedom of movement
  - Every person lawfully within Queensland has the right to move freely within Queensland, enter or leave Queensland, and choose where they live.
- Freedom of expression
  - Every person has the right to hold and express an opinion, through speech, art, and writing (or other forms of expression) and to seek out and receive the expression of others' opinions.
- Taking part in public life
  - Every person in Queensland has the right and opportunity without discrimination to take part in public life. Every eligible person has the right to vote, be elected, and have access on general terms of equality to the public service and public office.
- Privacy and reputation
  - A person's privacy family, home and correspondence must not be unlawfully or arbitrarily interfered with. A person has the right not to have their reputation unlawfully attacked.
- Right to liberty and security of person
  - Every person has the right to liberty and security. This right protects against the unlawful or arbitrary deprivation of liberty. If a person is arrested or detained, they are entitled to certain minimum rights, including the right to be brought to trial without reasonable delay.



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- Fair hearing
  - A person has the right to have criminal charges or civil proceedings decided by a competent, independent and impartial court or tribunal after a fair and public hearing. There is an exception to the right to a public hearing, whereby a court or tribunal may exclude certain people from a hearing if it is in the public interest or the interests of justice.
- Rights in criminal proceedings
  - A person charged with a criminal offence has the right to be presumed innocent until proven guilty according to law and is entitled without discrimination to receive certain minimum guarantees. A person has the right to appeal a conviction in accordance with law. A child charged with a criminal offence has the right to a procedure that takes into account their age and the desirability of promoting rehabilitation.
- Rights of children in the criminal process
  - Children in the criminal process are entitled to special protections on the basis of their age. An accused child must not be detained with adults and must be brought to trial as quickly as possible. A convicted child must be treated in a way that is appropriate for their age.
- Right not to be tried or punished more than once
  - A person must not be tried or punished more than once for an offence in relation to which they have already been finally acquitted or convicted according to law.
- Retrospective criminal laws
  - A person must not be prosecuted or punished for conduct that was not a criminal offence at the time the conduct was engaged in. A person must not receive a penalty that is greater than the penalty that applied at the time they committed the offence.
- Right to education
  - Every child has the right to have access to primary and secondary education appropriate to their needs. Every person has the right to have access, based on their abilities, to further vocational education and training that is equally accessible to all.
- Right to health services
  - Every person has the right to access health services without discrimination. A person must not be refused necessary emergency medical treatment.
- Right to life
  - Every person has the right to life and the right not to be deprived of life. The right not to be deprived of life is limited to arbitrary deprivation of life.
- Freedom from forced work
  - A person must not be made a slave or forced to work. Forced work does not include certain forms of work or service required of a person who is detained because of a lawful court order.
- Freedom of thought, conscience, religion and belief
  - Every person has the right to think and believe what they want and to have or adopt a religion, free from external influence. This includes the freedom to demonstrate a religion individually or as part of a group, in public or in private.
- Peaceful assembly and freedom of association
  - Every person has the right to join or form a group and to assemble. The right to assembly is limited to peaceful assemblies.
- Property rights
  - All persons have the right to own property alone or in association with others. A person must not be arbitrarily deprived of their property.



- Protection of families and children
  - Families are recognised as the fundamental unit of society and are entitled to protection. Every child has the right, without discrimination, to the protection that is in their best interest as a child. Every person born in Queensland has the right to a name and to registration of birth.
- Cultural rights – generally
  - All persons with particular cultural, religious, racial and linguistic have a right to enjoy their culture, declare and practice their religion, and use their language in community with other persons of that background.
- Cultural rights of Aboriginal and Torres Strait Islander peoples
  - Aboriginal peoples and Torres Strait Islander peoples hold distinct cultural rights as Australia's first people. They must not be denied the right, with other members of their community, to live life as an Aboriginal or Torres Strait Islander person who is free to practice their culture.
- Humane treatment when deprived of liberty
  - A person must be treated with humanity and respect when deprived of liberty. An accused person who is detained must not be detained with convicted persons unless reasonably necessary and must be treated in a way that is appropriate for a person who has been convicted.

## Reasonable Limits to Human Rights

The Queensland Human Rights Act 2019 acknowledges that human rights are not absolute and may be subject under the law to reasonable limits that can be justified. Limitations on rights must have a clear legal basis and they must be reasonable and demonstrably justified in the circumstances. A right may be limited or balanced with other rights to ensure that in protecting one human right we do not impinge on others. When it comes to decision making, the rights of one person may need to be balanced against the rights of others or the broader community. Any limits applied must be demonstrably justifiable in a free and democratic society based on human dignity, equality, and freedom and take relevant factors into account. It is preferable that any justifiable or reasonable restriction of rights is documented prior to the restriction being applied, through an assessment that must involve the client and other relevant parties (e.g. Allied Health Professional; Public Guardian). Only the Program Manager/Chairperson can approve a restriction to a human right.

Any restriction of a human right that has not had prior assessment and approval must be immediately reported to Program Manager/ Chairperson.

## Client and Staff Complaints

Our clients have the right to make a complaint if they feel their human rights have been breached. As per the Act, clients must first lodge a complaint with MFP, by following the Feedback, Complaints and Appeals Policy and Procedure. After 45 days, or if they are dissatisfied with our response, they can then lodge a complaint with the [Queensland Human Rights Commission](#).

Clients can also lodge a complaint with any other independent agency, including relevant government departments or our funding body.

Clients that wish to lodge a complaint may need support from an advocate. Please refer to our Advocacy Policy and Procedure for more information on how you can support a client to access an advocate.

Marsden Families Program also supports the human rights of our staff, and their right to make a complaint if they feel their human rights have been breached. Staff can do this by first following the Employee Grievances Policy and Procedure. After 45 days, or if dissatisfied with the response, can then:



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- lodge a complaint with the [Queensland Human Rights Commission](#); or
- lodge a complaint with the [Fair Work Ombudsman](#).

All complaints to the Human Rights Commissioner must be made in writing, include the complainant's name and address, and include details of the alleged contravention to the complainant's human rights. Complaints to the Commissioner need to be made within one year of the alleged contravention, or it may be rejected.

Marsden Families Program will comply with any requests from the Human Rights Commissioner where a complaint has been raised, including meeting any required timeframes or attending conciliation conferences.



## 9b - Language

All people involved with the organisation must use appropriate language at all times. Appropriate language includes using encouraging, positive words, pleasant tone of voice, honest and open communication.

Inappropriate language includes that of an explicit, discriminatory, aggressive, and threatening nature. Examples of inappropriate language includes swearing, racial comments and sexually suggestive comments or jokes.

The inappropriate use of language includes insults, criticism, name calling, yelling and bullying.

Employees who use inappropriate language will receive a breach of conduct.

Children and young people will be supported according to Managing Challenging Behaviour Policy.

Parents using inappropriate language in the presence of children and young people will be managed according to the Managing Challenging Behaviour Policy, and if unwilling to cease as requested, will be asked to leave the session/centre/Program as necessary.

Students on placement, people undertaking work experience, consultants and contractors, visitors, spectators who use inappropriate language in the presence of children and young people will be requested to comply with organisational requirements or leave the centre/premises/event.



## 10 - Blue Card Compliance

All employees (permanent, part-time, and casual), volunteers, students on placement, people undertaking work experience must hold a current Blue Card as providing child-related services is part of the day-to-day practice of Marsden Families Program in order to ensure compliance with its obligations under the [Working with Children \(Risk Management and Screening\) Act 2000 \(Qld\) External link](#) (the Act). The Administration and Quality Manager is responsible for managing Blue Card applications and outcomes.

Legislation in Queensland states that it is an offence to engage in child related paid or voluntary employment (including students) and to carry on a child related business without a Positive Notice Blue Card for Child Related Employment. **A no card no start** policy is in effect. No employee will be able to commence work in a child related business prior to them having received a positive notice **and** the organisation linking the card to their business.

### Managing new employees and volunteers

When a person joins your organisation, you must:

- ensure there are processes in place to confirm the identity of the card holder, and
- link them to your organisation prior to engaging the card holder in child-regulated work.

Organisations using the Organisation Portal will be able to link an applicant/cardholder to their organisation in real time. If a person ceases working with your organisation, you should delink the card holder

At commencement of employment a staff member's Blue Card details will be sighted by the Administration and Quality Manager and Program Manager and details entered into the BlueCard Portal, on Flowlogic case management system and their HR file. Existing employee's Blue Cards are regularly audited by Administration staff.

All staff need to lodge a renewal when their Blue Card is due to expire at least one month prior to the expiry date. This will allow staff to continue working even after their card expires and the new one has not been received.

Individuals must immediately notify Blue Card Services by completing a Change in Police Information Notification form. Blue Card Services monitors all cardholders daily, and therefore will be informed of any changes to cardholders police information. Blue Card Services will only notify organisations of these changes if it is of concern.

A staff member who receives a negative notice or is disqualified cannot undertake regulated activities working with children. A staff member that is disqualified must inform the Administration and Quality Manager or Program Manager immediately who will inform the Board. The Board will consider the staff member's suitability in their current role and advise the staff member how this will affect their ongoing employment.

Blue Card Compliance policy will be reviewed annually in order to continue to be effective in addressing risks of harm to children and young people. The review will reflect and consider whether any incidents occurred, whether procedures were followed and whether any change are required as a result.



## 11a - In-home support

### Risk Management

Suitability of the client home for the provision of in-home support will be established at the first visit by attending staff member using the Home Visit Risk Assessment Checklist. Other available data, for example, safety assessment and family risk evaluations will also inform this decision.

Appointments must be diarized in electronic calendar (client name, address, or room if at MFP, length of visit, car being used, client contact details, and other details as necessary), as per the Calendar Booking Guide. Staff will call MFP at the conclusion of the visit, in the car, before leaving site (or call the Manager on mobile number after 5pm). Should contact not be made within 30 minutes of the scheduled conclusion of the visit as diarised, the worker will be called. If the worker does not respond, OR uses the emergency word "DAN", the Manager will contact the police closest to the home location. The use of the emergency word "DAN" over the phone means MFP must contact the police.

Staff are required to use MFP vehicles for home visits unless other arrangements are approved by the Manager. Vehicles are to be parked on the street with no impediment to rapid exit if required. If vehicles are parked in driveways or designated visitor carparks, the vehicle is required to be parked rear-in to reduce time required to exit the space.

Staff are required to have a fully charged work phone, set to silent/vibrate with them at all times. Emergency numbers, MFP Office and Manager mobile number are to be on speed dial.

Staff are required to follow the relevant guidelines on home visiting emergencies and incidents.

Home Visit Risk Management Strategies include:

- Only conduct visits during daylight hours (unless Manager approval).
- Make introductions clearly, who you are and why you are there.
- Work in pairs if it is assessed as being necessary and appropriate.
- Respond appropriately to aggressive behaviour – by backing away.
- Listen for sounds of disturbances when knocking e.g., screaming, yelling or fighting.
- Stand to the side of the entrance door, not directly in front.
- Sit near the exit during the visit.
- Be observant, by taking note of any weapons or potential weapons, or drug paraphernalia that can pose a danger to self or others.
- If a client appears drug affected or intoxicated, worker will let them know firmly but politely that they will call to make another appointment and leave the premises.
- Workers must always carry a fully charged mobile phone on their person at home visits.
- Emergency numbers are programmed into all mobile phones.



## 12 - Transportation of Clients

The transport of children and young people to and from home, school, the MFP office, and community events is part of the everyday work of Marsden Families Program. Transport occurs in MFP registered vehicles by staff holding an open license during approved work hours. Properly fitted restraints for children of a range of ages are used by staff trained in their use. The Transport Checklist, located in Mandatory Forms, must be completed prior to transporting all children and young people. Parental and caregiver consent is obtained within the Client Charter on intake to the service.

### *VEHICLE SAFETY*

Vehicle safety requirements apply to all vehicles present during service delivery, including organisation and privately owned by organisation staff.

The vehicle safety requirements apply to organisation staff during all aspects of service delivery, including when:

- attending or working with families during home or community visits
- transporting children and young people
- accompanying children and young people in the community
- facilitating/attending activities or events where children and young people are present
- children and young people are present in office environments/other organisation environments.

The following vehicle safety requirements will be addressed in these guidelines:

- Secure storage and carriage of vehicle keys
- Vehicle maintenance and roadworthiness
- Safe operation of vehicles
- Child restraints and child locks
- Other safety matters

### *SECURE STORAGE AND CARRIAGE OF VEHICLE KEYS*

A major risk to the safety of children and young people is gaining access to motor vehicles. Vehicle keys must never be left unsecured under any circumstance.

Vehicle keys that are not in use are to be securely stored in a locked room within MFP Office. Keys that are in use are carried on the staff member's person during service delivery.

Immediate internal reporting of lost or stolen vehicle keys to Program Manager is required.

### *VEHICLE MAINTENANCE AND ROADWORTHINESS*

MFP will ensure that all vehicles used to transport children and young people are registered, meet roadworthy requirements, and are maintained to a safe standard. This includes performing periodic vehicle safety and serviceability checks, and processes for reporting damage to vehicles. Queensland vehicle safety requirements are outlined at: <https://www.qld.gov.au/transport/vehicle-safety>

### *SAFE OPERATION OF VEHICLES*

MFP ensures that safety risks for children and young people, staff and members of the public are considered and guarded against prior to transporting individual children and young people.

Each driver must have a valid Queensland, interstate, or international driver licence of a class appropriate to the vehicle they will be transporting children or young people in. Processes must be in place that require staff who may transport children or young people to disclose to the organisation if they have been



disqualified/suspended from driving, if conditions have been imposed on their licence, or if they are not in a fit state to safely operate a vehicle.

Prior to transporting a child or young person individual risk must be considered to identify whether the needs, known behaviours of the child/young person or any other circumstances may pose a safety concern during transport. Considerations may include but are not limited to:

- potential triggers during travel that may lead to escalations, and associated preventative strategies
- strategies to respond if a child or young person becomes agitated, aggressive, is distracting the driver, or is not remaining seated
- strategies to respond if a young person attempts to exit a moving vehicle
- the most suitable place to seat children and young people
- whether a second staff member is required to assist during transport
- ensuring the driver has access to a mobile/satellite phone in case of an emergency.

MFP will ensure that children and young people are supported to develop the skills to be safe in a vehicle and these expectations should be reinforced through regular discussion (e.g., the need to wear a seatbelt and remain seated etc).

Vehicles must be parked safely and remain locked when not in use. The engine must not be left running at any time when the driver has exited the driver's seat. Vehicles must be turned off and keys carried securely by the driver when vehicles are being refuelled.

## *CHILD RESTRAINTS & CHILD LOCKS*

It is a legal requirement in Queensland that all persons wear a correctly fitted seatbelt or child restraint when in a vehicle that is moving or stationary (not parked). When driving with children up to 7 years of age, they must be restrained in a properly fastened and adjusted Australian Standards (AS) approved child restraint which is appropriate to their age and the restraint's height markers. Current Queensland child restraint requirements are available at: <https://www.qld.gov.au/transport/safety/rules/children>.

MFP staff are trained in correctly installing, adjusting, and fastening any child restraint that is to be used.

Child restraints, harnesses and buckle guards used to manage a child's behaviour may be considered a restrictive practice (mechanical restraint) and must comply with the *Managing Difficult Behaviours* policy. Decisions regarding the use of these devices must take into consideration the age and developmental needs of children and young people and the risk of the child's behaviour during transport (this includes risk to self, others in the car and other road users). Devices to ensure the safe posture of a child during transport are not considered a restrictive practice. The use of any device or harness to support the safe transport of a child or young person with a physical disability should be prescribed by an appropriate professional and adhere to the appropriate legal requirements.

Vehicles must never be used to contain or seclude a child or young person.

## *OTHER SAFETY MATTERS*

- Children and young people must not be left unattended in vehicles.
- If a child needs to be collected from home or school by an MFP employee to attend a session at the Centre, an MFP vehicle will be used. Personal vehicles will not be used for child or young person transportation.
- Children and young people (under the age of 12 years) will only travel in the back seat of MFP vehicles and if this is refused, alternative arrangements will be made including cancellation of a session and organisation of pick up by parent/carer.



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- MFP employees must always carry their Drivers' Licence and Blue Card when transporting children and young people.

Staff must know how to respond should keys accidentally be locked inside the vehicle when children or young people are inside.

Smoking (including e-cigarettes and vaping) is not permitted within a vehicle that is transporting children and young people.

## ADDITIONAL POLICIES AND RESOURCES

1. Managing Difficult Behaviours
2. Supervision of Children and Young People policy
3. QLD Government Car Restraints <https://www.qld.gov.au/transport/safety/rules/children>
4. Transportation Risk Management Template



## High risk activities and special events – Risk Management Plan

Organisation's name

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Person completing this form:

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Date:

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Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
<b>Describe the activity</b> Identify all elements of the event from beginning to end	<b>Identify risks</b> Something that could happen, resulting in harm to a child or young person	<b>Analyse the risk</b> Likelihood (almost certain, likely, possible, unlikely or rare) Consequences (critical, major, moderate, minor or insignificant)	<b>Evaluate the risk</b> The level of risk (using the Risk Analysis Matrix)	<b>Manage the risk</b> Assess the options	<b>Review</b> Nominate who will review after the event/activity





## 13a - Risk Management – Centre Based Service provision

Centre-based service provision will be scheduled with due regard to other activities being conducted at the centre to ensure safety and comfort of all clients and staff. Centre-based service provision will be undertaken in accordance with the security and administrative procedures of MFP.

Visitors are required to record their visit in the visitor book on entry and exit. The behaviour of parents and carers of children and young people is outlined in the Client Charter and signed on commencement of service.

### Supervision of Children

For the attendance of therapy sessions at the Marsden Families Program Centre:

- Arrangements for transport to and from sessions at the Centre will be made prior to sessions and confirmed by phone at the confirmation of appointment approximately 24 hours prior to scheduled time.
- If a child needs to be collected from home or school by an MFP employee to attend a session at the Centre, an MFP vehicle will be used. Personal vehicles will not be used for child or young person transportation.
- MFP vehicles will be fitted with the required car seat for the age and size of the child.
- Children and young people (under the age of 12 years) will only travel in the back seat of MFP vehicles and if this is refused, alternative arrangements will be made including cancellation of a session and organisation of pick up by parent/carer.
- Parents/carers can transport children and young people to the Centre for sessions and must walk their child/ren into the reception area of the Centre.
- Therapy sessions are conducted with one-on-one supervision of the child or young person by the allocated Therapist.
- At the completion of sessions, the child or young person can be transported home by the MFP employee or picked up by parent/carer coming into the reception area of the Centre.
- MFP employees must always carry their Drivers' Licence and Blue Card when transporting children and young people.
- Children and young people who are scheduled to be picked up at the conclusion of their session and remain uncollected will remain supervised by MFP employees while contact with parent/carer is made. Alternative arrangements can include the child or young person being dropped home by MFP employee if the parent/carer is there, or the child or young person remaining at MFP until the parent/carer can arrive for pick up.
- If a parent/carer arrives to pick up a child/young person and shows signs of intoxication or signs of risk of causing harm, the Manager will be immediately informed and, if necessary, the QPS or CSO called and an Incident Report form is to be completed.

### Physical Contact

- MFP workers will make physical contact with children and young people only as necessary and appropriate.
- The purpose of physical contact must be explained prior to the contact being made.
- Appropriate physical contact may include injury management, demonstration of a skill or for instructional purposes as part of an activity, or to assist in the toileting of young children.
- Consent of the parent/carer is sought regarding the application of First Aid.
- Inappropriate physical contact by an MFP worker is a breach of conduct and will be handled as such by the Manager/Senior Practitioner



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Staff may not store or administer medications to children, young people, or adults.

Staff are not permitted to smoke inside the workplace, within ten meters of doors or open windows of the workplace, or in sight of children, young people, or families. Adults (clients, visitors) are not permitted to smoke inside the workplace, within ten meters of doors or open windows of the workplace.

All service provision is undertaken in the context of an individual or family support plan which is subject to review as part of the supervisory process.

Proper hygiene is practiced by all staff at MFP and children are guided in the same, this includes but is not limited to the washing of hands, covering mouth when coughing or sneezing, and using tissues for runny noses.

Activities that take place outdoors will require the use of hats and sunscreen, with sunscreen supplied and requirements for hats being brought made in advance to the parent/carers.

Activities involving water and swimming, if ever conducted, will require parent/carer participation and supervision.

Children who are experiencing infectious diseases such as colds, flu, chickenpox and so on will be requested to not attend Centre-based activities.

Children who present to the Centre showing symptoms of infectious illness will be cared for as appropriate, with arrangements made to have them dropped home or picked up early, to protect staff and other children/young people/clients.

Children with known allergies will be monitored and supervised by staff as needed. Information regarding allergies/medical conditions as well as management of condition will be gathered at Intake Meeting and noted in client files. Children who experience allergic reactions at the Centre will receive First Aid from First Aid trained staff until an ambulance arrives. Parents/carers will be called and notified as soon as possible. In the event that a child has a known medical condition requiring management, caregiver will be requested to remain on-site or within the service during the child's engagement with the service.

Children with known medical conditions such as epilepsy, diabetes, and asthma will be known to all staff with individual plans and procedures developed on a case-by-case basis to respond in the event of incidents and what is required by the child.

Staff are aware of their responsibility to evacuate children in their care in the event of an emergency, such as a fire at the Centre, by following the Emergency Response Plan and Procedures. This will extend to parents/carers and visitors as required. For Group Programs, attendance records are taken by staff at the start of the program. In the event of an evacuation, these attendance records are used to identify the child, young person or adult present and/or if any children, young people or adults need to be located.



## 13b - Management of Illness and Injury

The following policy provides clear guidelines in relation to managing illness and injuries, as follows:

- Staff may not store or administer medications to children, young people, or adults.
- Children with known allergies will be monitored and supervised by staff as needed.
- Information regarding allergies/medical conditions as well as management of condition will be gathered at Intake Meeting and noted in client files.
- Children who experience allergic reactions at the Centre will receive First Aid from First Aid trained staff until an ambulance arrives. Parents/carers will be called and notified as soon as possible.
- In the event that a child has a known medical condition requiring management, caregiver will be requested to remain on-site or within the service during the child's engagement with the service.
- Children with known medical conditions such as epilepsy, diabetes, and asthma will be known to all staff with individual plans and procedures developed on a case-by-case basis to respond in the event of incidents and what is required by the child.
- First aid kits are available in the Office and in vehicles. A checklist of the contents is located inside each first aid box. If an item is removed or used from the kit, staff must ensure they write down what has been taken. The kit is restocked as need and St John conduct an annual service to the First Aid kit every 12 months. A selection of staff are trained in CPR and/ or First Aid.

### **Additional Policies and Resources:**

1. Physical Contact with Children and Young People
2. Supervision of Children and Young People



## 14a - Group Programs

MFP will run Group Programs in response to client need. All group participation will be based on an individual plan, as part of the client's broader support plan.

Children's groups will be designed around individual need, in conjunction with referring team members.

### Supervision of Children

For the attendance of Group Programs at the Marsden Families Program Centre:

- Arrangements for drop-off and collection of children and young people will be made prior to Programs commencement and confirmed via phone call to confirm attendance and at drop-off.
- Children and young people will be under the supervision of MFP employees to the ratio of 1 MFP worker to 4 children.

For the attendance of Special Events at the Marsden Families Program Centre:

- Children and young people will be under the supervision of parents/carers at Special Events.
- Parent/carers are not considered capable of supervision at Special Events if intoxicated or show signs of causing harm to children or young people, the Manager/Senior Practitioner will be immediately informed, and if necessary, the QPS or CSO called.
- MFP employees will be in attendance and providing secondary supervision as to duty of care for children and young people and the organisation.

At Special Events, staff are always to retain visual contact with children and young people (except when using the bathroom) and ensure language is appropriate to the age of the person and context of service.

Bathrooms/change-rooms for children and young people are located adjacent to the therapy/training rooms allowing privacy for the individual and for the staff member to supervise from outside.



## 14b - One-on-one contact and relationships with children and young people

The following are circumstances whereby staff members may be providing one-to-one support to children and young people as part of service delivery:

- learning assistance or feedback
- behaviour assistance/monitoring
- counselling session
- toileting assistance in the absence of a parent or caregiver.

The following strategies are implemented to minimise risk and achieve an appropriate balance between maintaining privacy for children and young people (to provide their dignity and provide an environment conducive to the service being delivered) and maintain their safety.

Where possible, staff are to conduct interactions with children and young people where visible to others. If this is not possible, such as a counselling session, these sessions should be provided in unlocked rooms that are located near staff traffic areas. Parental or caregiver consent is obtained at service entry and information about the service provided at Intake meeting which outlines confidentiality and privacy. Marsden Families Program ensures visit and counselling notes are documented appropriately.

The following strategies provide guidance on appropriate relationships and professional boundaries when working with children and young people.

### Gifts

Conclusion of therapeutic intervention or to meet a therapeutic function (e.g. assist with transition or behaviour modification) are circumstances under which it is appropriate to provide a small gift to a child. This gift is to be selected from the set of pre-arranged gifts provided for this purpose and approved by the Program Manager

### Social Media

Under no circumstances are staff to have contact with children, young people or families on Social Media or join private pages to share photos or updates.

### Contact with child outside of service environment

Close personal relationships with children and young people outside of the service environment are inappropriate and will not be tolerated. Staff are not to have contact with children or young people outside of office hours or outside of the service delivery or environment.

### **Additional Policies and Resources**

1. Code of Conduct for working with Children and Young People
2. Physical Contact Policy
3. Behaviour Management Policy
4. Gifts and Benefits Policy (HR)



## 15a - Photographs, Technology and Social Media

The following policy outlines the appropriate circumstances and processes for taking photographs or videos of a child or young person while participating in activities, and guidelines for staff and clients in relation to use of technology, official websites and social media platforms associated with the organisation. Management of issues which arise from inappropriate usage of electronic devices or inappropriate conduct on social media is outlined.

The Policy applies to all full-time, part-time, and casual employees of MFP as well as clients, visitors, contractors and subcontractors working at MFP's workplace.

Photographs of events and other activities may be used on the MFP website, however, no identifiable photograph or information will be made public. All photographs used by MFP on social media and website will support the dignity of individuals and a positive image of children, young people, and families. All posts on social media and website need to be approved by the MFP Manager.

### **Photographs**

MFP workers do not take photographs/video of children or young people at MFP without parent/carer consent.

Parents/carers can take photographs/video of their own children or young people ONLY at MFP Group Programs or Special Events that they are attending.

Parents/carers can take photographs/video of their own children or young people at MFP programs ONLY if supporting the dignity of individuals.

Children and young people must be appropriately clothed for any photographs/videos.

### **Social Media**

The photographs/videos to be used as content on the MFP website must have prior approval by the Manager/Senior Practitioner.

Staff are not permitted to initiate or accept contact with children or young people on personal social media, telephone, or email outside of the hours and context of service delivery.

Any employee (paid, unpaid, volunteer) will not use their personal social media accounts to conduct MFP business.

All employees are prohibited from making comments on behalf of MFP or using MFP's branding (including the corporate logo, internal logo and registered trademarks) on any social media platform unless expressly authorised to do so by MFP.

Inappropriate conduct on social media (e.g. public comments, private pages and situations where a person can be identified as a representative of MFP) is not permitted. All employees will be made aware upon induction that activity on their personal social media accounts (photographs/comment/activity) that is of a



nature against the Code of Conduct and causes concern as to the ability of the employee to provide a safe and supportive environment of children or damages the reputation/community opinion of MFP will be considered breach of conduct and handled according to procedure.

The organisation prohibits live-streaming functionalities on social media platforms.

On-going education will be provided as needed for staff and volunteers around current social media platforms in order to recognise cyberbullying and mental health changes in children and young people in the annual *Recognising and Responding to Disclosures and Suspicions of Harm* training.

## **Technology**

During the course of service delivery, information and resources, such as from the eSafety Commission website, will be provided to parents and caregivers, children and young people on safe online practices for children and young people. This may also include links and resources around cyberbullying and the types of apps and technology currently being used by children and young people.

Further, resources from the eSafety Commissioner's website will be shared in ongoing staff training.

Posters that inform children and young people of the ways to identify cyberbullying and help that is available are displayed in the office. Reports of cyber bullying within MFP service environment will be responded to in accordance with the relevant policy.

For the delivery of services, staff may be supplied with mobile phone, laptop computer, tablet and/or portable devices as needed. Inappropriate use of electronic devices and technology (e.g. using an organisation's phone/camera for personal use) is not permitted.

Inappropriate photographs/videos taken, and inappropriate use of social media and technology will be considered breach of conduct and handled according to disciplinary policy and procedure.

## **Additional Policies and Resources:**

- Social Media Policy (HR)
- Disclosure and Suspicion of Harm Policy (Practice)
- Code of Conduct for working with children and young people policy (Practice)
- Code of Conduct (HR)
- One-on-one contact and relationships with children and young people (Practice)



## 15b - Visitor and Spectator Policy

The purpose of this policy is to outline how the Marsden Families Program (MFP) manages visitors and spectators to ensure the safety, privacy, and wellbeing of children, young people, families, and staff. This policy supports MFP's commitment to providing a child-safe environment and meeting obligations under the *Human Services Quality Standards (HSQS)* and the *National Principles for Child Safe Organisations*.

This policy applies to all people attending MFP premises or MFP-organised events, including parents and carers, employees, volunteers, board/committee members, children and young people, students on placement or undertaking work experience, consultants, contractors, service providers, visitors, and spectators.

All visitors and spectators are required to act in accordance with the Marsden Families Program Child and Youth Risk Management Strategy and Code of Conduct. MFP maintains a zero-tolerance approach to any behaviour that places children or young people at risk, breaches confidentiality, or demonstrates disrespect, racism, aggression, or cultural insensitivity.

All visitors must report to reception upon arrival and sign in and out using the visitor register. Visitors must record their name, organisation, purpose of visit, and time of entry and exit. Staff are responsible for ensuring visitors are supervised in client areas.

All visitors and spectators must uphold the safety, dignity, and rights of children and young people. Inappropriate language, aggression, intimidation, harassment, or discriminatory comments will not be tolerated. Visitors or spectators who display unsafe or inappropriate behaviour will be asked to comply with organisational expectations or leave the premises or event immediately. Serious breaches may result in restricted future access or notification to relevant authorities.

Visitors must not access or discuss client records or information unless authorised by management. Photography, video, or audio recording of clients, staff, or facilities is strictly prohibited without written consent. All personal information observed during a visit must remain confidential.

Visitors must comply with all workplace health and safety directions. Smoking, vaping, or similar activities are not permitted inside the workplace or within ten (10) metres of any entrance, door, or open window. Visitors under the influence of alcohol or drugs will be asked to leave immediately. Children accompanying visitors must be supervised at all times.

MFP is committed to providing a culturally safe and inclusive environment for all visitors. Visitors are expected to respect the cultural identity, beliefs, and personal boundaries of others. Information and communication supports will be made available to meet accessibility, language, and literacy needs where possible.

To promote open communication, MFP seeks regular feedback from clients and stakeholders. Feedback forms are available in the foyer, during visits, and online. All feedback is managed in line with the Feedback and Complaints Policy and Procedure.

Any breach of this policy may result in a visitor being asked to leave immediately. Serious or repeated breaches may result in restricted access or notification to relevant authorities.



## 16a - Personal safety & well-being

The Marsden Families Program (MFP) is committed to providing a safe, supportive, and respectful environment for all staff, volunteers, and students. Maintaining personal safety and wellbeing is essential to delivering quality services to children, young people, and families.

MFP recognises its duty of care under Work Health and Safety legislation and is committed to preventing injury, managing risk, and supporting the psychological, physical, and emotional wellbeing of its workforce.

All staff will receive induction and ongoing training to promote a culture of safety and professional integrity.

Staff will have access to professional supervision, debriefing, and wellbeing supports to promote safe practice and resilience. Sufficient training and resources will be provided to ensure staff are competent and confident in fulfilling their roles.

MFP encourages open communication and continuous improvement. All staff are expected to report hazards, near misses, or safety concerns promptly so that risks can be managed effectively.



## 16b - Substance Misuse: Smoking, Vaping, Consumption of Alcohol and Use of the other drugs

Staff are not permitted to smoke or vape inside the workplace, within ten meters of doors or open windows of the workplace, or in sight of children, young people, or families. Adults (clients, visitors) are not permitted to smoke or vape inside the workplace, within ten meters of doors or open windows of the workplace.

During an outreach visit, if a client appears drug affected or intoxicated, worker will let them know firmly but politely that they will call to make another appointment and leave the premises.

If a parent/carer arrives to pick up a child/young person and shows signs of intoxication or signs of risk of causing harm, the Manager will be immediately informed and, if necessary, the QPS or CSO called and an Incident Report form is to be completed.

For the attendance of Special Events at the Marsden Families Program Centre:

- Children and young people will be under the supervision of parents/carers at Special Events.
- Parent/carers are not considered capable of supervision at Special Events if intoxicated or show signs of causing harm to children or young people, the Manager/Senior Practitioner will be immediately informed, and if necessary, the QPS or CSO called.

### **Additional Policies and Resources**

1. Supervision of Children and Young People Policy
2. Drugs and Alcohol Policy (HR)
3. Smoking Policy (HR)
4. Code of Conduct (HR)



## 17 - Incident reporting

An incident is any event, concern, or change in circumstance observed or reported to staff that alters the known situation of a client, family, or service environment. Incidents may involve risks to safety, wellbeing, property, or service delivery, and may or may not require immediate action by the staff member involved.

All incidents are to be recorded promptly and accurately on the Incident Report Form within FlowLogic. The completed report must be submitted to the Program Manager or Senior Practitioner and the Child Safety Officer (CSO) for review and appropriate action.

Guidelines relating to home visiting, emergencies, and incident response are to be followed where applicable. Staff must ensure that the safety of children, families, and themselves is prioritised at all times and that all actions are consistent with MFP's Code of Conduct, Child and Youth Risk Management Strategy, and Work Health and Safety Policy.

MFP maintains a culture of transparency and continuous improvement. All incident data will be reviewed regularly to identify trends, reduce risks, and strengthen service quality and safety practices.



## 18 - Recognising and Responding to Disclosures and Suspicions of Harm

Marsden Families Program acknowledge and support the right of all people to live free from harm, abuse and neglect. This Policy and Procedure applies to Marsden Families Program as a whole.

Marsden Families Program is committed to providing an environment where:

- The safety and wellbeing of clients and their families are protected;
- Clients are supported to live free from harm, abuse and neglect;
- Incidents of actual or suspected harm to people who use our services are identified, responded to, recorded and escalated, which is reported in line with our contractual or legislative responsibilities;
- All allegations are treated seriously and consistently in line with legislation, this Policy and any professional code of conduct relevant to each worker;
- Obligations for Notifiable Disclosures are adhered to.

We acknowledge that clients may experience or be dealing with the consequences of actual or potential harm during their involvement with our service. These incidents may be directly or indirectly related or entirely unrelated to our service provision. Whatever the circumstances, we are responsible to our clients to ensure their safety and prevent harm whenever possible.

### Disclosures and Suspicion of Harm

A **disclosure** of harm occurs when someone, including a child, tells an MFP worker about harm that has happened, is happening, or is likely to happen to a child. A **suspicion** of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering, significant harm. Children and young people can only be protected from harm if it is reported and dealt with quickly and effectively.

### Defining Harm

**Harm** is defined as 'any detrimental effect of a *significant nature* to the child's physical, psychological or emotional wellbeing'. Harm can be caused by physical, psychological, or emotional abuse or neglect; or sexual abuse or exploitation (section 9 of the *Child Protection Act 1999*).

Considerations when forming a reasonable suspicion about harm to a child include:

- whether there are detrimental effects on the child's body or psychological state or emotional state,
  - that are evident to the person, or
  - that the person considers are more likely to become evident in the future, and
- in relation to any detrimental effects mentioned above
  - their nature and severity, and
  - the likelihood that they will continue, and,
- the child's age (section 13C of the *Child Protection Act 1999*)

It is important to remember that harm can be caused by a single act or omission, or a series of acts or omissions.



**Table 1.** Types of Abuse and Resulting Harm

<b>TYPES OF ABUSE</b>  <b>Actions/behaviours by parent/caregiver</b>	<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>SEXUAL</b>	<b>NEGLECT</b>
	Hitting Punching Scalding Domestic and family violence	Scapegoating Rejection Persistent hostility Domestic and family violence	Penetration Sexual exploitation Exposure to pornography	Failure to attend to medical needs Poor Hygiene / Nutrition Inadequate supervision
<b>RESULTING HARM</b>  <b>Impact experiences by the child</b>	<b>PHYSICAL</b> Refers to the body	<b>EMOTIONAL</b> Refers to the ability to express emotions	<b>PSYCHOLOGICAL</b> Refers to the mind and cognitive processes	
	Bruising Fractures Internal injuries Burns	Depression Hyper vigilance Poor self-esteem Self-harm Fear/ Anxiety	Learning and development delays Disorganised attachment Impaired self-image In infants, neurological changes in the developing brain	

This is not a complete list of the types of abuse and resulting harm that may be experienced by children and young people, however, it is to be used as a predictive tool for potential signs of harm. Each child’s experience is different and depends on a range of factors, including the child or young person’s age, the nature of harm, how long the abuse has been occurring, their relationship to the abuser, and their support networks.

**Table 2.** Indicators of Child Abuse

<b>Indicators of Physical Abuse</b>	<b>Indicators of Emotional Abuse</b>
<ul style="list-style-type: none"> <li>• Broken bones or unexplained bruising or burns in different stages of healing.</li> <li>• Being unable to explain an injury or giving inconsistent, vague or unlikely explanations for an injury.</li> <li>• Having unusual or unexplained internal injuries.</li> <li>• History of family violence.</li> <li>• Delay between injury and seeking medical assistance.</li> <li>• Repeated visits to the doctor with injuries, poisoning or minor complaints.</li> <li>• Being unusually frightened of a parent or carer.</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme behaviour ranging from being overly aggressive to submissive.</li> <li>• Delayed emotional development.</li> <li>• Compulsive lying or stealing.</li> <li>• High levels of anxiety.</li> <li>• Lack of trust in people.</li> <li>• Persistent bedwetting, urinating or soiling in clothes.</li> <li>• Regressive behaviour, such as baby talk or thumb sucking.</li> <li>• Having feelings of worthlessness about life and themselves.</li> <li>• Overeating or hardly eating at all.</li> </ul>



<ul style="list-style-type: none"> <li>• Wearing inappropriate clothing in warm weather (to hide bruises, cuts or marks).</li> <li>• Avoiding physical contact.</li> <li>• Becoming scared when other children cry or shout.</li> <li>• Being excessively friendly to strangers.</li> <li>• Starting fires or being fascinated with fire.</li> <li>• Destroying property.</li> <li>• Hurting animals.</li> </ul>	<ul style="list-style-type: none"> <li>• Self-harming.</li> </ul>
Indicators of Sexual Abuse	Indicators of Neglect
<ul style="list-style-type: none"> <li>• Knowing more about sexual activities than other children their age</li> <li>• Playing in a sexual way</li> <li>• Sexual behaviour outside the typical range for their age and stage of development</li> <li>• Refusing to undress for activities or wear additional layers of clothing</li> <li>• Having bruising, bleeding, swelling, tears or cuts on their genitals or anus</li> <li>• Having unusual vaginal odour or discharge</li> <li>• Having itching or pain in the genital area, difficulty going to the toilet, walking or sitting</li> <li>• Having a sexually transmitted disease or urinary tract infection</li> <li>• Having torn, stained or bloody clothing and/or underwear</li> <li>• Being afraid of being alone with a particular person or going to a particular place</li> <li>• Becoming withdrawn, unusually reactive or begins displaying high risk behaviours (including substance misuse)</li> <li>• Being frequently depressed, feel suicidal or attempt suicide</li> <li>• Creating stories, poems or artwork about abuse.</li> <li>• Having problems sleeping or starts having nightmares</li> <li>• Starting to wet the bed or soil themselves.</li> </ul>	<ul style="list-style-type: none"> <li>• Starving, begging, stealing or hoarding food.</li> <li>• Having poor hygiene, matted hair, dirty skin or body odour.</li> <li>• Frequent illness, infections or sores.</li> <li>• Talking about no one being at home to provide care.</li> <li>• Frequently late or absent from school.</li> <li>• Wearing inadequate clothing, especially in winter.</li> <li>• Being left unsupervised for long periods.</li> <li>• Alcohol or drug abuse at home.</li> <li>• Delayed physical, emotional or intellectual development.</li> </ul>

Department of Families, Seniors, Disability Services and Child Safety website (2022) **How To Recognize Child Abuse.** Available online at <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/child-abuse/recognise-child-abuse>

### What is a ‘disclosure’ of harm?

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child.

It is important to act quickly and in the best interests of the child or young person after a disclosure of harm is received, irrespective of the alleged source of harm.



## What is a 'suspicion' of harm?

A suspicion of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering, significant harm. This includes circumstances which relate to an unborn child who may be in need of protection after he or she is born. A child who has been, or may be experiencing, abuse may show behavioural, emotional or physical signs of stress and abuse.

Remember, there are circumstances where there is a concern for a child's welfare but it does not reach the threshold to be considered a disclosure or suspicion of harm. MFP staff have a duty of care to follow up any suspicions of harm or potential risk of harm to children and young people in our care. This will be done by observing and recording the actions of children who might be at risk, and quickly reporting concerns to the Manager or Senior Practitioner.

You may suspect harm if:

- a child or young person tells you they have been harmed
- someone else, for example, another child, a parent, or an employee, tells you that harm has occurred or is likely to occur
- a child or young person tells you they know someone who has been harmed (it is possible that they may be referring to themselves)
- you are concerned about significant changes in the behaviour of a child or young person, or the presence of new, unexplained and suspicious injuries, or
- you see the harm happening.

## Responding to a disclosure or suspicion of harm

In managing and recording a **disclosure** of harm, MFP staff must:

- Follow the responding to disclosures guide
- Remain calm and listen attentively, actively and non-judgementally
- Ensure there is a private place to talk
- Encourage the person to talk in their own words and ensure just enough open-ended questions are asked to act protectively (e.g. 'Can you tell me what happened'...or 'Can you tell me more about that').
- Don't ask leading questions which tend to suggest an answer. Ensure the person is advised that the disclosure cannot remain a secret and it is necessary to tell someone in order to get help
- Reassure the person they have done the right thing by telling you
- Advise the child that you need to tell someone else who can help the child
- Document the disclosure clearly and accurately, including a detailed description of:
  - the relevant dates, times, locations and who was present
  - exactly what the person disclosing said, using "I said," "they said," statements
  - the questions you asked
  - any comments you made, and
  - your actions following the disclosure
- Not attempt to investigate or mediate an outcome, and
- Follow any relevant process for reporting a disclosure of harm and consider whether there are requirements to report matters to Child Safety and/or the Queensland Police Service.

In managing and recording a **suspicion** of harm, MFP staff must:

- Remain alert to any warning signs or indicators;
- Pay close attention to changes in the child's behavior, or expression of ideas, feelings and the words they use;



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- Discuss with Manager/Senior Practitioner at weekly Case Conference meetings, Supervision sessions and/or at any time harm is suspected;
- Make written notes of observations in a non-judgmental and accurate manner, record those notes into a Case Notes file into the relevant Case Folder in Flowlogic;
- Assure a child that they can come to talk when they need to and listen to them and believe them when they do; and
- Follow any relevant process for reporting a suspicion of harm and consider whether there are requirements to report matters to Child Safety or the Queensland Police Service.

## Notifications

Disclosures of past or current abuse may occur during the conduct of service provision and will be dealt with in accordance with relevant guidelines. Clients will be advised of the limits of confidentiality (i.e. Information will be shared with MFP Senior Practitioner and/or Manager, and relevant CSO, in the event that there are concerns for harm or risk of harm toward others or self).

## Limits to confidentiality

- The organisation provides information to clients in an easily understood format, based on an individual's preferences or communication method.
- Clients using our services can participate and choose the services they receive.
- Clients are told about the organisation's legislative responsibility and duty of care for escalating or reporting significant harm or risk of substantial harm to the department and other government bodies, and relevant authorities at intake and throughout intervention

## Procedure Response to Disclosures/Suspicious of Harm

### Incident Reports

1. If the child has been the victim of a criminal offence or is at imminent risk of harm, a report must be made to Queensland Police Service or appropriate statutory body such as the Department of Child Safety, Seniors and Disability Services. In relation to disclosure or suspicion of sexual offending against a child, staff must adhere to mandatory reporting legislation. <https://www.qld.gov.au/law/crime-and-police/types-of-crime/sexual-offences-against-children/laws>
2. If a child discloses abuse/harm, report immediately to Manager/Senior Practitioner.
3. If observations, suspicions, or complaints regarding abuse/harm are made, gather evidence for Manager and relevant CSO (Child Safety Officer) to assess risk.
4. Complete an MFP **Incident Report Form** (Flowlogic Incident Report tab in Client File) submit to Program Manager/ Senior Practitioner and record into case file within 24 hours of the incident being identified.
5. Email Incident Report to CSO (with read receipt) within 24 hours of the incident being identified.
6. Complete a Case Note
7. Review response to disclosures/suspicious of harm procedure to determine if any changes are needed and/or if any follow up actions should be taken.

### Contact Details for External Reporting

- **Regional Intake Service for Brisbane and Moreton Bay:** 1300 682 254
- **Queensland Police Service:** 000
- **Petrie Police Station:** 3897 7222



- **Police Link:** 131 444

## Training and professional supervision for staff

Induction and training for all frontline and office staff will be provided regarding MFP procedure response to disclosure/suspicion of harm. This will be done through the Induction process for all new staff and a 12-monthly in-service/training session will also be provided for all staff related to responding to disclosures and suspicion of harm.

Appropriate support including debriefing, professional supervision, case conference as well as access to EAP are provided to staff who are involved in the reporting of disclosure and suspicion of harm process.

## Definitions

Potential, suspected, alleged and actual	<p>The definitions of harm, abuse and neglect are identified individually below. The processes for preventing, identifying, reporting and responding to harm, abuse and neglect, in all cases includes:</p> <ul style="list-style-type: none"><li>• Where harm, abuse and neglect may be potential - has not yet occurred, but could occur</li><li>• Suspected - where someone reasonable suspects that harm, abuse or neglect could occur</li><li>• Alleged - where someone has reported that harm, abuse or neglect has occurred</li><li>• Actual - where harm, abuse or neglect has been witnessed</li></ul>
Harm	<p>Any detrimental effect of a significant nature on a person's physical, psychological or emotional wellbeing.</p> <p>It is immaterial how the harm is caused. Self-harm is included in the definition. Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation.</p> <p>Harm can be caused by a single or series of acts, omissions or circumstances.</p>
Abuse	<p>The violation of a person's human rights, through an act or actions of commission or omission, by another person, or persons. Abuse includes, but is not limited to the following:</p> <ul style="list-style-type: none"><li>• Physical abuse – any non-accidental physical injury or injuries to a child or adult, such as inflicting pain of any sort, or causing bruises, fractures, burns, electric shock, or unpleasant sensation (e.g. taste, heat or cold) as well as</li><li>• restrictive practices which are not contained in the client's positive behaviour support plan.</li><li>• Sexual abuse – any sexual contact between an adult and a child 16 years of age or under; or any sexual activity with a person with impairment of the mind (as defined under 'Definitions' in the <i>Queensland Criminal Code</i>). Sexual</li><li>• activity includes intercourse, genital manipulation, masturbation, voyeurism, sexual harassment, and also inappropriate exposure to pornographic media etc.</li><li>• Psychological or emotional abuse – verbal communication that is threatening or demeaning, threats of maltreatment, harassment, humiliation, intimidation, failure to interact with a person or to acknowledge the person's presence, or denial of cultural or religious needs and preferences.</li></ul>



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|  | <ul style="list-style-type: none"><li>● Financial abuse – refers to the illegal or improper use of a person’s property or finances or the withholding of another person’s resources by someone with whom the person has a relationship implying trust.</li><li>● Chemical abuse – refers to any misuse of medications and prescriptions, including the withholding of medication and over-medication.</li><li>● Abuse through denial of access to legal remedies – denial of access to justice or legal systems that are available to other citizens and denial of informal or formal advocacy support requested by the client or his/her substitute decision maker.</li></ul> |
|--|--|



## 19 - Management of Breaches of Risk Management Strategy

### What is a breach?

A breach is any action or inaction by any member of Marsden Families Program, including children and young people, that fails to comply with any part of this strategy.

Marsden Families Program takes any breach of this Child and Youth Risk Management Strategy very seriously, and must take action to ensure that breaches are responded to appropriately, and reviewed to ensure the risk of breaches reoccurring is minimised.

### Who must comply with this Strategy?

Our Child and Youth Risk Management Strategy must be complied with by all Marsden Families Program staff, and everyone else involved in our organisation, including volunteers, contractors, stakeholders, clients, children and families.

### Process for reporting breaches

Breaches must be reported as per our Incidents and Recognising and Responding to Disclosure and Suspicion of Harm Policy and Procedure. Breaches of the Risk Management Strategy will be reported in writing by staff and using the Complaints/Feedback Form by clients and others involved with the organisation.

### Process for managing breaches

1. Program Manager manages the process and reports to the Board
2. All people concerned must be advised of the process by Program Manager or Board Chairperson
3. All people concerned must be able to provide their version of events to Program Manager or Board Chairperson
4. The details of the breach, including the versions of all parties and the outcome must be recorded in Complaint Register
5. The Program Manager reports to the Board with recommendations for courses of action the Board must take;
6. An appropriate outcome must be decided by the Board.

***All matters discussed in an investigation must be confidential.***

Depending on the nature of the breach, outcomes may include:

- Emphasising the relevant component of the Child and Youth Risk Management Strategy, for example, the Code of Conduct;
- Providing closer supervision;
- Further education and training;
- Mediating between those involved in the incident (where appropriate);
- Disciplinary Procedures if necessary; or
- Reviewing current Policy and Procedures and developing new Policies and Procedures if necessary.



The aim of this policy allows MFP to manage any breaches or potential breaches in a fair and supportive manner and ensure:

- People are clear on their obligations and rights and therefore will not hesitate to report breaches;
- Appropriate consequences for breaches are enforced due to clear procedure as to what course of action to take;
- Similar breaches will be dealt with consistently, reducing repeat offenses and an increase in confidence in the risk management strategy; and
- Opportunities for training and improvement will be easy to identify.

**Table 3:** Examples of breaches of Risk Management Strategy and proposed consequences based on degree of seriousness.

Type of Breach	Outcome
<ul style="list-style-type: none"> <li>• Acting in an unnecessary/ unsafe manner</li> <li>• Non-disclosure of changes in police information to Blue Card Services</li> <li>• Non-disclosure of suspicion/occurrence of harm</li> <li>• Non-completion of risk management plan for Special Events, Group Programs</li> <li>• Non-compliance with Code of Conduct</li> <li>• Inappropriate behavior on social media</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasizing the relevant component of the Child and Youth Risk Management Strategy, such as the Code of Conduct</li> <li>• Disciplinary procedures (if necessary)</li> <li>• Reviewing current policies and procedures, and</li> <li>• Developing new policies and procedures (if necessary).</li> </ul>
<ul style="list-style-type: none"> <li>• Dispute or incident</li> <li>• Complaint received</li> </ul>	<ul style="list-style-type: none"> <li>• Mediating between those involved in the incident (where appropriate)</li> <li>• Incident Reporting (where appropriate)</li> <li>• Following Complaints Process Procedures</li> </ul>
<ul style="list-style-type: none"> <li>• Poor service delivery</li> <li>• Not up to date with records and case notes</li> </ul>	<ul style="list-style-type: none"> <li>• Providing increased clinical supervision</li> <li>• Providing further education and training</li> <li>• Disciplinary Procedures (if necessary).</li> </ul>

A register will be kept recording breaches and the corresponding outcomes, accompanying the Incident Report Form. Appropriate confidentiality will be maintained at all times regarding breaches of Risk Management Strategy.



## 20 - Risk Management for Special Events

The planning and conducting of Special Events for children and families forms part of Marsden Families Program work. Special Events will include holiday events, specialised programs for children, young people and adults, and any other programs created by MFP according to the needs of clients and the community.

The planning stage of these events will involve creating the event’s own risk management plan in order to preempt risks that are not taken into account in day-to-day business of MFP.

**Table 4.** Risk assessment procedure for the development and planning of Group Programs and Special Events at MFP.

<b>Risk Assessment Procedure</b>			
Describe the Activity	What is it? What is the purpose of the activity? What are your objectives in undertaking the activity? What are the elements of the activity from start to finish? Where is the activity taking place? What environmental factors need to be considered? Who is involved in the activity – parents, staff, children, and people external to MFP?		
	How might a child be harmed? Will children need to be transported? Is it possible that a child could be injured or become ill? What would happen if an emergency occurred? Are there any risks presented by the physical environment or location of the activity? Will there be people external to MFP involved in the activity? Are there accommodation requirements?		
Analyse the Risks	How likely is it that the harm will occur?		
	Likelihood	Almost certain	Almost certain to occur in most circumstances
		Likely	Likely to occur frequently
		Possible	Possible and likely to occur at some time
		Unlikely	Unlikely to occur but could happen
		Rare	May occur but only in rare and exceptional circumstances
	Consequence	Critical	Critical incident eg death or permanent disability of adult or child, high level of distress to other parties. Sustained negative publicity or damage to reputation from the community welfare perspective.
Major		Multiple injuries requiring specialist medical treatment or hospitalization; and/or major	



			occupational health safety & welfare liability incident/issue. Major incident which damages public or parent confidence. One or more children are lost from the main group.
		Moderate	Serious injuries and/or illness. Complex welfare and/or health care issues. Serious disruption or incident, resulting in distress to children and adults.
		Minor	Minor first aid or minor occupational health safety & welfare liability incident/issue e.g. minor cuts, bruises, bumps. Minor behavioural issues.
		Insignificant	No treatment required.
Evaluate the Risks	Use Risk Analysis Matrix, Table 5.		
Manage the Risks and Reassess	Action to take to reduce the identified risk? Are those actions adequate to reduce risk to acceptable levels? Is the risk level acceptable to conduct event/program?		
Review	Is this plan effective? Identify who will review the risk management plan after the event/program? Record risk assessment plan into MFP database.		

**Table 5.** Risk Analysis Matrix for evaluating or analyzing risks of special events or activities at MFP.

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
Consequence	Critical	Moderate	High	High	Extreme	Extreme
	Major	Moderate	Moderate	High	High	Extreme
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Low	Low	Moderate	Moderate	Moderate
	Insignificant	Low	Low	Low	Moderate	Moderate



## 21a - Managing challenging behaviour

Marsden Families Program adheres to the use of positive behaviour support and least restrictive alternatives when working with children and young people.

MFP staff employ consistent processes that respect and support human rights and personal dignity. We promote an environment that protects the safety and wellbeing of clients through proactive planning that aims to minimise the risk of harm. MFP supports working with other agencies, including the Department, in assessment, planning, and review to support children and young people. Our goal is always to de-escalate challenging behaviour through positive responses. Prohibited practices must never be used.

This policy outlines how MFP staff support safe and positive behaviour and details preventative and responsive strategies to ensure effective, safe, culturally aware, and trauma-informed behaviour support.

Challenging behaviour is any behaviour with the potential to physically or psychologically harm another person, or self or property. Challenging or at-risk behaviour is understood to be behaviour that:

- Is typically not seen in children or young people of a similar age,
- Is inappropriate to the context in which it occurs,
- Is of such frequency, intensity, and duration that it presents risk to the child or young person or others, and/or
- Has a negative influence on the child or young person's quality of life such as restricting learning opportunities, limiting access to everyday community activities or impacting negatively on relationships.

MFP understands that behaviour arises within the context of development, environment, family experiences and social settings. MFP also considers individual factors such as experiences of trauma, intellectual disability, and physical and mental health that may contribute to at-risk behaviours. Our practice frameworks support staff to identify the nature, impact, and causes of challenging behaviours and respond in ways that support the dignity and well-being of the individual. The management of known (through existing reports, risk assessments or observation) challenging behaviour will be addressed in the individual/family planning process or development of positive behaviour support plans. Other challenging behaviours that emerge will be addressed in accordance with relevant guidelines.

Guidelines for preventing and responding to challenging behaviour:

- **Primary preventative strategies** that aim to change the environment and improve quality of life to reduce the need for the child or young person to engage in at-risk or challenging behaviour include building strong relationships, creating safe and trauma-sensitive environments, recognising positive behaviours rather than negative ones, focusing on strengths, clear and consistent boundaries and assisting with problem solving.
- **Secondary strategies** that aim to alleviate the situation when behaviours are low risk and to prevent the behaviour from escalating. They are used when there are early warning signs of at-risk or challenging behaviour
- **Non-aversive reactive strategies** that aim to bring about resolution and return to safety including therapeutic de-escalation strategies. Process the crisis event with children to help improve their coping strategies.

Prohibited practices are unlawful and unethical practices which present a high risk of causing high level discomfort and trauma and cannot be used under any circumstance.



Prohibited practices include:

- Corporal punishment
- Unethical practices to modify a child or young person's behaviour
- Planned use of physical restraint
- Planned use of restriction of access to items (environmental restraint)
- Containment (environmental restraint)
- Seclusion
- Chemical restraint
- Mechanical restraint
- Aversive strategies

## **Managing high risk behaviours and emergency use of restrictive practices**

At times, children and young people may engage in behaviours of such intensity, frequency and duration they present immediate risk to themselves and/or others without intervention. In these limited instances, the emergency use of a restrictive practice may be required to manage risk.

*Guiding principles for the emergency use of restrictive practices:*

The situation in which an emergency use of restrictive practices may be appropriate is when:

- the child or young person is behaving in a way that poses immediate foreseeable risk of harm or actual risk of harm to themselves or others
- the practice is reasonable in all the circumstances of the behaviour
- where there is no less restrictive measure available to respond the child or young person's behaviour in the circumstances
- paramount consideration must be given to the best interests of the child.

The ongoing reliance on emergency use of restrictive practices is not to be used as a behaviour management technique nor for convenience, as retaliation or to discipline a child or young person.

### Emergency use of physical restraint

Physical restraint is the sustained or prolonged use or action of physical force to prevent or restrict the movement of a person, or any part of their body, for the primary purpose of managing their behaviour that causes risk of or actual harm to themselves or others. It is distinct to a hands-on technique to guide the person away from potential harm or injury consistent with what would be considered as exercising duty of care towards a child or young person. Children and young people in care arrangements are not to be physically restrained by staff or carers except in emergency circumstances. In all circumstances where physical restraint is used in an emergency, staff are required to ensure that the physical restraint:

- is reasonable and necessary to prevent the child from harming themselves or others; and
- is the least restrictive option, in that it is the minimum level of force which is reasonable and necessary to protect the child or young person against danger; and
- is applied for the shortest amount of time possible, and is removed as soon as the risk has reduced; and
- is only used where the risk of not using the restraint outweighs the risk for using the restraint.

There is a serious risk that physical restraint can result in physical and/or emotional harm to the child or young person, the person applying the restraint, and those that witness the restraint. Any emergency



use of physical restraint will consider the child or young person's individual needs and circumstances, including:

- the age and size of the child or young person
- past behaviours
- any impairment, disability or health condition the child or young person may have for example obesity, epilepsy, medications or the side effects of drug use
- the child's cultural background
- any history of trauma, including physical and sexual abuse or exposure to domestic and family violence
- the environment in which the physical restraint is taking place.

If the emergency use of physical restraint is required, the child or young person will be carefully and continuously monitored and must never reach the stage where:

- the child or young person subject to the restraint says they cannot breathe, vomits, demonstrates signs of physical or psychological distress, starts to change colour or has a medical emergency such as a seizure; or
- the staff member administering the restraint is observed to be injured, unwell or unable to continue to safely monitor the situation.

After any use of emergency physical restraint, the child or young person will be:

- supported to access any required medical attention
- provided the opportunity to debrief about the incident once they are calm.

The use of any restrictive practice is reported to MFP Manager and to the Child Safety Service Centre or Child Safety After Hours Service Centre within **24 hours** of the incident occurring.

Any incident of the use of prohibited practices in relation to a child in a care arrangement must be immediately reported by MFP to the Child Safety Service Centre or Child Safety After Hours Service Centre. The use of any practices that may constitute a criminal offence must be immediately notified to the Queensland Police Service.



## 21b - Supervision of children and young people

### Supervision of children and young people at Centre-Based Therapy Sessions:

For the attendance of therapy sessions at the Marsden Families Program Centre:

- Arrangements for transport to and from sessions at the Centre will be made prior to sessions and confirmed by phone at the confirmation of appointment approximately 24 hours prior to scheduled time.
- If a child needs to be collected from home or school by an MFP employee to attend a session at the Centre, an MFP vehicle will be used. Personal vehicles will not be used for child or young person transportation.
- MFP vehicles will be fitted with the required car seat for the age and size of the child.
- Children and young people (under the age of 12 years) will only travel in the back seat of MFP vehicles and if this is refused, alternative arrangements will be made including cancellation of a session and organisation of pick up by parent/carer.
- Parents/carers can transport children and young people to the Centre for sessions and must walk their child/ren into the reception area of the Centre.
- Therapy sessions are conducted with **one-on-one supervision** of the child or young person by the allocated Therapist.
- At the completion of sessions, the child or young person can be transported home by the MFP employee or picked up by parent/carer coming into the reception area of the Centre.
- MFP employees must always carry their Drivers' Licence and Blue Card when transporting children and young people.
- Children and young people who are scheduled to be picked up at the conclusion of their session and remain uncollected will remain supervised by MFP employees while contact with parent/carer is made. Alternative arrangements can include the child or young person being dropped home by MFP employee if the parent/carer is there, or the child or young person remaining at MFP until the parent/carer can arrive for pick up.
- If a parent/carer arrives to pick up a child/young person and shows signs of intoxication or signs of risk of causing harm, the Manager will be immediately informed and, if necessary, the QPS or CSO called and an Incident Report form is to be completed.



## Supervision of Children during Group Events:

MFP will run Group Programs in response to client need. All group participation will be based on an individual plan, as part of the client's broader support plan. Children's groups will be designed around individual need, in conjunction with referring team members.

For the attendance of Group Programs at the Marsden Families Program Centre:

- Arrangements for drop-off and collection of children and young people will be made prior to Programs commencement and confirmed via phone call to confirm attendance and at drop-off.
- Children and young people will be under the supervision of MFP employees to the ratio of **1 MFP worker to 4 children.**

For the attendance of Special Events at the Marsden Families Program Centre:

- Children and young people will be under the supervision of parents/carers at Special Events.
- Parent/carers are not considered capable of supervision at Special Events if intoxicated or show signs of causing harm to children or young people, the Manager/Senior Practitioner will be immediately informed, and if necessary, the QPS or CSO called.
- MFP employees will be in attendance and providing secondary supervision as to duty of care for children and young people and the organisation.

### **Additional Policies and Resources**

1. Managing Difficult Behaviours Policy
2. Transportation of Children and Young People Policy
3. Code of Conduct for Working with Children and Young People



## 21c - Physical Contact with Children and Young People

The Marsden Families Program (MFP) is committed to ensuring that all interactions with children and young people are safe, respectful, and appropriate. Physical contact is to occur only when necessary, reasonable, and directly related to the child or young person's needs, safety, or participation in activities.

Before any physical contact is made, the purpose must be clearly explained to the child or young person in a way they can understand. Wherever possible, verbal consent should be sought from the child or young person, and parent or carer consent obtained in advance for situations such as First Aid or toileting support.

Appropriate physical contact may include:

- Administering First Aid or supporting injury management;
- Demonstrating or guiding a skill as part of an educational or recreational activity;
- Assisting young children with toileting or hygiene needs in accordance with parental consent and organisational procedures;

Inappropriate physical contact includes, but is not limited to:

- Any violent or aggressive behaviour such as hitting, kicking, slapping, or pushing;
- Kissing or other forms of intimate contact;
- Any touching, behaviour, or gesture of a sexual or suggestive nature; or
- Any contact that causes distress, discomfort, or breaches a child's personal boundaries.

MFP maintains a zero-tolerance approach to any form of inappropriate physical contact. Such behaviour constitutes a serious breach of conduct and will be managed under the organisation's disciplinary and reporting procedures. Allegations involving potential harm or abuse will be escalated in accordance with mandatory reporting and child protection requirements.

All staff are required to maintain professional boundaries and act in accordance with the Code of Conduct, Child and Youth Risk Management Strategy, and National Principles for Child Safe Organisations. Ongoing supervision, training, and reflective practice will support staff in ensuring safe and appropriate physical contact at all times.

### **Additional Policies and Resources**

1. Toileting and Change Rooms
2. Management of Illness and Injury
3. One-on-one Contact and Relationships with Children.



## 21d - Toileting and Change Rooms

Marsden Families Program (MFP) is committed to ensuring that all toileting and change room practices uphold the safety, dignity, and privacy of children and young people, while maintaining appropriate staff supervision and professional boundaries.

Safe and private toilet and change room facilities are provided and located near therapy and training areas to allow for discreet supervision. These facilities are designed to enable privacy for the individual while ensuring staff can monitor safety and wellbeing from outside the area.

Staff are to check the facility for safety and cleanliness before use and then wait in close proximity to the entrance (for example, in the corridor outside). Staff must not enter a toilet or change room unless there is a valid reason, such as responding to an emergency, assisting a young child who requires help, or ensuring immediate safety.

If entry is required, the staff member should, where possible:

- Notify another staff member beforehand;
- Announce clearly and loudly their intention to enter, ensuring all occupants are aware; and
- Maintain the highest level of privacy and respect for all individuals.

Whenever practical, two authorised adults should be present when a staff member must enter a toilet or change room with a child or young person. Staff should document the circumstances in FlowLogic if assistance or intervention was required.

Photography, video, or recording in change rooms or toilets is strictly prohibited under all circumstances.

MFP maintains a zero-tolerance approach to any breach of this policy. Any conduct that compromises a child or young person's privacy, safety, or dignity will be treated as a serious breach of professional conduct and may lead to disciplinary or reporting action.

### **Additional Policies and Resources:**

1. Physical Contact with Children and Young People
2. Supervision of Children and Young People



## 22 - Outcome Management

### Individual planning

All service provision is to be undertaken in the context of an Individual/Family Support Plan and reviewed by the Therapist or Family Support Practitioner as needed. Plans include agreed goals and agreed process for measuring outcome of intervention.

#### **Counselling Intervention Service:**

The Individual Support Plan is developed by the Child and Adolescent Therapist based on the information received in the Referral, Case Plan, Intake meeting, and the Strengths and Difficulties Questionnaire.

#### **Family Intervention Service:**

The Family Support Plan is developed by the Family Support Practitioner based on the information received in the Referral, Case Plan, Intake meeting, and the North Carolina Family Assessment Scale which is completed by the Family Support Practitioner.

### Assessment tools

The preferred outcome measurement tool at point of Counselling Intervention Service delivery is PCOMS (Partners for Change Outcome Management System), which provides an Outcome Rating Scale and Session Rating Scale to measure therapeutic alliance. PCOMS is to be completed during each counselling session, except for exceptional circumstances. In instances where PCOMS is not completed, this is to be documented in a Case Note.

The Strengths and Difficulties Questionnaire (SDQ) is also used in the Counselling Intervention Service and explores the personal and social skills and difficulties of young people relating to emotions, personal conduct, relationships with peers, attention span, and prosocial behavior. SDQ is to be completed at intake, interim (approximately 12 weeks), and closure, except for exceptional circumstances. In instances where the SDQ is not completed, this is to be documented in a Case Note.

The preferred outcome measurement tool at point of Tertiary Family Support Service delivery is the North Carolina Family Assessment Scale (NCFAS), which measures family functioning under the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, Child Wellbeing, Social/Community Life, Self Sufficiency, Family Health, Caregiver/Child Ambivalence, and Readiness for Reunification. The NCFAS is to be completed following intake (within the first four weeks of the intervention), interim (approximately 12 weeks), and closure.

Other outcome measurement tools will be acquired by negotiation. Staff will receive sufficient training in the evidence base and implementation of outcome measurement tools they are required to use.



## 23 - Process Flowcharts

### Flowchart for CIS Entry, Review and Exit Process

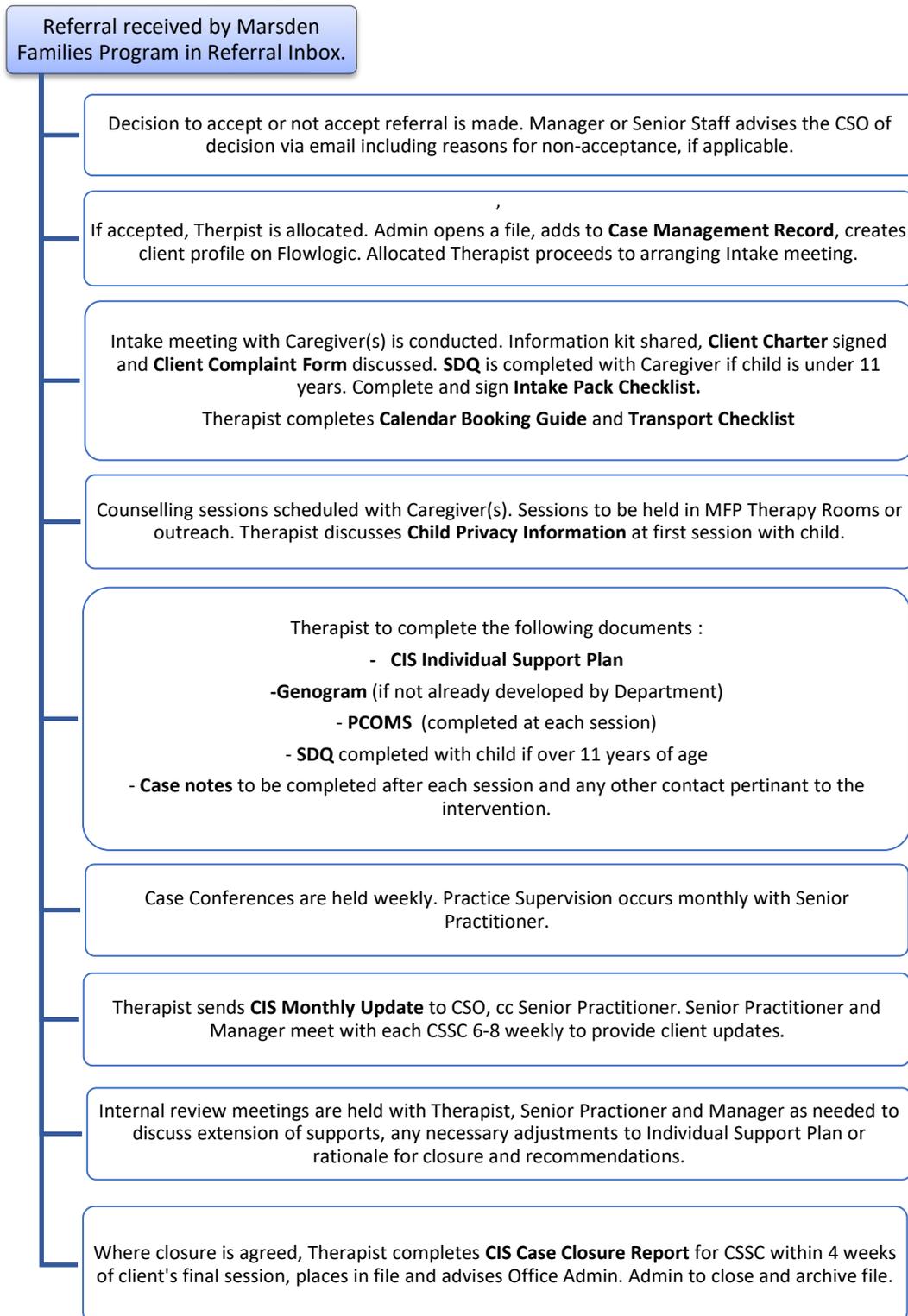


Figure 1: Flowchart for Counselling Intervention Service Entry, Review & Exit Process



## Flowchart for TFSS Entry, Review and Exit Process

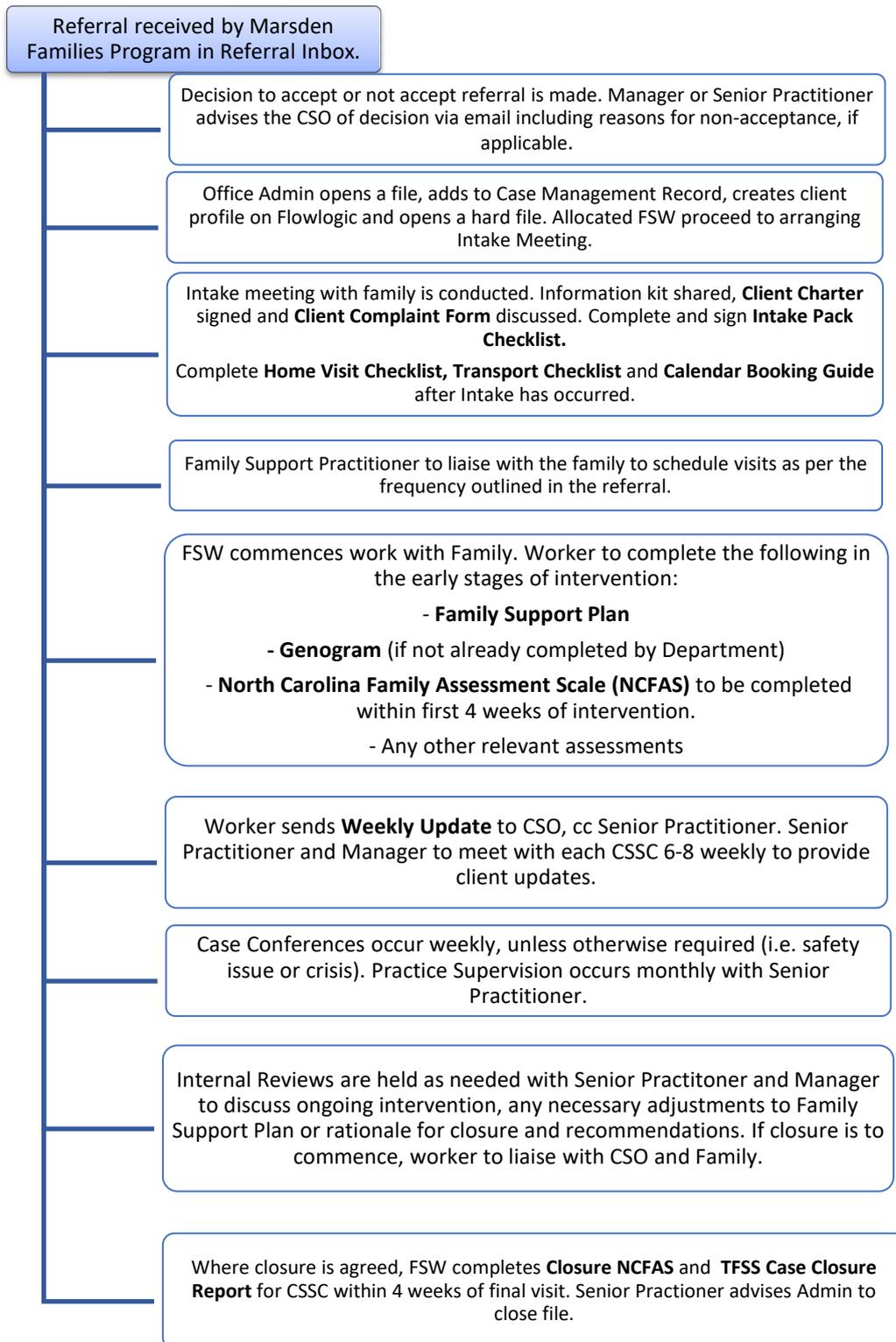


Figure 2: Flowchart for Tertiary Family Support Service Entry, Review and Exit Process



## 24a - General Site Safety

The Marsden Families Program (MFP) is committed to maintaining a safe, functional, and hazard-free environment for all children, young people, families, staff, and visitors. Site safety is an essential component of the organisation's overall Work Health and Safety (WHS) system and is monitored in accordance with the Governance Calendar.

Regular site safety inspections are conducted for the MFP Centre to identify and address any potential risks or hazards. These inspections are documented using the approved safety check forms, and any required actions are recorded, assigned, and tracked until completion. Completed forms are stored for audit and review purposes.

The Program Manager is responsible for ensuring that all identified issues are rectified promptly and that preventive actions are taken to reduce recurrence. Staff are expected to immediately report any new hazards, maintenance concerns, or incidents that may compromise safety, either verbally or via email.

MFP promotes a proactive safety culture, where all staff share responsibility for maintaining safe and accessible premises. Findings from site safety checks are reviewed as part of the Governance Calendar to inform continuous improvement and compliance with the Human Services Quality Standards and the Work Health and Safety Act 2011 (Qld).

### **Additional Policies and Resources**

- Site Safety Checklist



## 24b - Health and Safety of Children and Young People

The following strategies are implemented in consideration of the general safety of children and young people:

- Proper hygiene is practiced by all staff at MFP and children are guided in the same, this includes but is not limited to the washing of hands, covering mouth when coughing or sneezing, and using tissues for runny noses. Hygiene products may be provided to clients as needed.
- Activities that take place outdoors will require the use of hats and sunscreen, with sunscreen supplied and requirements for hats being brought made in advance to the parent/carers.
- Activities involving water and swimming, if ever conducted, will require parent/carer participation and supervision.
- Children who are experiencing infectious illnesses such as colds, flu, chickenpox and so on will be requested to not attend Centre-based activities.
- Children who present to the Centre showing symptoms of infectious illness will be cared for as appropriate, with arrangements made to have them dropped home or picked up early, to protect staff and other children/young people/clients.
- Staff are aware of their responsibility to evacuate children in their care in the event of an emergency, such as a fire at the Centre, by following the Emergency and Evacuation Response Plan and Procedures. This will extend to parents/carers and visitors as required. For Group Programs, attendance records are taken by staff at the start of the program. In the event of an evacuation, these attendance records are used to identify the child, young person or adult present and/or if any children, young people or adults need to be located.
- Staff are not permitted to smoke or vap inside the workplace, within ten meters of doors or open windows of the workplace, or in sight of children, young people, or families. Adults (clients, visitors) are not permitted to smoke or vap inside the workplace, within ten meters of doors or open windows of the workplace.
- The buildings and physical environment where services are delivered are safe for people working in and are well maintained. The organisation is committed to ensuring the equipment and facilities meet safety requirements.

### **Additional Policies and Resources:**

1. Physical Contact with Children and Young People
2. Supervision of Children and Young People
3. Transportation of Clients



## 25 - Confidential Information Security

Confidential information, including case files and all associated personal information, is maintained in hard copy within a designated file room. This room is secured with double locks and kept clean, dry, and free from pests to ensure the protection and integrity of records.

Files removed by case workers or therapists must be returned to the file room immediately after use. Files are not to be left unattended on desks or stored in unsecured drawers or cabinets at any time.

Electronic policies, forms, and organisational documents are stored securely on the OneDrive system. MFP uses the FlowLogic Case Management System for electronic storage of client information and records. All FlowLogic products and services are hosted in Australia, and no data is stored offshore.



## 26 - Communication and Support

MFP will ensure that all people who work in the organisation are aware of their responsibilities and understand what is acceptable behaviour for interacting with children. This will be accomplished by the provision of a staff handbook containing the Risk Management Strategy and a receipt signed by each staff member and student acknowledging having read and understood the handbook. MFP Policy and Procedure Manuals are accessible for all workers in electronic form via One Drive.

MFP will create a culture of learning, empowering people to feel comfortable addressing issues of concern.

The importance of MFP's commitment to protecting the safety and wellbeing of children will be highlighted in our day-to-day provision of service.

MFP staff will keep open lines of discussion, communication, and support in order to reduce the likelihood of breaches of MFP's Risk Management Strategy.

In addition to the compulsory induction covering risk management policies and procedures for all paid and unpaid employees, MFP will deliver regular information and updates during weekly staff meetings as to the risk management strategy.

Working with children and young people in understanding how to keep themselves safe and what to do if they feel unsafe is a core component of the day-to-day work of MFP.

Working with parents/carers/families on creating and maintaining safe and supportive environments for children and young people is a core component of the day-to-day work of MFP.

Providing publications and printed resources is a strategy MFP employs to provide families and community members with information for creating safe environments for children and young people, showing MFP's commitment to safe and supportive environments.

The frontline nature of the work of MFP requires staff to deal with issues including behaviour management, stress, conflict, bullying, child protection concerns, breaches and disclosures or suspicions of harm. MFP provides support MFP workers in the form of individual and group supervision and access to EAP. The Manager and Senior Practitioner maintain open lines for communication regarding concerns, difficulties and coaching.

By effectively addressing staff concerns and supporting staff, MFP maintains the ability to provide a safe and supportive environment for children and young people involved with the organisation.