Reporting Child-Related Concerns of Harm and Abuse POLICY

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1 PURPOSE OF POLICY

The purpose of this policy is to ensure that all our workers understand and comply with their reporting obligations.

2 SCOPE

This policy applies to all members of the Carinity workforce (which includes staff, volunteers, agency and placement workers, and contractors, hereafter 'worker'), suppliers, and the Carinity Council.

3 KEY DEFINITIONS

Allegation	a claim or assertion, without definitive proof that a wrongdoing (i.e. abuse or grooming of a child) has happened or is likely to happen
Child abuse	Is physical abuse, sexual abuse, emotional abuse and/or neglect of a child.
CPA	*Child Protection Act 1999* (Qld).
Disclosure	When someone, including a child, tells another person about child abuse or harm that has happened or is likely to happen. Disclosures may sound like: • I think I saw… • Somebody told me that… • Just think you should know… • I don't know what I want you to do but…
Harm	any detrimental effect of a significant nature on a child's physical, psychological or emotional wellbeing. It does not matter how the harm was caused, and harm can be caused by a single act/omission/circumstance or a series or combination of the same
CPA[1] Mandatory Reporter	a person who is required by law to report to Child Protection Authorities any reasonable suspicion that a child: • has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse, and • may not have a parent able and willing to protect the child from harm. **Mandatory reporters include:** • **Teachers** • An approved carer or a person employed in a departmental care service, licensed care service, or residential facility where a child has been placed for protection **(On Track Workers)** • Doctors, **Registered Nurses**, Police Officers, and Early Childhood Education and Care Professionals[2]
Misconduct	inappropriate behaviour that may not be as severe as abuse but could indicate that abuse is occurring and would often be in breach of our Code of Conduct for Engaging with Children. This could include showing a child something inappropriate on a phone, having inappropriate conversations with a child or an adult sitting with a child on their lap.
Reasonable suspicion	Means a suspicion that would be formed by a reasonable person based on evidence (specific facts or circumstances) available to them. Harm may be reasonably suspected if: • The worker observes the harm occurring • A child says that they have been harmed, or that someone they know has been harmed • Someone else (e.g. another child, another service user, a parent, a worker, etc.) says that the child has been harmed (or is likely to be harmed) • observations or reports of behaviour of another person, or material related to another person, are consistent with the definition of child abuse; and/or • observations of the behaviour of a particular child, or knowledge of the child, generally lead them to suspect that abuse may be occurring; and/or • physical injuries are observed, which could be reasonably attributed to abuse
RCS	Reportable Conduct Scheme, provided for in Chapter 3 of the *Child Safe Organisations Act 2024* (Qld).
Reportable Allegation	An allegation or other information that leads a person to form a reasonable belief that a worker of a reporting entity has committed reportable conduct or misconduct that may involve reportable conduct.

[1] *Child Protection Act 1999* (Qld) ("**CPA**")
[2] Sections 13E and 13F of the *Child Protection Act 1999* (Qld).

Reportable Conduct	The following conduct is reportable conduct, regardless of whether or not the conduct is alleged to have occurred in the course of the worker's employment: a) a child sexual offence; b) sexual misconduct committed in relation to, or in the presence of, a child; c) ill-treatment of a child; d) significant neglect of a child; e) physical violence committed in relation to, or in the presence of, a child; f) behaviour that causes significant emotional or psychological harm to a child.[3] Behaviour can be reportable conduct regardless of whether a criminal proceeding has been commenced or concluded. Detailed definitions for each of the above types of reportable conduct are included at Annexure 1.
Reportable Conviction	a conviction for an offence committed by the worker against a law of a State or the Commonwealth that may involve reportable conduct.

Additional definitions are included at **Annexure 1**.

4 RECEIVING DISCLOSURES

- All Carinity Workers can receive a disclosure of harm, and at all times, Carinity Workers will encourage children to make disclosures if they or someone they know is at risk of experiencing harm.
- Disclosures of harm may be made by:
  - A Carinity service user (about themselves or another service user);
  - A family member of a service user;
  - A friend or connection of a service user;
  - A Worker; and/or
  - Any other person with relevant information about the safety of a child.
- When receiving a Disclosure of harm, all Carinity workers will:
  - deal with a disclosure of harm in a confidential, fair and timely manner;
  - make every effort to protect the rights of the child throughout an investigation of any report of child abuse;
  - treat a disclosure of harm seriously and ensure that all parties are treated fairly; and
  - ensure that the interests of anyone reporting in good faith are protected.
- All Carinity Workers will comply with the Child Safety and Wellbeing Procedure relevant to their service when receiving disclosures.

5 EMERGENCY REPORTING – ALL WORKERS

- If a worker believes that a person is in immediate danger or in a life-threatening situation, they should immediately contact the Queensland Police Service (QPS) by dialling triple zero (000).
- As soon as possible after contacting QPS, the worker should report the matter in accordance with this policy.

[3] See section 26 of the *Child Safe Organisations Act 2024* (Qld).

6 REPORTING DISCLOSURES - EDUCATION

6.1. Who does this section apply to?

This section only applies to reasonable suspicions formed by, or disclosures made to, Carinity Education Workers.

6.2. Reporting

All Carinity Education Workers must report disclosures or reasonable suspicions of harm as outlined in the below table. One disclosure may be part of more than one harm category.

Harm Category	Internal Report(s)	External Report(s)
1. Allegations of sexual abuse or child sexual offence	**Immediate** Written report to Principal (Principal will report to Executive Manager Education Services, who will report to CEO)	The Principal (or EMES or CEO) must **immediately** report to the QPS Child Protection Investigation Unit and to Carinity's governing body (QB)
2. Allegations that a Carinity Teacher has caused harm to a child	**Immediate** Written report to Principal (Principal will report to Executive Manager Education Services, who will report to CEO)	The Principal (or EMES) must **immediately** report to the Queensland College of Teachers
3. Allegations that a Carinity worker (incl. teachers) has engaged in reportable conduct or has committed an offence against a child	**Immediate** Written report to CEO (Unless there is a conflict of interest, CC the Principal and Executive Manager Education Services)	The CEO must report to the QFCC **within 3 business days** of receiving the report
*For Carinity Education **teachers** only (as CPA Mandatory Reporters)*		
4. Reasonable suspicion that a child is at unacceptable risk of suffering significant harm **and** does not have a parent able and willing to protect them	Written report to Principal **as soon as possible** (Principal will notify to EMES, who will report to CEO)	The Principal (or EMES or CEO) must report to the Department of Families, Seniors, Disability Services, and Child Safety **at their earliest convenience**

*Flowcharts for these reporting requirements are included as **Annexure 2***

- At any time, Carinity Workers can report concerns to their manager which do not fall within the above categories (or fall into a category that does not apply to them) if they wish to do so. It will be up to the manager to decide whether the matter is reported further.
- If a disclosure or suspicion is about a person who would otherwise receive an internal report, the internal report should be made to their direct manager.

Ordinary Report recipient	Direct manager
Principal	Education Manager
Education Manager	Executive Manager Education Services
Executive Manager Education Services	Chief Executive Officer
Chief Executive Officer	Chair of Carinity Council
Chair of Carinity Council	Chief Executive Officer

- All reports should include as many of the following details as possible:
  a. The name of the person giving the report (the reporter)
  b. The student's name and sex descriptor
  c. The student's age (if known)
  d. Details for how to contact the child (only mandatory for harm category 4)
  e. Details of the basis for the reporter becoming aware or reasonably suspecting that the harm has occurred;

f. Details of the alleged harm
g. Any of the following information of which the reporter is aware:
    i. The student's preferred pronouns
    ii. The identity of the person who has abused, or is suspected to have abused, the student;
    iii. The identity of anyone else who may have information about the abuse or suspected abuse

Our systems and processes for reporting (including contact details for recipients) are included in the **Education Child Safety and Wellbeing Procedure**.

7 REPORTING DISCLOSURES – YOUTH AND COMMUNITY SERVICES

7.1. Who does this section apply to?

This section only applies to reasonable suspicions formed by or disclosures made to Carinity Youth and/or Communities Workers.

7.2. Reporting

All Carinity Youth and Communities Workers must report disclosures or reasonable suspicions of harm as outlined in the below table. One disclosure may be part of more than one harm category.

Harm Category	Internal Report(s)	External Report(s)
Allegations of sexual abuse or child sexual offence	**After making report to police,** notify program manager.* (Program Manager will report to the Youth, Communities, and Disabilities Manager (**YCDM**))	The Worker must **Immediately** report to police.*
	**Not applicable to psychologists where section 7.2.2 applies* **Not applicable to On Track Workers*	
Allegations that a Carinity worker (incl. teachers) has engaged in reportable conduct or has committed an offence against a child	**Immediate** Written report to CEO (Unless there is a conflict of interest, CC the YCDM)	The CEO must report to the QFCC **within 3 business days** of receiving the report
For Carinity NDIS disability support workers only		
Allegations of a NDIS Reportable Incident relating to a disabled child in our care	Written report to Program Manager **as soon as possible** (Program Manager will notify YCDM, who will report to CEO)	*If the incident is alleged to have occurred in connection with the provision of support from Carinity* The YCDM must report to the NDIS commissioner **within 24 hours**
For Carinity On Track Workers only		
Reasonable suspicion that a child is at unacceptable risk of suffering significant harm **and** does not have a parent able and willing to protect them	Written report to Program Manager **as soon as possible** (Program Manager will notify YCDM, who will report to CEO)	The Program Manager (or YCDM or CEO) must report to the Department of Families, Seniors, Disability Services, and Child Safety **at their earliest convenience**
For Carinity Psychologists only		
Allegations that another Carinity Health Practitioner (incl. volunteers) has engaged in notifiable conduct	Internal report to Program Manager **as soon as possible** (Program Manager will notify YCDM, who will report to CEO)	The psychologist must report to the Health Ombudsman **as soon as practicable**

*Flowcharts for these reporting requirements are included as **Annexure 2***

- Psychologists are exempt from reporting allegations of child sexual abuse if they formed the suspicion or received the report:

a. While acting in their professional capacity, and
b. In the course of a confidential professional relationship, and
c. They reasonably believe there is no real risk of serious harm to the child or any other child in not disclosing the information to a police officer.

- At any time, Carinity Workers can report concerns to their manager which do not fall within the above categories (or fall into a category that does not apply to them) if they wish to do so. It will be up to the manager to decide whether the matter is reported further.
- If a disclosure or suspicion is about a person who would otherwise receive an internal report, the internal report should be made to their direct manager.

Ordinary Report recipient	Direct manager
Program Manager	Community Services Operations Officer
Community Services Operations Officer	State Manger Community Services
State Manger Community Services	Chief Executive Officer
Chief Executive Officer	Chair of Carinity Council
Chair of Carinity Council	Chief Executive Officer

- All reports should include as many of the following details as possible:
  a. The name of the person giving the report (the reporter)
  b. The child's name and sex descriptor
  c. The child's age (if known)
  d. Details for how to contact the child (only mandatory for harm category 4)
  e. Details of the basis for the reporter becoming aware or reasonably suspecting that the harm has occurred;
  f. Details of the alleged harm
  g. Any of the following information of which the reporter is aware:
     i. The child's preferred pronouns
     ii. The identity of the person who has abused, or is suspected to have abused, the child;
     iii. The identity of anyone else who may have information about the abuse or suspected abuse.

Our systems and processes for reporting (including contact details for recipients) are included in the Youth and Communities **Child Safety and Wellbeing Procedure.**

8 REPORTING DISCLOSURES – ALL OTHER CARINITY WORKERS

8.1. Who does this section apply to?

This section only applies to reasonable suspicions formed by or disclosures made to Carinity workers who are not Education workers or Youth and Community Services workers.

8.2. Reporting

All Carinity Workers must report disclosures or reasonable suspicions of harm as outlined in the below table. One disclosure may be part of more than one harm category.

Harm Category	Internal Report(s)	External Report(s)
Allegations of sexual abuse or child sexual offence	**After making report to police,** notify a manager.* (The Manager will report to their Executive Manager and/or the CEO)	The Worker must **Immediately** report to police.*
	**Not applicable to registered nurses where section 8.2.2*	

Harm Category	Internal Report(s)	External Report(s)
	applies	
Allegations that a Carinity worker has engaged in reportable conduct or has committed an offence against a child	**Immediate** Written report to CEO (Unless there is a conflict of interest, CC the Executive Manager of the relevant service)	The CEO must report to the QFCC **within 3 business days** of receiving the report
*For Carinity **Registered Nurses** only (as CPA Mandatory Reporters)*		
Reasonable suspicion that a child is at unacceptable risk of suffering significant harm **and** does not have a parent able and willing to protect them	**As soon as practicable,** notify a manager (a Manager can also assist you to make the report to the Department)	The registered nurse must report to the Department of Families, Seniors, Disability Services, and Child Safety **at their earliest convenience**
Allegations that another Carinity Health Practitioner (incl. volunteers) has engaged in notifiable conduct	Internal report to Program Manager **as soon as possible** (Program Manager will notify relevant Executive Manager, who will report to CEO)	The nurse must report to the Health Ombudsman **as soon as practicable**

*Flowcharts for these reporting requirements are included as **Annexure 2***

- Registered Nurses are exempt from reporting allegations of child sexual abuse if they formed the suspicion or received the report:
    a. While acting in their professional capacity, and
    b. In the course of a confidential professional relationship, and
    c. They reasonably believe there is no real risk of serious harm to the child or any other child in not disclosing the information to a police officer

- At any time, Carinity Workers can report concerns to their manager which do not fall within the above categories (or fall into a category that does not apply to them) if they wish to do so. It will be up to the manager to decide whether the matter is reported further.

- If a disclosure or suspicion is about a person who would otherwise receive an internal report, the internal report should be made to their direct manager.

Ordinary Report recipient	Direct manager
Manager	General Manager
General Manager	Relevant Executive Manager
Relevant Executive Manager	Chief Executive Officer
Chief Executive Officer	Chair of Carinity Council
Chair of Carinity Council	Chief Executive Officer

- All reports should include as many of the following details as possible:
    a. The name of the person giving the report (the reporter)
    b. The child's name and sex descriptor
    c. The child's age (if known)
    d. Details for how to contact the child (only mandatory for harm category 4)
    e. Details of the basis for the reporter becoming aware or reasonably suspecting that the harm has occurred;
    f. Details of the alleged harm
    g. Any of the following information of which the reporter is aware:
        i. The child's preferred pronouns

ii. The identity of the person who has abused, or is suspected to have abused, the child;

iii. The identity of anyone else who may have information about the abuse or suspected abuse

Our systems and processes for reporting (including contact details for recipients) are included in the General Child Safety and Wellbeing Procedure.

9 LEGISLATIVE OBLIGATIONS

Carinity is committed to complying with the obligations imposed under all Commonwealth and State legislation. In particular:

1. *Child Safe Organisations Act 2024 (Qld)*
2. *Child Protection Act 1999 (Qld)*
3. *Criminal Code Act 1899 (Qld)*
4. *Health Practitioner National Law (Queensland)*
5. *NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)*
6. *Education (General Provisions) Act 2006 (Qld)*
7. *Education (Queensland College of Teachers) Act 2005 (Qld)*

10 RELATED DOCUMENTATION

1. Child Safety and Wellbeing Framework
2. Child Safety and Wellbeing Policy
3. Child Safety and Wellbeing Procedures
4. Code of Conduct for Engaging with Children

11 ANNEXURE 1 – ADDITIONAL DEFINITIONS

Child sexual abuse	Occurs when an adult or stronger child uses their power or authority to involve a child in a sexual activity. Sexual abuse can be physical, verbal or emotional and can include but is not limited to the following: • Kissing, touching, or holding a child in a sexual manner • exposing a sexual body part to a child • having sexual relations with a child • talking in a sexually explicit way that is not age or developmentally appropriate • showing pornographic films, magazines, internet sites or photographs to a child • having a child pose or perform in a sexual manner • forcing a child to watch a sexual act • child prostitution
Emotional/ psychological abuse	Actions or inactions that result in emotional or psychological harm to a child. Examples include rejection, hostility, and teasing/bullying, yelling criticism, and exposure to domestic and family violence. The harm to the child may have a cumulative effect and/or be observable in behaviours such as severe anxiety, depression, withdrawal, indicators of inappropriate attachment or bonding, self-harming behaviour, or aggressive behaviour towards others.
Failure to Protect	Under section 229BB of the *Criminal Code Act 1899* (Qld), all adults in positions of power or responsibility within institutions to reduce or remove the risk of child sexual offences being committed must take reasonable steps to protect children in their care from a child sexual offence. A failure to protect is an offence.
Failure to Report	Under section 229BC of the *Criminal Code Act 1899* (Qld), all adults must report sexual offences against a child by another adult to police as soon as reasonably practicable after the belief is, or ought reasonably to have been, formed. Failure to make a report, without a reasonable excuse, is a criminal offence. A reasonable excuse not to make a report under the *Criminal Code Act 1899* includes that a report has already been made under the *Education (General Provisions) Act 2006* (reporting sexual abuse or likely sexual abuse) and the *Child Protection Act 1999* (reporting significant harm or risk of significant harm) as per this policy.
Grooming	a process where a person manipulates a child or group of children and sometimes those looking after them, including parents, carers, teachers and leaders. They do this to establish a position of 'trust' so they can then later abuse the child.
Inappropriate behaviour	Includes but is not limited to any behaviour of an unacceptable or unprofessional nature, between children and staff or volunteers, including words, that is contrary to what is required by the Carinity Codes of Conduct, and contractual obligations.
Immediately	Without unreasonable delay.
Neglect	A significant failure to provide proper care. For example: • providing unhygienic or unsafe housing, • failing to seek medical treatment when required, • insufficient supervision, • providing insufficient food, clothing or bedding • failing to act protectively in response to another person's actions (e.g. allowing a convicted child sex offender to have unsupervised contact with a child).

	Neglect can be an ongoing situation of repeated failure by a caregiver to meet a child's physical or psychological needs, or a single significant incident where a caregiver fails to fulfil a duty or obligation, resulting in actual harm to a child or where there is the potential for significant harm to a child. For the purposes of the Reportable Conduct Scheme, Neglect is described in 4 forms: 1. **Supervisory neglect** – failing to provide appropriate supervision posing a risk to the safety of a child. E.g. leaving a young child alone for an extended period, failing to supervise a child in an unsafe environment, failing to get medical treatment for injured child, witnessing a child being harmed and failing to respond, or not responding to clear signs of distress, etc. 2. **Physical neglect** – failing to meet a child's physical needs, including food, clothing, shelter, or physical hygiene E.g. failing to provide adequate food, deliberately exposing a child to a food they are allergic to, failing to provide appropriate clothing (e.g. shoes with holes, clothes soaked in urine, or clothes unsuitable for the season) 3. **Educational neglect** – failure to ensure that a child's formal educational needs are being met e.g. condoning or encouraging non-attendance at school, preventing a child from accessing required learning tools, including required technology, or deliberately withholding learning opportunities. 4. **Emotional neglect** – failure to provide adequate nurturing, encouragement, and support to a child e.g. belittling or mocking a child, shaming or humiliating a child, isolating or rejecting a child, allowing a child to take part in criminal or sexually inappropriate behaviour, any discriminatory behaviour related to race, disability, or sexuality, etc.
Physical abuse of a child	Is the use of physical force against a child that results in harm to the child. Physically abusive behaviour includes shoving, punching, hitting, beating, kicking, biting, burning, shaking, throwing, strangling, drowning, using a weapon to inflict punishment and poisoning.
Reportable Conduct (details)	A **child sexual offence** is an offence of a sexual nature committed in relation to a child. This includes • an offence of a sexual nature committed **against** a child • an offence of a sexual nature committed **in the presence** of a child; • an act or omission committed outside Queensland that would be an offence listed above if it were committed in Queensland. a. **Sexual Misconduct** is conduct that is sexual in nature that does not constitute a child sexual offence. For example: • inappropriate touching • voyeurism • use of sexual language without a legitimate reason **Ill-treatment of a child** means conduct towards the child that is unreasonable and seriously inappropriate, improper, inhumane, or cruel. For example: • making excessive or degrading demands • a pattern of hostile or degrading comments or behaviour • using inappropriate forms of behaviour management

	Significant neglect of a child is failure to meet the basic needs of a child in a manner that is deliberate or reckless **Physical violence committed in relation to or in the presence of a child** is: • the intentional or reckless application of physical force to a person without lawful justification or excuse; or • an act that intentionally or recklessly causes a person to anticipate immediate and unlawful violence to the person. It does not include the application of trivial, negligible, or insignificant physical force to a person. **Emotional or psychological harm** means detriment to the emotional or psychological wellbeing or development of a child.
Sexual Abuse	includes sexual behaviour involving the relevant person and another person in the following circumstances: 1. The other person bribes, coerces, exploits, threatens or is violent toward the relevant person. 2. The relevant person has less power than the other person. 3. There is significant disparity between the relevant person and the other person in intellectual capacity or maturity.[4]

[4] As defined in section 364 of the *Education (General Provisions) Act (2006)*

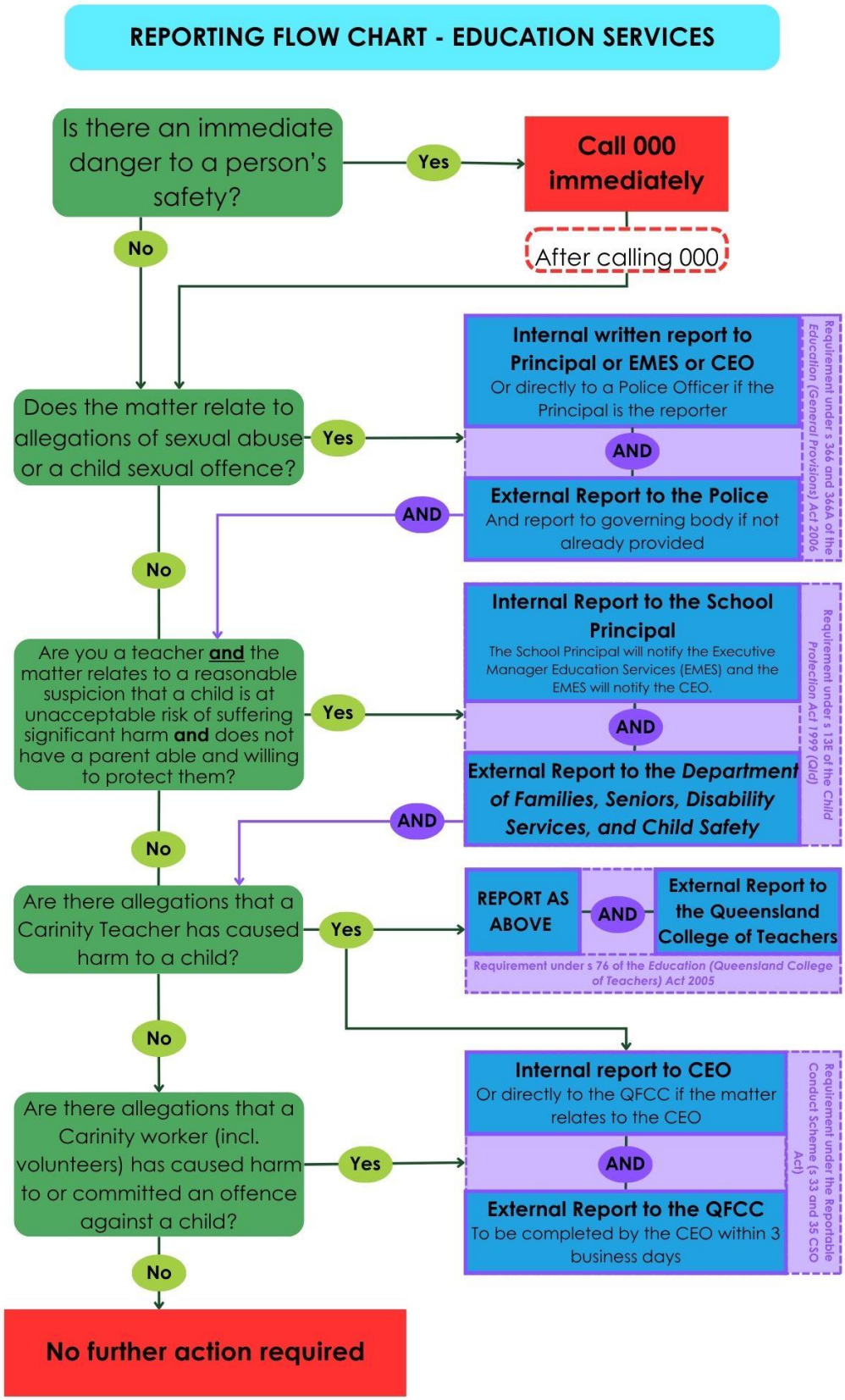
12 ANNEXURE 2 – DIAGRAMS AND FLOW CHARTS

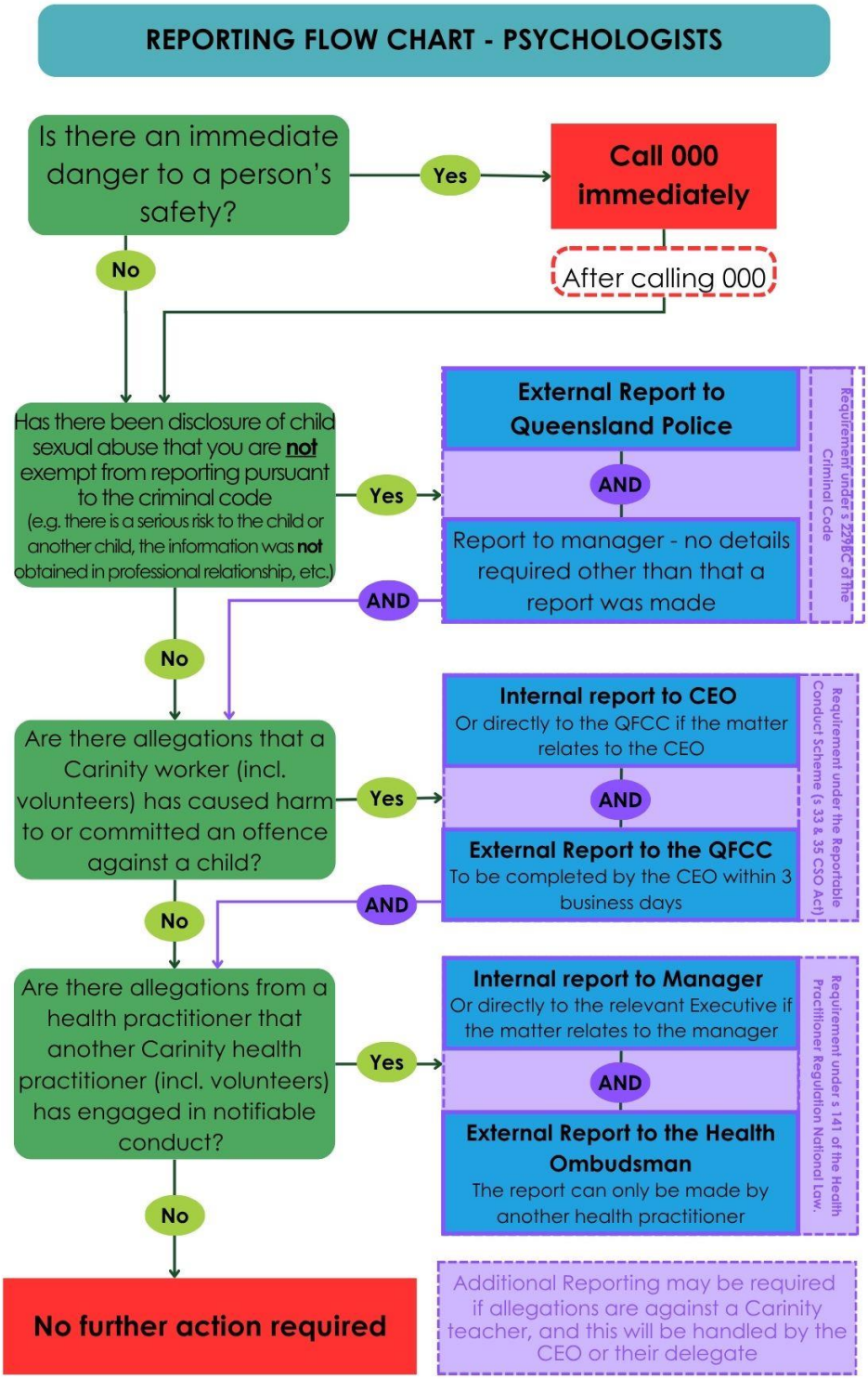
*This exemption only applies if the professional obtained the information: while acting in their professional capacity, in the course of a confidential professional relationship, **and** the professional reasonably believes there is no real risk of serious harm to the child or any other child in not disclosing the information to a police officer.

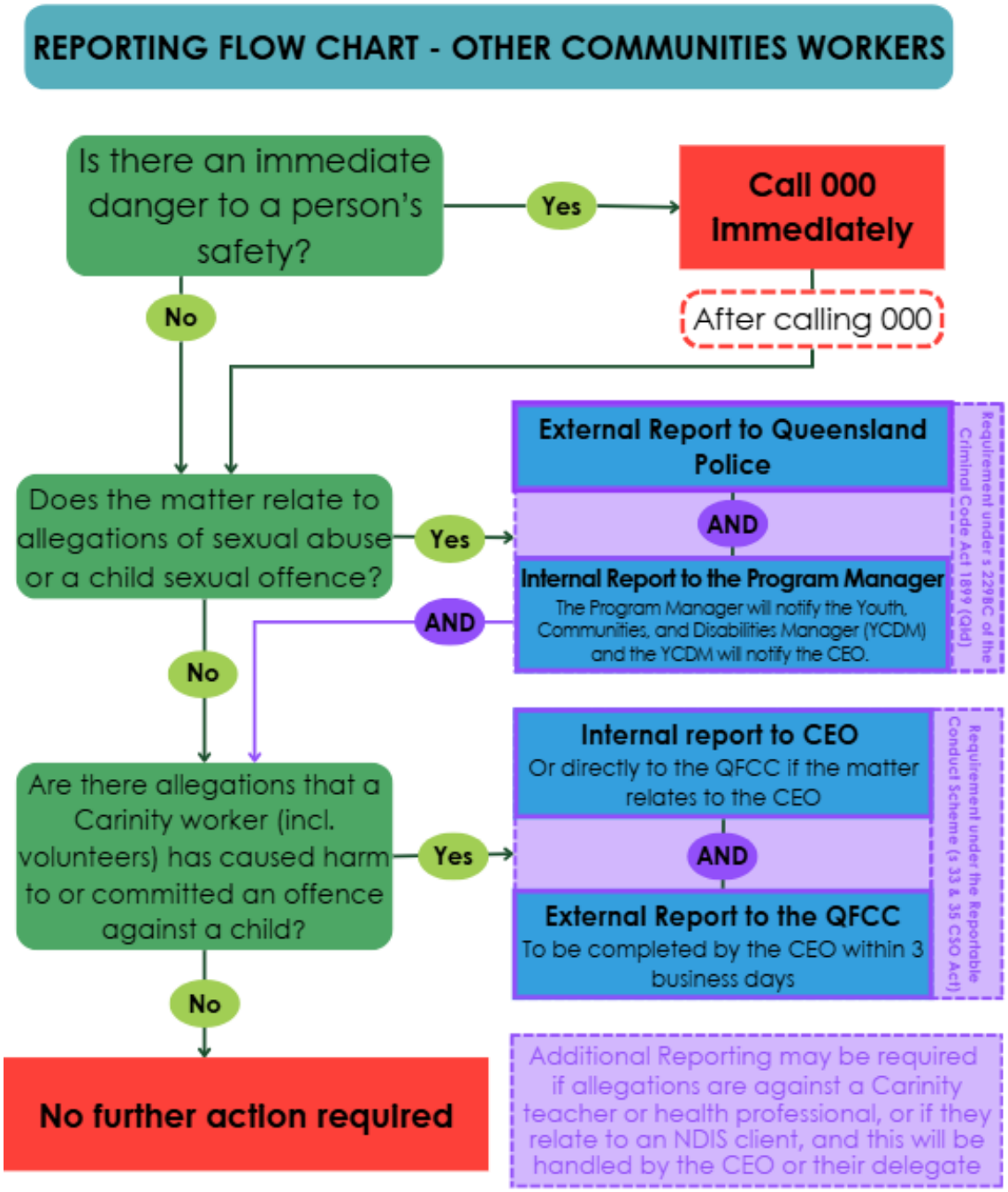
CPA = Child Protection Act (mandatory reporting of reasonable suspicion that child is at unacceptable risk of harm and has no parent willing and able to protect them).

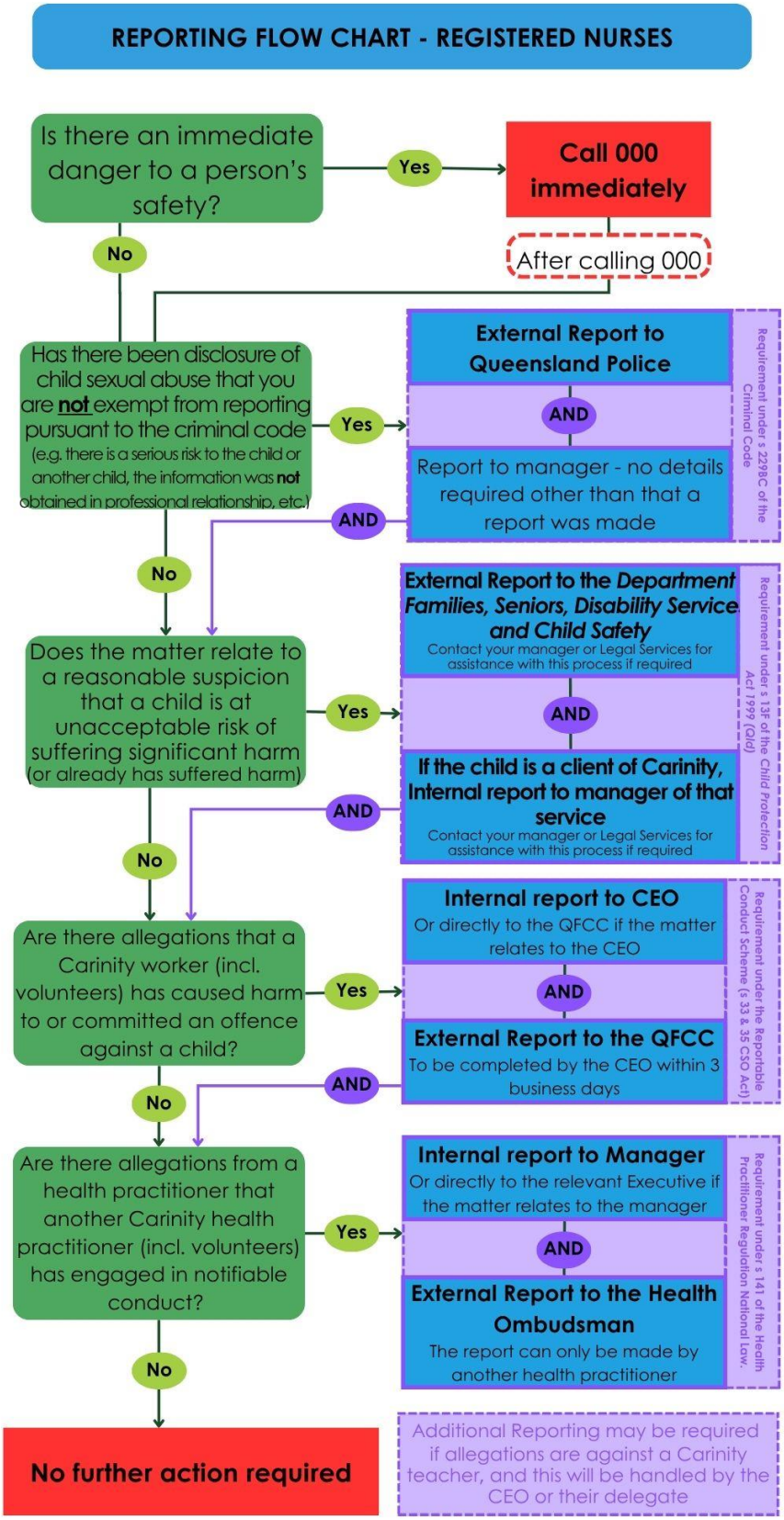
RCS = Reportable Conduct scheme (mandatory reporting of Carinity workers who engage in reportable conduct towards a child).

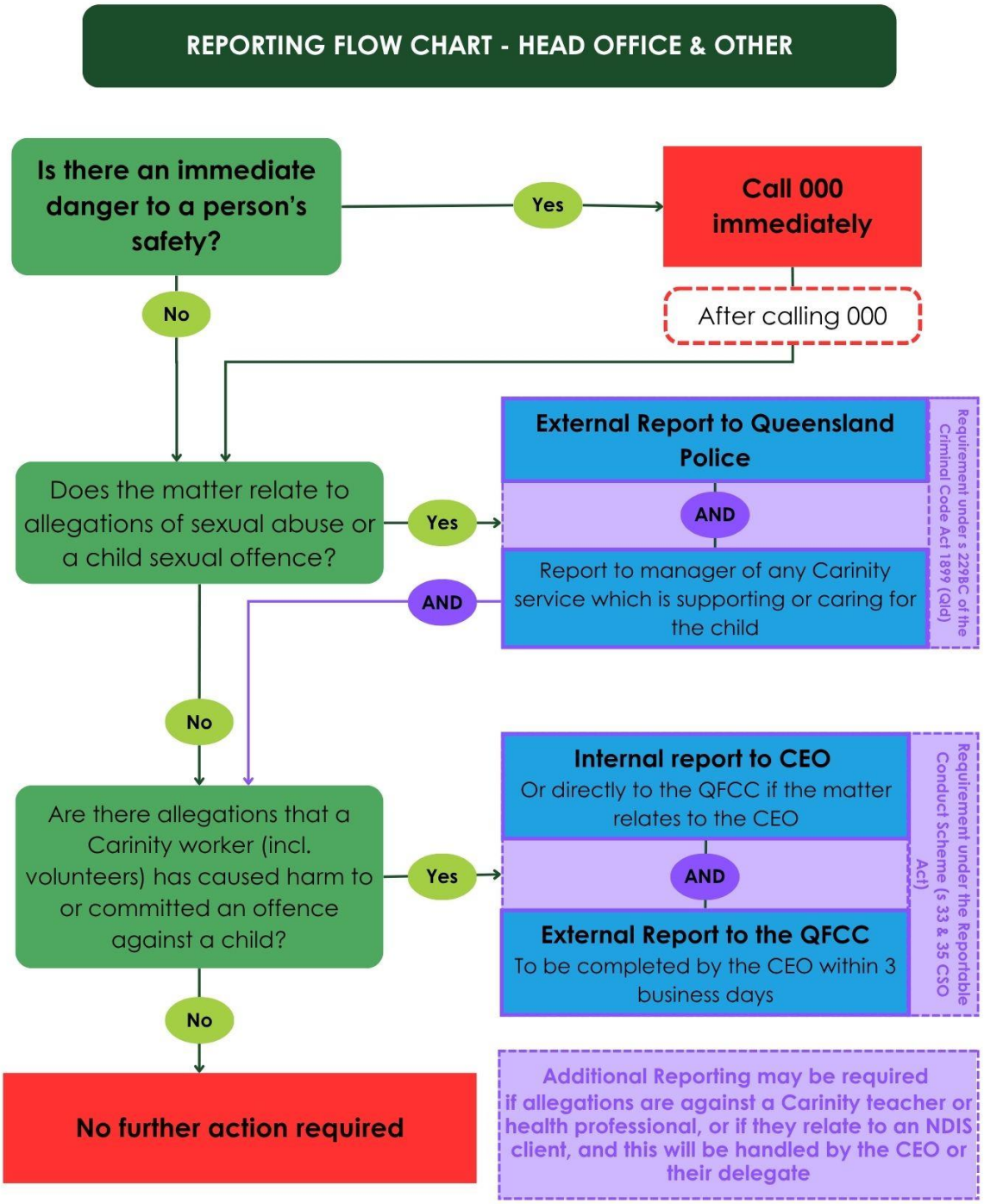
Criminal Code = requirement for adults to report any disclosure of child sexual abuse.


REPORTING FLOW CHART - EDUCATION SERVICES
Is there an immediate danger to a person's safety?
Yes
Call 000 immediately
After calling 000
No
Does the matter relate to allegations of sexual abuse or a child sexual offence?
Yes
Internal written report to Principal or EMES or CEO
Or directly to a Police Officer if the Principal is the reporter
AND
External Report to the Police
And report to governing body if not already provided
Requirement under s 366 and 366A of the Education (General Provisions) Act 2006
AND
No
Are you a teacher and the matter relates to a reasonable suspicion that a child is at unacceptable risk of suffering significant harm and does not have a parent able and willing to protect them?
Yes
Internal Report to the School Principal
The School Principal will notify the Executive Manager Education Services (EMES) and the EMES will notify the CEO.
AND
External Report to the Department of Families, Seniors, Disability Services, and Child Safety
Requirement under s 13E of the Child Protection Act 1999 (Qld)
AND
No
Are there allegations that a Carinity Teacher has caused harm to a child?
Yes
REPORT AS ABOVE
AND
External Report to the Queensland College of Teachers
Requirement under s 76 of the Education (Queensland College of Teachers) Act 2005
No
Are there allegations that a Carinity worker (incl. volunteers) has caused harm to or committed an offence against a child?
Yes
Internal report to CEO
Or directly to the QFCC if the matter relates to the CEO
AND
External Report to the QFCC
To be completed by the CEO within 3 business days
Requirement under the Reportable Conduct Scheme (s 33 and 35 CSO Act)
No
No further action required


REPORTING FLOW CHART - PSYCHOLOGISTS
Is there an immediate danger to a person's safety?
Yes
Call 000 immediately
After calling 000
No
Has there been disclosure of child sexual abuse that you are not exempt from reporting pursuant to the criminal code (e.g. there is a serious risk to the child or another child, the information was not obtained in professional relationship, etc.)
Yes
External Report to Queensland Police
AND
Report to manager - no details required other than that a report was made
Requirement under s 229BC of the Criminal Code
AND
No
Are there allegations that a Carinity worker (incl. volunteers) has caused harm to or committed an offence against a child?
Yes
Internal report to CEO
Or directly to the QFCC if the matter relates to the CEO
AND
External Report to the QFCC
To be completed by the CEO within 3 business days
Requirement under the Reportable Conduct Scheme (s 33 & 35 CSO Act)
AND
No
Are there allegations from a health practitioner that another Carinity health practitioner (incl. volunteers) has engaged in notifiable conduct?
Yes
Internal report to Manager
Or directly to the relevant Executive if the matter relates to the manager
AND
External Report to the Health Ombudsman
The report can only be made by another health practitioner
Requirement under s 141 of the Health Practitioner Regulation National Law.
No
No further action required
Additional Reporting may be required if allegations are against a Carinity teacher, and this will be handled by the CEO or their delegate


REPORTING FLOW CHART - OTHER COMMUNITIES WORKERS
Is there an immediate danger to a person's safety?
Yes
Call 000 Immediately
After calling 000
No
Does the matter relate to allegations of sexual abuse or a child sexual offence?
Yes
External Report to Queensland Police
AND
Internal Report to the Program Manager
The Program Manager will notify the Youth, Communities, and Disabilities Manager (YCDM) and the YCDM will notify the CEO.
Requirement under s 229BC of the Criminal Code Act 1899 (Qld)
AND
No
Are there allegations that a Carinity worker (incl. volunteers) has caused harm to or committed an offence against a child?
Yes
Internal report to CEO
Or directly to the QFCC if the matter relates to the CEO
AND
External Report to the QFCC
To be completed by the CEO within 3 business days
Requirement under the Reportable Conduct Scheme (s 33 & 35 CSO Act)
No
No further action required
Additional Reporting may be required if allegations are against a Carinity teacher or health professional, or if they relate to an NDIS client, and this will be handled by the CEO or their delegate


REPORTING FLOW CHART - REGISTERED NURSES
Is there an immediate danger to a person's safety?
Yes
Call 000 immediately
After calling 000
No
Has there been disclosure of child sexual abuse that you are not exempt from reporting pursuant to the criminal code (e.g. there is a serious risk to the child or another child, the information was not obtained in professional relationship, etc.)
Yes
External Report to Queensland Police
AND
Report to manager - no details required other than that a report was made
Requirement under s 229BC of the Criminal Code
AND
No
Does the matter relate to a reasonable suspicion that a child is at unacceptable risk of suffering significant harm (or already has suffered harm)
Yes
External Report to the Department Families, Seniors, Disability Service and Child Safety
Contact your manager or Legal Services for assistance with this process if required
AND
If the child is a client of Carinity, Internal report to manager of that service
Contact your manager or Legal Services for assistance with this process if required
Requirement under s 13F of the Child Protection Act 1999 (Qld)
AND
No
Are there allegations that a Carinity worker (incl. volunteers) has caused harm to or committed an offence against a child?
Yes
Internal report to CEO
Or directly to the QFCC if the matter relates to the CEO
AND
External Report to the QFCC
To be completed by the CEO within 3 business days
Requirement under the Reportable Conduct Scheme (s 33 & 35 CSO Act)
AND
No
Are there allegations from a health practitioner that another Carinity health practitioner (incl. volunteers) has engaged in notifiable conduct?
Yes
Internal report to Manager
Or directly to the relevant Executive if the matter relates to the manager
AND
External Report to the Health Ombudsman
The report can only be made by another health practitioner
Requirement under s 141 of the Health Practitioner Regulation National Law.
No
No further action required
Additional Reporting may be required if allegations are against a Carinity teacher, and this will be handled by the CEO or their delegate


REPORTING FLOW CHART - HEAD OFFICE & OTHER
Is there an immediate danger to a person's safety?
Yes
Call 000 immediately
After calling 000
No
Does the matter relate to allegations of sexual abuse or a child sexual offence?
Yes
External Report to Queensland Police
AND
Report to manager of any Carinity service which is supporting or caring for the child
Requirement under s 229BC of the Criminal Code Act 1899 (Qld)
AND
No
Are there allegations that a Carinity worker (incl. volunteers) has caused harm to or committed an offence against a child?
Yes
Internal report to CEO
Or directly to the QFCC if the matter relates to the CEO
AND
External Report to the QFCC
To be completed by the CEO within 3 business days
Requirement under the Reportable Conduct Scheme (s 33 & 35 CSO Act)
No
No further action required
Additional Reporting may be required if allegations are against a Carinity teacher or health professional, or if they relate to an NDIS client, and this will be handled by the CEO or their delegate