

POLICY AND PROCEDURE:

4.4 & 4.5 Harm Prevention & Response Policy

Policy Number: QPS4.4_HP_V8.25

HSQF Standard: 4. Safety, Wellbeing and Rights

NDIS Practice Standard 1: Rights and Responsibilities



POLICY STATEMENT

The Base Support Services Inc. (TBSSINC) is committed to protecting the safety and wellbeing of our clients at all times. We take every possible action to prevent harm occurring to our clients. TBSSINC recognises that all children, young people and individuals with a disability have the same rights within their communities and cultures as other members. TBSSINC. is committed to a culture of open disclosure that encourages service users and providers to report and openly disclose any suspected or alleged incidents of harm. This policy should be read in conjunction with *Incident Reporting Policy*.

TBSSINC also supports the rights and wellbeing of our staff and volunteers, and encourages their active participation in building and maintaining a secure environment for all children and young people.

PURPOSE

We understand that clients of TBSSINC. may experience or be dealing with the consequences of actual or potential harm during their involvement with our services. These incidents may be directly or indirectly related, or entirely unrelated, to our service provision. Whatever the circumstances, we have a responsibility to our clients to ensure their safety and prevent harm whenever possible. It is essential that we identify when and how harm that includes abuse, neglect and exploitation might occur to our clients, and design appropriate harm prevention and minimisation strategies.

SCOPE

This policy will apply to all staff, volunteers and students providing support to clients accessing the services provided by TBSSINC.

PROCEDURES

TBSSINC recognises that there are many types of harm and abuse that our clients may experience and be subject to. These definitions can be found at the bottom of this policy.

Prevention of Harm

TBSSINC is committed to preventing harm to our clients wherever possible. The following guideline provides and outline of the harm prevention strategies we use to prevent harm from occurring:

- Upon receiving referral to any of our programs a Risk Assessment and Risk of Harm Assessment is completed using the information provided in the referral. The Risk Assessment takes into consideration known risk situations both systemic and individual. When it comes to assessing risk of harm, please refer to Policy 1.10 Risk Management Policy for specific instructions regarding assessing risks.
- Providing individualised skill development for improving personal safety and capacity for safe participation in the communities
- Developing safety plans
- Ensure that all employees and volunteers are aware of, trained in, compliant with and implement the policy and procedures on preventing and responding to the harm of clients
- Discussing options for support with clients when a risk has been identified

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- Individual and environmental risk assessments are conducted regularly for specific events (i.e. community BBQ) and inform service provision and protect clients
- Employees have the skills, ability and experience in de-escalating conflict, both real and potential. TBSSINC. opts to implement early intervention strategies without resorting to any type of restrictive practice including but is not limited to physical, psychological encompassing, bullying taunting, intimidation, manipulation, culturally insensitive comments, personal space.
- The cultural needs of clients from Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse backgrounds are safeguarded through training in cultural competency.

Responding to Reports and Suspicion of Harm

TBSSINC is subject to mandatory reporting requirements in cases of child sexual offences committed by an adult. In all other instances of harm, we remain firmly committed—consistent with our mission—to safeguarding the safety and wellbeing of our clients. In following Gillick’s Competence, TBSSINC. acknowledges young people, vulnerable populations and those with disability need to be able to discuss things freely without any concerns or repercussions. We endeavour to assist our clients to make informed decisions and to make disclosures safely on their own time. If through informed decision we deem a client is not Gillick competent, the relevant authorities will be notified (first and foremost, we will encourage the client to make the disclosure with our assistance). We will inform the client of our decision and the reason for it – being to keep them safe. Clients will be treated with dignity and respect at all times. Please refer to Incident Report Management Policy regarding specific processes for responding to Incidents, Reports of Harm and Suspicion of Harm. The following processors apply when responding to Reports and Suspicion of Harm:

- The worker will encourage young people experiencing harm to contact the Police, Child Protection Investigation Unit (CPIU), or the Department of Child Safety
- All disclosures and suspicions of harm are discussed with the Service Manager or Program Manager as soon as possible
- All incidents, disclosures of harm and suspicions of harm are recorded on an Incident Management Form or Critical Incident Form (depending on the severity of the incident) as well as documented in the Incident Report Register.
- A Risk of Harm Report form and a Risk of Harm Assessment will be filled out and given to the Service Manager and risk-management strategies are developed and incorporated into the clients support plan.
- Any changes to service delivery to minimise any risk will be documented on the Continuous Improvement Register
- All incidents are recorded in the Incident and Critical Incident Report register
- Staff will assist with reviews or investigations into allegations of violence, abuse, neglect, exploitation or discrimination.
- Assistance is provided to access support for families and carers who have experienced harm
- Employees receive support and supervision on a regular basis

If necessary, we will assist our clients in developing a safety plan which may include:

- Identifying potential risks of harm
- Ensuring the client is not at risk of causing harm to self, to others, or to self by others.
- Ensuring the client has a safe place to go or seek alternative accommodation etc.
- Ensuring the client and client’s family is safe or seek alternative accommodation etc.

Under the *Child Protection Act 1999*, mandatory reporters are:

- a doctor;
- a registered nurse;
- a teacher;
- a police officer who, under a direction given by the commissioner of the police service under the *Police Service Administration Act 1990*, is responsible for reporting under this section;

- a person engaged to perform a child advocate function under the *Public Guardian Act 2014*;
- an early childhood education and care professional.

NDIS Incident Reporting

In addition to the broadly defined incidents above, the following incidents must be reported to the NDIS Quality and Safeguards Commission in set timeframes mentioned below. This includes any incident in connection with the provision of supports that involves:

- The death of a client who is an NDIS Participant – 24 hours
- The serious injury of an NDIS participant - 24 hours
- Abuse or neglect of an NDIS participant - 24 hours
- Unlawful sexual or physical contact with, or assault of, a participant - 24 hours
- Sexual misconduct committed against, or in the presence of, a participant, including grooming for sexual activity – 24 hours
- Unauthorised use of a restrictive practice in relation to a participant. – 5 business days

Restrictive Practices

Restrictive practices involve the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person with disability. These primarily include restraint (chemical, mechanical, social or physical) and seclusion. While restrictive practices may be used in some circumstances there are concerns that such practices can also be imposed as a 'means of coercion, discipline, convenience, or retaliation by staff, family members or others providing support.' TBSSINC. holds strong to the philosophy of anti-restrictive practice as per the United Nations Agreement.

Client Rights

Clients who experience abuse, neglect or exploitation have the right to:

- Complain about the service if they receive or any form of abuse, neglect or exploitation experienced within the Organisation without fear of retribution;
- Pursue grievances and complaints and fair and equitable access to the criminal justice system without fear of the services being discontinued or recriminations from service providers; and
- Access appropriate support services to assist with the effects of harm where appropriate.
- Any person or staff member who reports suspected or alleged incidents of abuse, neglect and exploitation of a client has the right to have their safety and rights respected and safeguarded; and
- Families and carers who have identified and reported incidents of abuse, neglect and exploitation would be provided with supports for the response to incidents of abuse, neglect and exploitation if necessary

Code of Conduct

TBSSINC requires all employees, volunteers, students and contractors to act ethically, honestly and in a manner that upholds the rights and dignity of children and young people. All personnel must comply with the TBSSINC Code of Conduct (refer to Policy QPS 6.8). This includes:

- Treating children and young people with respect at all times
- Acting as a positive role model in their conduct with children and young people
- Listening and responding appropriately to the views and concerns of children and young people
- Ensuring the safety and welfare of the child is paramount
- Not engaging in any behavior that could be considered harmful or abusive

Recruitment, Selection, Training and Management of Staff

TBSSINC is committed to recruiting, training and managing staff to ensure a child-safe environment. This includes:

- Requiring a current Blue Card or exemption for all employees, volunteers, and relevant contractors
- NDIS Worker Screening
- Confirming criminal history checks and verifying identity
- Including child safety questions in interviews
- Providing induction and ongoing training related to child protection and harm prevention and cultural safety
- Regular performance review and supervision

Policies and Procedures for Managing Breaches

Breaches of this strategy or any related Code of Conduct or policy will be taken seriously and may result in disciplinary action. Procedures include:

- Internal investigation of the breach
- Escalation to Service Manager or Management Committee
- Possible suspension or termination of employment/engagement
- Notifying authorities if the breach involves criminal conduct

Risk Management Plans for High-Risk Activities and Special Events

Risk assessments are undertaken for all high-risk activities and events involving children and young people. This includes:

- Completing a Risk Assessment and Risk of Harm Assessment prior to the activity
- Developing safety and supervision plans
- Ensuring cultural safety and inclusive practices (Refer to QPS1.10 Risk Management Policy and QPOF.030 Risk of Harm Assessment Form)

Strategies for Communication and Support

TBSSINC promotes the safety and wellbeing of children and young people by:

- Displaying our Statement of Commitment publicly
- Providing access to policies and procedures via our service sites or upon request
- Supporting open communication with families, carers, and young people
- Regularly informing staff and volunteers of changes or updates to this strategy

Reviewing the Strategy

This Child and Youth Risk Management Strategy will be reviewed annually, or after any critical incident, significant organizational change, or legislative reform. Reviews will:

- Involve consultation with staff and young people (where appropriate)
- Be documented in the Continuous Improvement Register
- Be approved by the Service Manager and Management Committee

DEFINITION/S

Term	Definition
Policy	<ul style="list-style-type: none"> • Statements of principle that guide decision-making and service delivery.
Procedure	<ul style="list-style-type: none"> • Provide the detail on how to implement the Policy and are generally written in sequential order and assign responsibilities. They provide a link between the vision, mission and strategic plan, and day-to-day operations.
Harm	<ul style="list-style-type: none"> • Physical or other injury or damage and in this context results from abuse, neglect or exploitation. Includes Physical, Sexual Psychological, Emotional, Financial, Chemical, Legal or Civil,
Abuse	<ul style="list-style-type: none"> • The violation of a person's human or civil rights, through an act or actions of commission or omission, by another person, or persons.
Neglect	<ul style="list-style-type: none"> • Is the failure to provide the necessary care, aid or guidance to dependent adults or children by those responsible for their care. Neglect includes, but is not limited to the following: Physical, Passive, Emotional, Wilful Deprivation,
Exploitation	<ul style="list-style-type: none"> • Is taking advantage of the vulnerability of a person with a disability in order to use them, or their resources, for another's profit or advantage (eg. financial abuse).
Challenging Behaviour	<ul style="list-style-type: none"> • Challenging behaviour is generally defined as "culturally abnormal behaviour (s) of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to

	seriously limit use of, or result in the person being denied access to ordinary community facilities” (Emerson, 2001).
Restrictive Practices	<ul style="list-style-type: none"> • Refers to restraining or isolating a child or an adult for reasons other than medical necessity or the absence of a less restrictive alternative to prevent self-harm or harm to others. Restrictive practices include detention, chemical and mechanical constraint, physical constraint and seclusion. Detention is considered to be any process whereby the means of entry, access to or exit from the premises where the person is living are dealt with so as to prevent the free and uninterrupted movement of the person from the premises. These practices become abusive when they: <ul style="list-style-type: none"> ○ Are not to prevent injury or modify behaviour; and ○ Are not part of a holistic plan to modify behaviour; or ○ Lead to injury; or ○ Are used with excessive frequency; or ○ Are used for prolonged periods; or ○ Are not the least restrictive response.

RELATED DOCUMENTS

Policy / Procedure	<ul style="list-style-type: none"> • NDIS.CRR Client Rights and Responsibilities • NDIS.COC Code of Conduct • QPS 4.2 Client Service Charter • QPS1.10 Risk Management Policy • QPS1.15 Continuous Improvement Policy • QPS1.16 Work Health and Safety General Policy • QPS5.1 & 5.2 Feedback and Complaints Policy • QPS 6.8 Code of Conduct Policy
Forms / Registers	<ul style="list-style-type: none"> • QPOF.030 Risk of Harm Assessment Form • QPOF.031 Risk of Harm Report Form • QPOF.033 Risk Management Template • Continuous Improvement Register • Incident and Critical Incident Report Register • Client Service Charter – Mission Statement • Occupational Health and Safety Guidelines • National Framework for Reducing and Eliminating the Use of Restrictive Practices • National Principals Child Safe Organizations – Child Safe Organization Standards

COMPLIANCE REQUIREMENTS

Legislation	<ul style="list-style-type: none"> • Relevant Legislation • National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 • NDIS Quality and Safeguarding Framework • NDIS Act 2013 • United Nations Agreement • Working with Children (Risk Management and Screening) Act 2000 (Qld). • Child Safe Organizations Act 2024
Quality Standards	Human Services Quality Standards (HSQF) & NDIS Practice Standards

NDIS Practice Standards	<p>HSQF Standard 4: Safety, wellbeing and Rights</p> <ul style="list-style-type: none"> Indicator 2: The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services <p>NDIS Practice Standard 1. Rights and Responsibilities</p> <ul style="list-style-type: none"> Outcome 1.5: Each participant accesses supports free from violence, abuse, neglect, exploitation and discrimination. <p>NDIS Practice Standard 4: Provision of Supports Environment</p> <ul style="list-style-type: none"> Outcome 4.1: Each participant accesses supports in a safe environment that is appropriate to their needs. <p>Queensland’s Child Safe Organization Standards (2025)</p> <ul style="list-style-type: none"> Standard 1 Leadership and Culture: Child safety and wellbeing is embedded in TBSSINC organizational leadership, governance and culture Standard 2 Voice of Children: Children and young people are informed about their rights, participate in decisions affecting them and they are taken seriously Standard 6 Complaints Management: Processes to respond to complaints and concerns are child-focused Standard 7 Knowledge and Skills: TBSSINC staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe Standard 8 Physical and Online Environments: The organization promotes safety and wellbeing while minimizing opportunity for children and young people to be harmed
	<p>Other (e.g. AS/NZS Standards)</p> <ul style="list-style-type: none">

REFERENCES AND RESOURCES

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DOCUMENT HISTORY

Version No.	Approval Date	Effective Date	Next Review	Author	Approval Authority	Summary of change/s
V1	01/05/2014	01/05/2014		ADMIN	SERVICE MANAGER	New Policy QPS4.4_HP_V1 aligned to Standards for Community Services. Document identifier aligned to new standards Inclusion of 'Issue Status and Revision Summary'
V2	25/02/2016	25/02/2016		ADMIN	SERVICE MANAGER	Existing Policy QPS4.4_HP_V1 aligned to Human Services Quality Standards. Inclusion of 'Issue Status and Revision Summary'. Minor changes to layout and content.
V3	05/07/2018	05/07/2018		ADMIN	SERVICE MANAGER	Updated changes to Incorporation name.
V4	08/05/2019	08/05/2019	08/05/2021	ADMIN	SERVICE MANAGER	Existing policy QPS4.4_HP_V3 aligned to Human Services Quality Standards.

						Document identifier aligned to new standards Inclusion of 'Issue Status and Revision Summary' Inclusion of updated and correct hyperlinks to: Risk of Harm Assessment Form, Risk of Harm Report Form, Risk Management Template, Continuous Improvement Register, Client Service Charter – Mission Statement, Occupational Health and Safety Guidelines, and National Framework for Reducing and Eliminating the Use of Restrictive Practices
V5	16/03/2020	16/03/2020	16/03/2022	ADMIN	SERVICE MANAGER	Update/review was conducted to ensure document contains up to date information
V6	17/02/21	17/02/21	17/02/22	NDIS Coordinator	Service Manager	Update/review for compliance with NDIS Practice Standards compliance and links
V7	10/11/2022	10/11/2022	10/11/2025	Secretary	Service Manager/Management Committee	Combined 4.4 and 4.5 into one policy. Renamed Harm Prevention and Response. Updated for NDIS Practice Standards. Minor changes to content and format.
V8	18/06/2025	18/06/225	18/06/2027	Service Manager	Service Manager/Management Committee	Updated to include Child Safe Organisation – Child Safe Standard compliance.