

OPERATIONAL POLICY: INCIDENT REPORTING PROCEDURE FOR FUNDED SERVICE PROVIDERS IN RELATION TO CHILDREN IN THE CARE OF THE CEO

REPORTING REQUIREMENTS FOR NON-GOVERNMENT ORGANISATIONS FUNDED BY TERRITORY FAMILIES TO PROVIDE SERVICES FOR CHILDREN IN THE CARE OF THE CHIEF EXECUTIVE OFFICER (CEO), NORTHERN TERRITORY GOVERNMENT.

In funding agreements between Territory Families and External Service Providers (ESPs) it is a requirement that Providers who are delivering services for children who are in the care of the CEO, report certain incidents in a timely manner.

This operational policy is to provide clarity around reportable incidents and associated timeframes and to ensure consistency with the internal Territory Families Care and Protection Policy and Procedures.

The primary purpose for such reporting is to ensure that Providers and Territory Families respond appropriately and in a timely manner to ensure a coordinated response to meet the needs of the child.

This operational policy does not limit the Provider from making contact with Territory Families at any time for assistance in dealing with any other incident or situation affecting children in the care of the CEO. Indeed, where there is doubt as to whether an incident meets the threshold to be a reportable incident the Provider should raise the issue with Territory Families.

REPORTING

All incidents must be immediately reported verbally to Territory Families followed by written notification using the approved form. This form is to be completed immediately following a Reportable Incident.

Verbal reports should occur directly to the Case Manager, Team Leader or Manager of the Territory Families Office supervising the child.

Where all of the above people are unavailable or outside of business hours, then the report is to be made directly to the Central Intake Team (Child Abuse Hotline) on:

Phone 1800 700 250

Fax 08 - 8922 3766

Following the verbal report the Organisation must complete the Reportable Incident Form (found on pages 2-4) and email a copy to the TF Practice Integrity Unit within 24 hours to:

Email address: TF.PracticeIntegrity@nt.gov.au

A copy of the Reportable Incident form should also be forwarded to the Case Manager via email.

REPORTABLE INCIDENT FORM

Staff are required to complete this form if they are present at an incident or event, or are given information (including an allegation) that an incident or event has occurred.

Fields marked with an * must be completed

PART A - TO BE COMPLETED BY REPORTING STAFF MEMBER

1. YOUR INFORMATION

| | | | |
|------------------|--|-----------|--|
| Name * | | Phone * | |
| Position Title * | | Work Unit | |

2. WHERE DID THE INCIDENT HAPPEN? - LOCATION OF INCIDENT

| | | | | | |
|---------------------|------------------------|--------|--|----------|--|
| Location Category * | Please Select Location | POC ID | | if other | |
| Address * | | | | | |

3. WHEN DID THE INCIDENT HAPPEN? - DATE AND TIME OF INCIDENT

| | | | | | |
|---------------------------------|------------------------------|---|---|--|--|
| When did the incident occur? * | | | | | |
| Did you witness the incident? * | Yes <input type="checkbox"/> | → | Go to section 4 | | |
| | No <input type="checkbox"/> | → | When did you first learn of the incident? | | |
| | | | How did you first learn of the incident? | | |

4. WHO WAS THE MAIN PERSON IMPACTED BY THE INCIDENT?

| | | | | | |
|--|--|----------------------|----------------------|----------|--|
| Name* | | Date of Birth * | | Gender | |
| Current location or address of this person* | | | | | |
| This person is best described as a | | Please Select Option | | If other | |
| If a current client (child has an open case) | | | | | |
| CCIS Client ID* | | Case Type | Please Select Option | POC ID | |

5. DETAILS OF OTHER PERSON IMPACTED BY THE INCIDENT

| | | | | | |
|--|--|----------------------|----------------------|----------|--|
| Name | | Date of Birth | | Gender | |
| Current location or address of this person | | | | | |
| This person is best described as a: | | Please Select Option | | If other | |
| If a current client (child has an open case) | | | | | |
| CCIS Client ID | | Case Type | Please Select Option | POC ID | |

6. DETAILS OF THE INCIDENT

| | | | | | |
|--|--------|-----------------------|--------|--|--------|
| Was someone injured? * | select | First aid provided? * | select | Was an ambulance or hospital involved? * | select |
| Were Police involved? * | select | | | Were Police informed? * | select |
| Description of incident * Describe what happened: What occurred? Where did it happen? What time did it happen? Who was informed? Note: TF has an obligation to investigate and report on all allegations or instances where a child in care has been harmed, assaulted, abused or neglected. If this has occurred you must inform CIT immediately on 1800 700 250. | | | | | |
| Actions Immediately Taken * Describe what action (if any) was immediately taken to make the situation safe and address the incident: Detail of action was taken. What was the result/outcome i.e. is the child/carer/worker safe? | | | | | |

7. INCIDENT CATEGORY - SELECT ALL CATEGORIES THAT DESCRIBE THIS INCIDENT. *

| FATALITY: | RATING | |
|--|--------------------------|------------------------|
| A child in care, or with an open Territory Families case, has passed away. | <input type="checkbox"/> | 1 REPORT TO PI |
| PHYSICAL AND SEXUAL ASSAULT: | RATING | |
| Alleged or actual physical assault of a child in care. Reportable Incident form not required. | | REPORT TO CIT |
| Alleged or actual sexual assault of a child in care. Reportable Incident form not required. | | REPORT TO CIT |
| Alleged or actual sexual or physical assault of any individual by a carer. | <input type="checkbox"/> | 1 REPORT TO CIT |
| Alleged or actual inappropriate physical contact of any child by a staff member or carer. | <input type="checkbox"/> | 1 REPORT TO CIT |
| Alleged or actual family violence or physical assault by a carer. | <input type="checkbox"/> | 1 REPORT TO CIT |
| Child in care below the age of 16 years has contracted an STD. | <input type="checkbox"/> | 2 REPORT TO CIT |
| Alleged or actual physical assault of staff or carer by a child in care, or the parent or a connected individual. | <input type="checkbox"/> | 2 |
| A child in care presents with unexplained and/or concerning injuries such as bruises and cuts. | <input type="checkbox"/> | 3 |
| ILLEGAL, THREATENING OR HIGHLY CONCERNING BEHAVIOUR: | RATING | |
| Child in care is suspected, charged or convicted of a criminal offence that may result in a custodial sentence. | <input type="checkbox"/> | 1 |
| The behaviour or conduct of a carer poses a risk to the safety or wellbeing of any child. | <input type="checkbox"/> | 1 REPORT TO CIT |
| A child in care has been neglected, emotionally abused – or a carer or staff member has otherwise failed to provide appropriate care. | <input type="checkbox"/> | 1 REPORT TO CIT |
| Failure to allow TF staff to have access to a child in care. | <input type="checkbox"/> | 1 REPORT TO CIT |
| A child in care is suspected, charged or convicted of a criminal offence. | <input type="checkbox"/> | 2 |
| A carer or staff member is suspected, charged, or convicted of an offence. | <input type="checkbox"/> | 2 |
| Serious, threatening or aggressive behaviour towards a staff member or carer by a child | <input type="checkbox"/> | 2 |
| Sexual behaviour by a child in care that is a risk to their safety and wellbeing. | <input type="checkbox"/> | 2 |
| Significant property damage by a child. | <input type="checkbox"/> | 3 |
| Any serious threat to abduct or remove a child without consent. | <input type="checkbox"/> | 3 |
| A child has been drinking alcohol or using illegal drugs at placement | <input type="checkbox"/> | 3 |
| A child has returned to placement under the influence of alcohol or other drugs | <input type="checkbox"/> | 3 |
| Drug paraphernalia has been located at placement | <input type="checkbox"/> | 3 |
| SELF-HARM AND ATTEMPTED SUICIDE: | RATING | |
| Child in care, or with an open case, has attempted suicide. | <input type="checkbox"/> | 1 |
| A parent or carer of a child in care has attempted suicide. | <input type="checkbox"/> | 1 |
| A child in care has intentionally caused harm or injury to themselves which requires medical treatment (including mental health treatment). | <input type="checkbox"/> | 2 |
| A child in care intends, (making believable threats) to cause harm or injury to themselves. | <input type="checkbox"/> | 3 |
| MISSING OR ABSENT CHILD: | RATING | |
| Suspected or actual abduction of a child in care. | <input type="checkbox"/> | 1 |
| A child in care is missing - their whereabouts are unknown and there are concerns for the child's safety or serious concern for their welfare. | <input type="checkbox"/> | 2 |
| A child in care is absent and there are concerns for the child's safety or serious concerns for their welfare. | <input type="checkbox"/> | 2 |
| INJURY, ILLNESS, MEDICAL CONDITIONS: | RATING | |
| A child in care has received a life threatening injury or been diagnosed with a life threatening illness. | <input type="checkbox"/> | 1 |
| A child in care has become pregnant or will become a father. | <input type="checkbox"/> | 2 REPORT TO CIT |
| A child in care has required emergency medical treatment as a result of substance abuse. | <input type="checkbox"/> | 2 |
| A child in care has been admitted to hospital for emergency medical treatment. | <input type="checkbox"/> | 3 |

| BREACH OF PRIVACY/LOSS OF INFORMATION: | RATING | |
|---|--------------------------|---|
| Loss or unauthorised disclosure of client or Departmental information that may result in a risk to the safety of an individual or group or a significant breach of privacy of a large number of people. | <input type="checkbox"/> | 1 |
| Loss or unauthorised disclosure of or access to client information. | <input type="checkbox"/> | 2 |
| OTHER: | RATING | |
| Please specify: | <input type="checkbox"/> | 3 |

8. CATEGORISATION AND IMMEDIATE REPORTING NEEDS

Using the previous page of this form select the categories that describe this incident noting the category rating, then complete the below questions *

| | |
|--|--------------------------|
| I have marked an incident category tagged with REPORT TO CIT and have contacted Central Intake on 1800 700 250. | <input type="checkbox"/> |
| I have marked a 'Fatality' category tagged with REPORT TO PI and have contacted Practice Integrity TF.PracticeIntegrity@nt.gov.au . | <input type="checkbox"/> |
| I have accurately marked all incident categories. The highest rated category is | |

9. ENDORSEMENT BY REPORTER

| | |
|-------------|-----------------|
| Signature * | Name * |
| | Date and Time * |

ONCE COMPLETED AND SIGNED YOU MUST:

- Make a copy for yourself
- Provide a copy to your manager (so that they can complete Part B)

PART B - TO BE COMPLETED BY SUPERVISOR OR TEAM LEADER

10. CONFIRM INCIDENT CATEGORY *

The highest rated category in **PART A** is

11. TEAM LEADER OR SUPERVISOR

Action taken in response to the Report:

A report has been made to Central Intake on 1800 700 250

I have contacted Practice Integrity at TF.PracticeIntegrity@nt.gov.au

I have contacted the child(ren)'s case manager(s)

I have contacted the Placement Unit and advised of planned actions regarding places of care

| Specific Actions: | Due Date |
|-------------------|----------|
| | |

TEAM LEADER OR SUPERVISOR'S ENDORSEMENT

| | |
|-----------|---------------|
| Signature | Name |
| | Date and Time |

The form is now complete and must be emailed to the child's **Case Manager** and TF.PracticeIntegrity@nt.gov.au