[Service Letterhead]

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Aboriginal Health & Medical Research Council of NSW

[Organisation Name]

Safeguarding

Policy

Document Control

Policy Title	Safeguarding Policy
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Accreditation Mapping Code	RACGP – Clinical governance; patient safety; patient rights; cultural safety; workforce screening and suitability; privacy and confidentiality; comprehensive care; responding to risk; communication; incident management; referral and continuity of care. NSQHS – Standard 1 Clinical Governance; Standard 2 Partnering with Consumers; Standard 5 Comprehensive Care; Standard 6 Communicating for Safety. NSQPH – Clinical Governance; Partnering with Consumers; Clinical Safety. NSW Child Safe Standards – Standards 1–10, as applicable. QIC – Governance; Human Resources and Workforce Management; Consumer and Community Engagement; Cultural Safety; Risk Management; Service Delivery; Safety; Quality and Continuous Improvement. NDIS Practice Standards / Aged Care Quality Standards – where applicable to services delivered by [Organisation Name].

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching approach, responsibilities and minimum requirements for safeguarding children, young people and adults from abuse, neglect, exploitation, violence and other forms of preventable harm.

[Organisation Name] recognises safeguarding as a fundamental organisational, clinical governance, cultural safety, human rights, workforce and risk-management responsibility.

As an Aboriginal Community Controlled Health Service (ACCHS), [Organisation Name] recognises that effective safeguarding must protect the rights, dignity, identity, culture, autonomy and wellbeing of Aboriginal and Torres Strait Islander people and must operate in a manner that supports community control, self-determination, cultural safety and trauma-informed practice.

Safeguarding extends beyond responding to known or suspected abuse. It includes creating safe organisational systems, preventing harm, recognising indicators and risk factors, listening to patients and community members, responding appropriately to disclosures and concerns, providing early support where statutory thresholds are not met, meeting mandatory and external reporting obligations and addressing organisational conditions that may enable abuse, neglect, exploitation or violence.

[Organisation Name] will maintain safeguarding systems proportionate to the nature of its services, patient population and organisational risk and will respond promptly where there is a concern that a person is unsafe or may be at risk of harm.

2. Scope

This policy applies to all persons undertaking work for, governing, providing services through or representing [Organisation Name], including Board / Governing Body members, employees, executives, managers, healthcare practitioners, Aboriginal Health Workers and Aboriginal Health Practitioners, contractors, consultants, agency workers, locums, students, trainees, volunteers and visiting practitioners, as relevant to their role and engagement.

It applies across all organisational services, programs, locations and models of service delivery, including clinic-based care, outreach, community services, home visits, transport, telehealth, health promotion, programs, events and other activities undertaken by or on behalf of [Organisation Name].

The policy applies to safeguarding concerns involving:

- children and young people;
- unborn children where prenatal safeguarding concerns are identified;
- older people;
- people with disability;
- people experiencing cognitive impairment or reduced decision-making capacity;
- people experiencing family or domestic violence;
- people experiencing sexual violence or abuse;
- people dependent on another person for care, communication, accommodation, finances or decision-making support;
- people subject to coercion, exploitation, neglect or controlling behaviour;

- people at risk of trafficking, forced marriage or other forms of serious exploitation;
- persons experiencing heightened vulnerability arising from social, health, cultural or other circumstances; and
- any patient, community member or person where abuse, violence, neglect, exploitation or preventable harm is suspected.

Safeguarding responsibilities also apply where risks to a child or other person become apparent through healthcare or support provided to another family or household member.

Requirements will be applied according to the person's circumstances, applicable legislation, the nature of the service and any specific regulatory or reporting regime applying to [Organisation Name].

3. Definitions

Safeguarding – The organisational and professional systems, behaviours and actions used to prevent, identify and respond to abuse, neglect, violence, exploitation and other preventable harm.

Child – A person under 16 years of age for the purposes of NSW mandatory reporting requirements concerning risk of significant harm, while broader child-safe organisational responsibilities may extend to persons under 18 years of age in accordance with applicable legislation and standards.

Young Person – A person aged 16 or 17 years for the purposes of the Children and Young Persons (Care and Protection) Act 1998 (NSW).

Adult at Risk – An adult who, because of age, disability, cognitive impairment, dependency, illness, social circumstances, coercion, isolation or another factor, may be at increased risk of abuse, neglect, exploitation or violence or may experience barriers to protecting themselves or seeking assistance.

Abuse – An act or pattern of behaviour that causes or is likely to cause physical, sexual, psychological, emotional, financial, cultural or other harm.

Neglect – A failure to provide necessary care, support, protection, supervision, treatment or other basic requirements resulting in, or creating a risk of, harm.

Exploitation – Taking improper advantage of another person, their circumstances, property, finances, labour, relationships, identity, information or dependency for personal or other benefit.

Physical Abuse – The intentional or reckless use of physical force or treatment causing, or capable of causing, injury, pain, impairment or harm.

Sexual Abuse – Any sexual act, interaction, exposure or behaviour occurring without free and informed consent or involving a person who cannot legally consent, including sexual exploitation and grooming.

Emotional / Psychological Abuse – Behaviour that causes or is intended to cause fear, distress, humiliation, intimidation, isolation, degradation or psychological harm.

Financial Abuse – Improper or unauthorised use, control, withholding or exploitation of another person's money, property, assets or financial resources.

Family and Domestic Violence – Violent, threatening, coercive, controlling or abusive behaviour occurring within family, domestic or intimate relationships.

Coercive Control – A pattern of behaviour used to dominate, intimidate, isolate, control or deprive another person of autonomy.

Grooming – Behaviour intended to establish trust, access or influence over a child or other person, or people around them, for the purpose of facilitating abuse or exploitation.

Trafficking and Slavery-like Practices – Conduct involving recruitment, movement, harbouring, control or exploitation of a person through coercion, threats, deception, abuse of vulnerability or other unlawful means, including servitude, forced labour, forced marriage and sexual exploitation.

Mandatory Reporter – A person required by legislation to make a report when specified child protection or other statutory reporting thresholds are met.

Risk of Significant Harm (ROSH) – The statutory threshold applying to specified child protection reporting requirements under NSW law.

Reportable Conduct – Conduct or an allegation falling within the NSW Reportable Conduct Scheme where the organisation and person concerned are within the scope of that scheme.

Disclosure – Information provided directly or indirectly by a person indicating that abuse, neglect, violence, exploitation or another safeguarding concern has occurred or may be occurring.

Supported Decision-Making – Assistance provided to enable a person to understand information, consider options, communicate preferences and make their own decisions to the greatest extent possible.

Dignity of Risk – Recognition that adults with decision-making capacity have the right to make choices involving reasonable risk, including choices others may consider unwise.

Trauma-Informed Practice – Practice that recognises the prevalence and effects of trauma and seeks to promote safety, choice, collaboration, trust and empowerment while avoiding re-traumatisation.

4. Policy Statement

[Organisation Name] is committed to ensuring that people accessing, participating in or affected by its services are treated with dignity, respect and cultural safety and are protected from abuse, neglect, exploitation, violence and preventable harm.

Safeguarding is everyone's responsibility.

The following principles are non-negotiable:

Safety takes priority. Immediate and serious risks to a person must be addressed promptly.

Children have a right to be safe. Child safety and wellbeing must be embedded within governance, culture, workforce systems and service delivery.

The voice of the person matters. Children, young people and adults must be listened to and supported to participate meaningfully in decisions affecting their safety.

Safeguarding extends beyond statutory reporting thresholds. A concern that does not meet a mandatory reporting threshold may still require early intervention, referral, clinical care, safety planning or other support.

Cultural safety is fundamental. Safeguarding responses must recognise culture, identity, family, kinship, community and historical and contemporary experiences of institutional harm.

Abuse and neglect will not be ignored or normalised. Concerns must be recognised, escalated and responded to.

Mandatory reporting obligations must be met. Internal reporting does not replace a worker's individual statutory reporting responsibilities.

No internal approval is required before fulfilling an individual statutory reporting obligation. Workers may seek advice but organisational processes must not improperly delay or prevent a legally required report.

Different reporting regimes may apply at the same time. Child protection, police, professional, Reportable Conduct, NDIS, aged care and organisational reporting requirements must be considered separately.

Safeguarding concerns must not be investigated informally where doing so may create further risk or interfere with statutory or external investigations.

Privacy must support, not obstruct, safety. Information may be shared where lawful, necessary and proportionate to protect safety, welfare or wellbeing.

Consent, autonomy and dignity of risk remain important. Adults with decision-making capacity retain the right to make decisions about their own lives, including decisions involving risk.

People who raise concerns must be protected from retaliation.

Organisational systems must minimise opportunities for harm. Safeguarding includes safe recruitment, screening, supervision, education, physical and digital environment controls, incident management, risk management and continuous improvement.

5. Policy

5.1 Safeguarding Governance

[Organisation Name] will maintain governance arrangements that support prevention, recognition, reporting and management of safeguarding concerns.

Safeguarding governance will be integrated with organisational governance, clinical governance, cultural governance, workforce management, risk management, incident management, complaints, work health and safety and continuous quality improvement.

Governance arrangements must provide oversight of:

- safeguarding risks and trends;
- child safe organisational requirements;
- mandatory reporting compliance;
- allegations concerning workers;
- significant incidents and complaints;
- workforce screening and suitability;
- safeguarding training and competence;
- external reporting obligations;
- service-specific regulatory requirements;
- implementation of corrective actions;
- patient, child, family and community feedback regarding safety; and
- opportunities for prevention and quality improvement.

Significant safeguarding concerns and systemic risks must be escalated through appropriate governance structures.

5.2 Prevention of Abuse, Neglect and Exploitation

[Organisation Name] will take reasonable and proportionate steps to reduce the risk of abuse, neglect, exploitation and violence occurring within or in connection with its services.

Prevention systems will include, as relevant:

- safe recruitment and workforce screening;
- Working with Children Check requirements;
- criminal history and other statutory screening;

- credentialing and professional registration verification;
- Codes of Conduct and professional behaviour expectations;
- orientation and safeguarding education;
- supervision and management oversight;
- culturally safe service delivery;
- professional boundary requirements;
- safe physical and online environments;
- accessible complaints and reporting systems;
- patient and community information about rights;
- appropriate privacy and information controls;
- incident and risk management;
- safe transport, outreach and home visiting arrangements; and
- governance monitoring.

Safeguarding risks identified through service design, complaints, incidents, workforce information, audits or community feedback must be addressed.

5.3 Child Safe Organisation

[Organisation Name] will maintain child-safe organisational systems consistent with applicable NSW Child Safe Standards and statutory requirements.

Child safety will be embedded within organisational leadership, governance, culture, recruitment, workforce behaviour, risk management, complaints, physical and online environments and continuous improvement.

Children and young people will be:

- treated with dignity and respect;
- listened to and taken seriously;
- provided with developmentally appropriate information about their rights and safety;
- supported to participate in decisions affecting them;
- provided with accessible ways to raise concerns;
- protected from discrimination, abuse, neglect, grooming and exploitation; and
- given opportunities, where appropriate, to provide feedback on whether organisational services and environments feel safe.

The organisation will take particular care to support the cultural safety, identity and participation of Aboriginal and Torres Strait Islander children and young people.

5.4 Child Abuse, Neglect and Exploitation

Workers must remain alert to indicators, disclosures and risk factors associated with child abuse, neglect and exploitation.

Concerns may include:

- physical abuse;
- sexual abuse or exploitation;
- emotional or psychological abuse;
- neglect;
- family and domestic violence;
- grooming;
- exposure to unsafe environments;
- caregiver substance use or mental health issues affecting safety;
- inadequate supervision;
- prenatal risk;
- harmful sexual behaviour;
- trafficking;
- forced marriage;
- female genital mutilation or cutting;
- sexual exploitation;
- online exploitation; or
- other circumstances that may place a child at risk of harm.

A child does not need to make a direct disclosure before a safeguarding concern can be identified.

Safeguarding responses to culturally sensitive forms of abuse must be undertaken without stereotyping communities or cultural groups and must prioritise safety, rights and lawful reporting obligations.

5.5 Mandatory Reporting – Children

Workers who are mandatory reporters must comply with their individual statutory obligations.

Where a mandatory reporter has reasonable grounds to suspect that a child aged under 16 years is at risk of significant harm and the statutory reporting threshold is met, a report must be made in accordance with NSW child protection requirements.

Concerns involving young people aged 16 or 17 years may still require a child protection report, safeguarding response, referral, safety planning or other intervention even where the mandatory reporting obligation applying to children under 16 is not triggered.

Workers should use applicable authorised decision-support tools, including the NSW Mandatory Reporter Guide, where relevant.

Internal escalation to a manager, safeguarding lead or clinical leader may support decision-making but must not delay or replace a report that a person is legally required to make.

No worker requires managerial approval before fulfilling an individual statutory mandatory reporting obligation.

Where there is an immediate threat to life or safety, emergency action must be taken.

Safeguarding concerns, decisions, consultations, reports and actions must be appropriately documented.

5.6 Child Wellbeing Concerns Below the ROSH Threshold

A determination that a concern does not meet the statutory Risk of Significant Harm threshold does not mean that no action is required.

Where a child or family has identified wellbeing, vulnerability or safety needs below the statutory threshold, [Organisation Name] will consider appropriate:

- clinical intervention;
- early intervention;
- family support;
- referral;
- care coordination;
- safety planning;
- culturally appropriate support;
- consultation with relevant services; and
- follow-up.

The organisation will seek to intervene early and support children and families before concerns escalate wherever appropriate.

5.7 Prenatal Safeguarding

Where concerns arise regarding the safety or wellbeing of an unborn child, workers will consider appropriate prenatal safeguarding responses.

Concerns may relate to circumstances including:

- serious family and domestic violence;
- substance use;
- severe mental health concerns;
- homelessness or unsafe accommodation;
- absence of necessary antenatal care;
- known child protection concerns involving siblings;
- significant caregiver impairment; or
- other circumstances that may affect the safety of the child following birth.

Prenatal concerns must be assessed according to applicable child protection, clinical and safeguarding requirements.

Appropriate responses may include early referral, multidisciplinary care, culturally safe family support, antenatal services, safety planning and child protection consultation or reporting where permitted or required.

Prenatal safeguarding should seek to engage and support the pregnant person rather than create unnecessary barriers to healthcare.

5.8 Chapter 16A Information Sharing

Where [Organisation Name] is authorised as a prescribed body or otherwise permitted to exchange information under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (NSW), information may be requested or disclosed where relevant to promoting the safety, welfare or wellbeing of a child or young person.

Workers must not incorrectly treat privacy or confidentiality requirements as an absolute barrier to lawful child-safety information sharing.

Information sharing must be:

- undertaken for an authorised safeguarding purpose;
- limited to information relevant to that purpose;
- appropriately documented;
- handled securely; and
- consistent with applicable legislation and organisational requirements.

Where uncertainty exists regarding authority to share information, appropriate advice should be sought without unnecessarily delaying action required to protect a child.

5.9 NSW Child Safe Standards

Where applicable, [Organisation Name] will implement the NSW Child Safe Standards across organisational systems.

This includes ensuring that:

- child safety is embedded in leadership, governance and culture;
- children participate in decisions affecting them and are taken seriously;
- families and communities are informed and involved;
- equity and diversity are respected;
- people working with children are suitable and supported;
- complaints and concerns are child-focused;
- workers receive ongoing education and training;

- physical and online environments minimise opportunities for abuse;
- implementation of child-safe systems is regularly reviewed; and
- policies and procedures document how the organisation keeps children safe.

Child participation will extend, where appropriate, beyond individual care to feedback, service design and organisational improvement.

5.10 Working With Children Checks and Workforce Suitability

Persons undertaking child-related work must hold and maintain applicable Working with Children Check or other statutory clearance requirements.

[Organisation Name] must:

- identify roles requiring a Working with Children Check;
- verify required clearances before relevant child-related work commences;
- maintain evidence of verification;
- monitor clearance status as required;
- respond promptly to expiry, cancellation, suspension or other status changes; and
- maintain appropriate workforce screening records.

Workers must notify [Organisation Name] of relevant changes affecting their eligibility or authority to undertake child-related work where required.

Screening does not replace ongoing supervision, professional accountability or safeguarding vigilance.

5.11 Reportable Conduct and Worker-Related Allegations

Where [Organisation Name] is subject to the NSW Reportable Conduct Scheme, allegations involving workers must be identified, notified, investigated and managed in accordance with applicable legislation and Office of the Children's Guardian requirements.

Allegations against workers must be immediately escalated to the Chief Executive Officer, Head of Relevant Entity or authorised delegate where required.

A worker must not attempt to privately resolve, suppress or independently investigate an allegation where doing so could compromise child safety, evidence, procedural fairness or external reporting obligations.

Protective action may be taken while an allegation is assessed. Protective action does not constitute a finding of misconduct.

5.12 Concurrent Reporting Obligations

A single safeguarding event may trigger multiple internal and external reporting requirements.

Depending on the circumstances, separate consideration may be required regarding:

- NSW Department of Communities and Justice;
- NSW Police;
- Office of the Children's Guardian;
- Ahpra or a relevant National Board;
- NDIS Quality and Safeguards Commission;
- Aged Care Quality and Safety Commission;
- SafeWork NSW;
- privacy regulators;
- funding or commissioning bodies; and
- organisational incident and workforce processes.

Making one report does not automatically discharge other applicable obligations.

Workers must not assume that police involvement, a child protection report or an internal incident report removes the need to consider other statutory or professional notification requirements.

5.13 Criminal Child Abuse Reporting Obligations

Nothing in this policy limits obligations arising under criminal law relating to child abuse.

Workers and leaders must not conceal child abuse or knowingly fail to act on a serious risk of child abuse where legislation imposes an obligation to disclose, reduce or remove that risk.

Concerns potentially involving criminal conduct must be escalated and referred to police or other authorities where required.

5.14 Responding to a Child's Disclosure

A child or young person making a disclosure must be treated respectfully, calmly and supportively.

Workers must:

- listen without judgement;
- take the disclosure seriously;
- not promise secrecy;
- avoid interrogating or repeatedly questioning the child;
- avoid suggesting answers;

- explain, in an age-appropriate way, that information may need to be shared to help keep them safe;
- respond to immediate health or safety needs;
- record relevant information accurately; and
- promptly follow required safeguarding and reporting pathways.

Workers must not confront an alleged perpetrator where doing so may place the child or another person at risk or compromise an investigation.

5.15 Children Identified Through Adult Services

Safeguarding responsibilities apply where concerns regarding a child become apparent through healthcare or services being provided to an adult.

Workers must consider the wellbeing and safety of dependent or affected children where an adult presents with circumstances such as:

- family and domestic violence;
- severe mental illness;
- substance dependence;
- significant cognitive or functional impairment;
- serious illness or hospitalisation;
- suicidal behaviour;
- incarceration;
- homelessness;
- significant social crisis; or
- other circumstances that may materially affect parenting or caregiving capacity.

The purpose of considering children in these circumstances is to identify support and safety needs, not to presume parental incapacity.

Where concerns are identified, appropriate assessment, family support, referral, information sharing and statutory reporting requirements must be considered.

5.16 Safe Physical Environments

[Organisation Name] will identify and manage safeguarding risks associated with the physical environments in which services are delivered.

Consideration will be given, as relevant, to:

- private and confidential consultation areas;
- visibility and supervision;
- one-to-one interactions;
- children's access to staff-only or restricted areas;

- bathrooms and changing facilities;
- waiting areas;
- transport;
- outreach and home visits;
- overnight activities where applicable;
- community events;
- environmental hazards; and
- arrangements that could unnecessarily increase opportunities for abuse or boundary violations.

Environmental safeguarding controls must balance safety with privacy, dignity and culturally appropriate service delivery.

5.17 Digital and Online Safeguarding

Safeguarding responsibilities apply to telehealth, electronic communication, online programs, social media and other digital environments used by [Organisation Name].

Workers must maintain appropriate professional boundaries and must not engage in inappropriate private communication, grooming, exploitation or unauthorised exchange of images or personal information.

Where communicating electronically with children or young people, workers must use authorised organisational systems wherever required and must not establish inappropriate personal online relationships.

Personal social media accounts, personal messaging platforms or private communication channels must not be used to circumvent organisational safeguarding, privacy or professional boundary requirements.

Digital safeguarding risk must be considered when delivering telehealth, virtual groups, online health promotion or other digital services.

5.18 Safeguarding Adults

[Organisation Name] recognises that adults may experience abuse, neglect, exploitation and violence and that some people may experience increased risk or barriers to seeking assistance.

Workers must respond to adult safeguarding concerns in a manner that respects the person's rights, autonomy, decision-making capacity, cultural identity, privacy and expressed wishes while meeting applicable legal and professional obligations.

Adult safeguarding concerns may involve:

- physical abuse;
- sexual abuse;
- emotional or psychological abuse;
- family or domestic violence;
- coercive control;
- neglect;
- financial abuse;
- exploitation;
- discriminatory abuse;
- organisational or institutional abuse;
- misuse of medication;
- inappropriate restrictive practices;
- abandonment;
- social isolation;
- deprivation of liberty;
- trafficking or slavery-like practices; or
- failure to provide required care or support.

5.19 Decision-Making Capacity, Supported Decision-Making and Dignity of Risk

An adult must be presumed to have decision-making capacity unless there is a lawful and reasonable basis to determine otherwise.

A diagnosis, disability, age, communication difficulty or decision that others consider unwise does not automatically establish lack of capacity.

People must be provided with reasonable assistance, communication support, interpreters and other adjustments necessary to understand information and participate in decision-making.

Supported decision-making should be used wherever practicable to maximise the person's autonomy.

An adult with decision-making capacity may choose a course of action involving risk. Safeguarding does not authorise workers to remove a person's autonomy merely because the organisation, family or healthcare practitioner would make a different decision.

Where a person lacks capacity in relation to a particular decision, decisions must be made in accordance with applicable law and authorised substitute decision-making arrangements.

Any intervention overriding a person's wishes must have a lawful basis and be proportionate to the circumstances.

5.20 Abuse Involving Carers, Attorneys, Guardians or Substitute Decision-Makers

Safeguarding concerns may involve a person who ordinarily assists, cares for or makes decisions with or on behalf of the patient.

This may include:

- family members;
- carers;
- guardians;
- enduring guardians;
- attorneys;
- enduring powers of attorney;
- substitute decision-makers;
- nominees; or
- support workers.

Where such a person is suspected of abuse, neglect, coercion, financial exploitation or another safeguarding concern, workers must not automatically rely upon that person to communicate or make safeguarding decisions on behalf of the patient.

The organisation must consider:

- the person's capacity;
- the person's own wishes;
- immediate safety;
- potential conflicts of interest;
- independent communication with the person;
- advocacy;
- alternative authorised decision-makers;
- legal advice or statutory authorities where required; and
- applicable reporting pathways.

5.21 Elder Abuse

Older people have the right to live with dignity, autonomy and safety and to be free from abuse, neglect and exploitation.

Workers must remain alert to indicators including:

- unexplained injuries;
- fearfulness or withdrawal;
- inconsistent explanations for injuries;
- malnutrition or poor hygiene;
- medication mismanagement;

- unexplained financial transactions or loss of assets;
- inappropriate control over finances;
- misuse of a power of attorney or guardianship arrangement;
- coercion concerning wills, property or financial arrangements;
- social isolation;
- controlling or intimidating behaviour;
- withholding care or essential supports;
- sexual abuse; and
- neglect by caregivers or service providers.

Where elder abuse is suspected, the organisation will assess immediate safety, clinical needs, decision-making capacity, consent, available supports and any applicable statutory or regulatory reporting requirements.

Workers must not assume that age alone removes a person's right to make decisions.

5.22 People with Disability

People with disability have the right to access services free from violence, abuse, neglect, exploitation and discrimination.

Safeguarding systems must recognise risks that may arise from dependency, communication barriers, social isolation, restrictive practices, reliance on carers or workers, limited access to independent advocacy and other systemic factors.

Workers must communicate directly with the person wherever possible and provide reasonable adjustments to enable participation.

Where [Organisation Name] is a registered NDIS provider, applicable NDIS incident management, reportable incident, worker screening and Practice Standards requirements must be met.

5.23 NDIS Reportable Incidents and Restrictive Practices

Where applicable, incidents meeting the definition of an NDIS reportable incident must be notified to the NDIS Quality and Safeguards Commission within applicable statutory timeframes.

Organisational incident reporting does not replace NDIS Commission notification requirements.

The organisation must maintain appropriate incident management systems and take immediate action necessary to protect affected persons from further harm.

The unauthorised use of a restrictive practice must be identified and reported where required.

[Organisation Name] supports the reduction and elimination of restrictive practices and will not use restrictive practices for punishment, convenience, coercion or behavioural control outside lawful and appropriately authorised arrangements.

5.24 Aged Care Safeguarding and Serious Incident Response Scheme

Where [Organisation Name] provides services subject to Commonwealth aged care legislation, safeguarding systems must comply with the Aged Care Act 2024, applicable Aged Care Rules, Quality Standards and Serious Incident Response Scheme requirements.

Reportable incidents must be identified, managed, recorded and notified within applicable statutory requirements and timeframes.

The organisation must maintain incident management systems designed to prevent abuse and neglect, respond effectively to incidents and reduce recurrence.

5.25 Family and Domestic Violence

Workers must recognise family and domestic violence as a health, safety and safeguarding issue.

Responses must be person-centred, culturally safe and trauma-informed.

Workers must consider:

- immediate safety;
- risk of serious harm;
- children who may be affected;
- sexual violence;
- strangulation;
- coercive control;
- threats or stalking;
- access to weapons;
- escalation in frequency or severity;
- separation-related risk;
- pregnancy;
- social and cultural circumstances; and
- referral to appropriate specialist services.

Where children are affected, applicable child protection reporting responsibilities must also be considered.

A person experiencing family or domestic violence must not be blamed for the violence or pressured into action that may increase their risk.

5.26 Persons Using Violence

[Organisation Name] may also provide healthcare to people who use family or domestic violence.

Responses must maintain professional care while prioritising victim-survivor and child safety.

Workers must not:

- collude with or minimise violent or controlling behaviour;
- disclose information that could increase risk to a victim-survivor without lawful justification;
- treat participation in healthcare as evidence that risk has resolved; or
- engage in actions that unintentionally increase risk to family members.

Appropriate specialist referral and risk-management pathways should be used where available.

5.27 Sexual Assault, Sexual Abuse and Exploitation

Disclosures or indicators of sexual assault, sexual abuse or sexual exploitation must be responded to sensitively, confidentially and in a trauma-informed manner.

Immediate medical, forensic, safety and psychosocial needs must be considered.

The person's choices and consent should guide the response wherever legally possible.

Where mandatory reporting, child protection, Reportable Conduct or other statutory requirements apply, these obligations must be met.

Workers must avoid unnecessary repeated questioning that may re-traumatise the person or compromise subsequent investigative processes.

5.28 Trafficking, Forced Marriage and Serious Exploitation

Workers must remain alert to indicators that a person may be experiencing trafficking, forced marriage, servitude, forced labour, sexual exploitation or another serious form of coercive exploitation.

Potential indicators may include:

- inability to freely leave a situation;
- control of identity documents or finances;
- threats against the person or family;
- restricted movement;
- unexplained control by another person;
- forced sexual activity;

- forced work;
- threatened or actual forced marriage; or
- significant fear regarding authorities or disclosure.

Concerns must be responded to sensitively and escalated through appropriate safeguarding, police, child protection or specialist pathways according to the circumstances.

5.29 Financial Abuse and Exploitation

Workers must remain alert to financial abuse and exploitation, particularly where a patient is dependent on another person, experiences cognitive impairment or has limited access to independent financial information.

Concerns may include:

- unauthorised withdrawal or transfer of money;
- misuse of bank cards or accounts;
- coercion to change wills or ownership arrangements;
- pressure to provide money or gifts;
- misuse of powers of attorney;
- withholding access to personal funds;
- theft;
- misuse of pension or benefits;
- unusual property transfers; or
- exploitation by family, carers, workers or others.

Where financial abuse is suspected, the person's immediate safety, capacity, consent and access to appropriate advocacy, legal or protective supports must be considered.

5.30 Neglect and Self-Neglect

Neglect may be intentional or unintentional and may arise in family, caregiving, institutional or service environments.

Workers must respond where failure to provide adequate nutrition, healthcare, medication, supervision, hygiene, shelter, personal care or other essential needs creates a risk of harm.

Self-neglect must be approached carefully and distinguished from abuse by another person.

Responses to self-neglect must respect autonomy and dignity of risk while considering capacity, clinical risk, environmental risk and the person's ability to understand and manage identified risks.

5.31 Institutional and Organisational Abuse

Safeguarding concerns may arise from organisational systems rather than solely from individual perpetrators.

Potential organisational abuse may include:

- unsafe service models;
- discriminatory practices;
- neglect arising from inadequate staffing;
- systemic failure to respond to complaints;
- inappropriate restrictions;
- unsafe use of authority;
- normalisation of harmful behaviour;
- retaliation against people raising concerns;
- poor supervision;
- failures in workforce screening; or
- organisational cultures that conceal or minimise harm.

[Organisation Name] will investigate and address systemic contributing factors where safeguarding incidents identify organisational weaknesses.

5.32 Immediate Safety and Emergency Response

Where a person is in immediate danger or requires urgent medical attention, immediate action must be taken to protect life and safety.

This may include:

- providing emergency clinical care;
- contacting emergency services;
- contacting police;
- separating a person from an immediate source of danger where safe and lawful;
- arranging a safe location;
- escalating to an appropriate senior clinician or manager; and
- activating organisational emergency or safeguarding pathways.

Statutory reporting requirements must not delay urgent action necessary to protect a person.

5.33 Responding to Disclosures and Suspected Abuse

Workers must respond to safeguarding concerns in a manner that is respectful, culturally safe and trauma-informed.

Workers must:

- listen;
- take concerns seriously;
- respond to immediate safety and health needs;
- avoid judgement or blame;
- avoid making promises of absolute confidentiality;
- explain relevant reporting obligations;
- document objective information;
- escalate according to risk;
- make required external reports; and
- arrange appropriate clinical, psychosocial, advocacy, legal or specialist support.

Workers must not conduct their own investigation unless specifically authorised and appropriately trained to do so.

5.34 Consent, Privacy and Information Sharing

Safeguarding information must be managed sensitively and confidentially.

Information should ordinarily be shared with consent where the person has capacity and consent can safely be obtained.

Information may be shared without consent where authorised or required by law, including where necessary to meet mandatory reporting, Chapter 16A, child protection, serious risk, reportable incident or other safeguarding obligations.

Only information reasonably necessary for the safeguarding purpose should be shared.

Privacy requirements must not be interpreted in a manner that prevents lawful action necessary to protect safety, welfare or wellbeing.

5.35 Aboriginal Children, Families and Communities

Safeguarding Aboriginal and Torres Strait Islander children must recognise the central importance of culture, family, kinship, community, Country and identity.

Responses must avoid unnecessary cultural disconnection and recognise the historical and continuing impacts of child removal, institutionalisation, racism and discriminatory systems.

Where appropriate and lawful, Aboriginal families, carers, culturally appropriate practitioners and community-controlled services should be involved in safeguarding responses.

Cultural considerations must never be used to justify abuse or prevent action required to protect a child.

5.36 Cultural Safety in Adult Safeguarding

Adult safeguarding responses must recognise cultural identity, family and kinship systems and the person's relationship with community.

Workers must avoid stereotyping Aboriginal family structures or assuming that family or kinship involvement is inherently unsafe.

Where appropriate, Aboriginal Health Workers, Aboriginal Health Practitioners or other culturally appropriate workers may assist with engagement, communication and safety planning with the person's agreement.

The person's privacy, autonomy and choices must remain central.

5.37 Trauma-Informed Safeguarding

Safeguarding responses must seek to minimise further trauma.

Workers should:

- provide clear information;
- explain what will happen next;
- maximise choice wherever possible;
- avoid unnecessary repetition of disclosures;
- seek permission before examinations or interventions unless emergency or legal circumstances require otherwise;
- provide access to culturally appropriate support; and
- recognise that trauma responses may affect communication, memory and engagement.
- 5.38 Safeguarding in Home Visits, Outreach and Transport

Safeguarding requirements apply to home visits, outreach activities, transport and other services delivered away from organisational premises.

Service arrangements must consider:

- worker and patient safety;
- privacy;
- professional boundaries;
- lone-worker risks;
- child-safe practices;
- appropriate transport arrangements;
- supervision;
- documentation;
- consent; and
- escalation where safeguarding concerns are identified.

5.39 Allegations Concerning a Worker

Any allegation that a worker has abused, neglected, exploited, groomed, assaulted or otherwise harmed a patient, child, community member or other person must be taken seriously and immediately escalated.

The organisation must consider:

- immediate protection of affected persons;
- clinical care;
- evidence preservation;
- external reporting;
- police involvement;
- Reportable Conduct Scheme obligations;
- NDIS or aged care notification requirements where applicable;
- professional regulator notification obligations;
- modification or restriction of worker duties; and
- procedural fairness.

Safeguarding and employment processes must be coordinated but remain distinct.

5.40 Professional and Regulatory Notifications

Where safeguarding concerns relate to a registered health practitioner, [Organisation Name] will consider whether notification or other action is required under the Health Practitioner Regulation National Law.

Workers remain responsible for any personal mandatory notification obligations applying to them.

Professional notification requirements do not replace child protection, police or other statutory reporting requirements.

5.41 Police and Criminal Conduct

Where suspected abuse may constitute a criminal offence, [Organisation Name] will consider referral or reporting to NSW Police having regard to immediate safety, statutory obligations, the person's circumstances and applicable law.

Mandatory or other statutory reporting requirements must be followed regardless of whether an internal organisational process has commenced.

The organisation must not conceal, destroy or interfere with evidence or obstruct a lawful external investigation.

5.42 Documentation

Safeguarding concerns and responses must be documented accurately, objectively and as soon as practicable.

Records should identify, as relevant:

- the nature of the concern;
- observations;
- information disclosed;
- the person's own words where important;
- immediate safety actions;
- clinical assessment;
- consultations;
- decisions and rationale;
- reporting tools used;
- external reports made;
- information shared under applicable legislative authority;
- referrals;
- safety planning; and
- follow-up arrangements.

Documentation must distinguish observed facts, information provided by others and professional assessment.

Records must be stored securely and accessed only for authorised purposes.

5.43 Referral and Follow-Up

Making an external report does not end [Organisation Name]’s responsibility for the person's healthcare, wellbeing and immediate safety.

Appropriate follow-up must be arranged according to need and may include:

- clinical review;
- psychosocial support;
- specialist violence, abuse and neglect services;
- Aboriginal community-controlled services;
- advocacy;
- legal services;
- child and family services;
- disability support;
- aged care support;
- mental health services;
- housing or homelessness services; and
- other relevant services.

The person should be supported to understand available options wherever possible.

5.44 Complaints and Speaking Up

Patients, children, young people, families, carers, advocates, workers and community members must have accessible and culturally safe ways to raise safeguarding concerns.

Complaints and safeguarding reports must be taken seriously regardless of how they are communicated.

No person may be victimised, intimidated or disadvantaged for making a safeguarding complaint or report in good faith, participating in an investigation or fulfilling a reporting obligation.

Anonymous concerns must be assessed on the information available.

5.45 Workforce Education and Competence

Workers must receive safeguarding education appropriate to their role.

Training requirements may include:

- recognising abuse and neglect;
- child protection;
- mandatory reporting;
- NSW Mandatory Reporter Guide;
- Child Safe Standards;
- Chapter 16A information sharing;
- responding to disclosures;
- family and domestic violence;
- elder abuse;
- sexual assault;
- trafficking and exploitation;
- professional boundaries and grooming;
- cultural safety;
- trauma-informed practice;
- safeguarding adults;
- supported decision-making;
- NDIS or aged care reporting obligations where applicable; and
- internal escalation pathways.

Persons with specialised safeguarding responsibilities must receive additional education appropriate to those responsibilities.

5.46 Safeguarding Risk Management

Safeguarding risk must be incorporated into organisational risk-management systems.

Risk assessment should consider:

- nature of services;
- patient population;
- service settings;
- child-related work;
- home visits and outreach;
- workforce arrangements;
- physical and online environments;
- vulnerable populations;
- service dependence;
- complaints and incident history;
- cultural safety;
- workforce screening;
- supervision; and
- external regulatory requirements.

High or emerging safeguarding risks must be escalated to appropriate governance structures.

5.47 Incident Management and Review

Safeguarding incidents must be integrated with organisational incident-management systems.

Serious incidents should be reviewed to identify:

- immediate causes;
- contributing factors;
- missed opportunities for prevention;
- workforce or supervision issues;
- service design problems;
- communication failures;
- policy or procedural gaps;
- cultural safety issues; and
- opportunities for organisational improvement.

Incident review must not delay external reporting obligations.

5.48 External Reporting Requirements

[Organisation Name] will maintain systems to identify and comply with applicable external safeguarding reporting requirements.

Depending on the circumstances and services provided, this may include reporting or notification to:

- NSW Department of Communities and Justice;
- NSW Police;
- NSW Office of the Children's Guardian;
- Ahpra or relevant National Board;
- NDIS Quality and Safeguards Commission;
- Aged Care Quality and Safety Commission;
- SafeWork NSW;
- privacy regulators;
- funding or commissioning bodies; or
- another authority with statutory jurisdiction.

Different reporting regimes may apply simultaneously.

Internal incident reporting never replaces external statutory reporting.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provides governance oversight of safeguarding systems, organisational culture, significant safeguarding risks and assurance that appropriate prevention, reporting and response mechanisms are operating effectively.
Chief Executive Officer	Ensures organisational safeguarding systems, accountabilities, resources and external reporting arrangements are established; fulfils Head of Relevant Entity or equivalent statutory responsibilities where applicable.
Executive Management	Implements safeguarding requirements across delegated portfolios, oversees serious concerns and ensures risks and systemic issues are escalated and addressed.
Safeguarding / Child Safety Lead or Delegate	Provides safeguarding advice, supports reporting and escalation, assists with regulatory requirements, monitors safeguarding systems and supports organisational improvement.
Clinical Lead / Senior Clinicians	Provides clinical oversight of safeguarding concerns, supports assessment and escalation and ensures clinical care and safeguarding responsibilities are appropriately integrated.
Managers / Practice Managers	Ensure workers understand safeguarding obligations, respond promptly to concerns, support reporting, manage immediate risks and escalate significant matters.
Human Resources / People and Culture	Supports workforce screening, worker-related allegations, employment risk controls, procedural fairness and coordination of safeguarding and workforce processes.
Quality / Compliance Personnel	Supports incident management, audit, risk, regulatory reporting, accreditation, trend analysis and quality improvement relating to safeguarding.
All Workers	Remain alert to safeguarding concerns, respond appropriately to disclosures, protect immediate safety, meet applicable reporting obligations, document concerns and escalate matters through appropriate pathways.

7 . Cultural Considerations

As an Aboriginal Community Controlled Health Service, [Organisation Name] recognises that safeguarding systems must be both safe and culturally safe.

Historical and ongoing experiences of colonisation, child removal, institutionalisation, racism, discrimination and failures by mainstream systems may influence whether Aboriginal and Torres Strait Islander people feel safe disclosing abuse or engaging with statutory services.

Safeguarding responses must therefore be respectful, transparent, trauma-informed and culturally responsive.

The organisation will seek to:

- protect the safety, dignity and rights of Aboriginal and Torres Strait Islander people;
- listen to the person and respect their cultural identity;
- recognise the importance of family, kinship, community and Country;
- involve culturally appropriate workers and supports where desired;
- minimise unnecessary cultural disconnection;
- recognise the importance of Aboriginal community-controlled services;
- avoid stereotyping Aboriginal families or community relationships;
- recognise cultural obligations and communication styles; and
- provide clear information about mandatory reporting and other limits to confidentiality.

Cultural safety does not remove statutory safeguarding responsibilities. Where a report or protective action is required by law, it must occur.

Equally, statutory obligations must not be applied in a manner that unnecessarily disregards culture, dignity, participation or self-determination.

The organisation will also provide safeguarding responses that respect the cultural, linguistic, religious and other diversity of all people accessing its services.

8. Related Policies & Documents

- Organisational Governance Policy
- Clinical Governance Policy
- Cultural Safety Policy
- Code of Conduct and Professional Behaviour Policy
- Workforce Management Policy
- Patient Rights, Responsibilities and Person-Centred Care Policy
- Comprehensive Care Policy
- Work Health and Safety Policy
- Child Protection and Mandatory Reporting Procedure
- Safeguarding Response Procedure
- Family and Domestic Violence Procedure
- Working with Children Check Procedure
- Recruitment and Screening Procedure
- Reportable Conduct Procedure, where applicable
- NDIS Incident and Reportable Incident Procedure, where applicable

- Privacy and Health Information Management Policy
- Incident Management Policy / Procedure
- Complaints and Feedback Policy
- Open Disclosure Policy
- Risk Management Policy / Framework
- Aged Care Serious Incident Response Procedure, where applicable
- Professional Boundaries Procedure / Guidelines
- Information Sharing Procedure
- Clinical Documentation Procedure
- Referral and Follow-Up Procedure
- Whistleblower Policy

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of this policy through organisational governance, clinical governance, safeguarding, workforce, incident management, complaints, risk management and continuous quality improvement systems.

Monitoring will include, as relevant:

- safeguarding incidents and concerns;
- child protection reports;
- timeliness and appropriateness of mandatory reporting;
- use of the Mandatory Reporter Guide;
- child wellbeing concerns managed below the ROSH threshold;
- Chapter 16A information sharing;
- Reportable Conduct Scheme matters;
- worker-related allegations;
- complaints involving abuse or neglect;
- NDIS reportable incidents where applicable;
- aged care SIRS incidents where applicable;
- Working with Children Check verification and currency;
- workforce screening compliance;
- safeguarding and child-safe training completion;
- timeliness of external notifications;
- repeat or recurring safeguarding incidents;
- implementation and effectiveness of corrective actions;
- patient, child, family and community feedback regarding safety;
- referral and follow-up;
- audit findings;
- family and domestic violence presentations;
- elder abuse and adult safeguarding concerns; and
- identified systemic or cultural risks.

Significant trends, systemic weaknesses or repeated safeguarding concerns must be escalated through governance structures and addressed through risk management and continuous quality improvement.

The Board / Governing Body and executive leadership will receive sufficient information to provide assurance that safeguarding systems are operating effectively while maintaining appropriate confidentiality.

Safeguarding information will be handled in accordance with privacy, confidentiality and applicable statutory requirements.

This policy will be reviewed every two years, or earlier where significant changes occur to safeguarding legislation, child protection requirements, accreditation or regulatory standards, organisational services or identified safeguarding risks.

10. Breach of Policy

Failure to comply with safeguarding requirements may expose children, patients, workers, community members and [Organisation Name] to serious clinical, cultural, legal, regulatory, professional and organisational harm.

Actual or suspected breaches of this policy must be identified, reported and managed according to their seriousness and level of risk.

A failure to make a mandatory report, deliberate concealment of abuse, inappropriate prevention or delay of another person's statutory report, interference with a safeguarding investigation, retaliation against a person raising a concern, failure to act on an immediate safeguarding risk or deliberate non-compliance with an external reporting obligation may constitute serious misconduct and may also result in statutory, professional or criminal consequences.

Where a breach creates an immediate safety risk, protective action must be taken promptly.

Management may include:

- immediate safety controls;
- clinical intervention;
- supervision or restriction of duties;
- safeguarding review;
- incident investigation;
- workforce action;
- disciplinary action;
- professional notification;
- external statutory reporting;
- referral to police;
- regulatory notification;
- risk-management action; and
- continuous quality improvement.

Where a breach identifies broader organisational, leadership, cultural or systemic safeguarding weaknesses, [Organisation Name] will address contributing factors through governance, workforce management, service redesign, risk management and quality improvement.

Action taken under this policy must be fair, proportionate, appropriately authorised and consistent with applicable legal, employment, industrial, professional and regulatory requirements.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Children and Young Persons (Care and Protection) Act 1998 (NSW)	External	NSW Legislation
Children's Guardian Act 2019 (NSW)	External	NSW Legislation
Child Protection (Working with Children) Act 2012 (NSW)	External	NSW Legislation
Child Protection (Working with Children) Regulation 2013 (NSW)	External	NSW Legislation
Crimes Act 1900 (NSW)	External	NSW Legislation
Crimes (Domestic and Personal Violence) Act 2007 (NSW)	External	NSW Legislation
Guardianship Act 1987 (NSW)	External	NSW Legislation
Privacy Act 1988 (Cth)	External	Federal Register of Legislation
Health Records and Information Privacy Act 2002 (NSW)	External	NSW Legislation
Health Practitioner Regulation National Law (NSW)	External	NSW Legislation
NSW Child Safe Standards	External	Office of the Children's Guardian – Child Safe Scheme
Working with Children Check	External	Office of the Children's Guardian – WWCC

[Service Letterhead]

Document Title	Type	Location / Access
Reportable Conduct Scheme	External	Office of the Children's Guardian – Reportable Conduct
Mandatory Reporting – What to Report and When	External	NSW Department of Communities and Justice
NSW Mandatory Reporter Guide	External	NSW Department of Communities and Justice – MRG
Chapter 16A – Information Sharing for Child Safety, Welfare and Wellbeing	External	NSW Department of Communities and Justice
Chapter 16A Resources and Information Sharing Tools	External	NSW Department of Communities and Justice
Child Wellbeing and Child Protection Guidance for Health Workers	External	NSW Health
Prevention and Response to Violence, Abuse and Neglect	External	NSW Health – PARVAN
Identifying and Responding to Abuse of Older People	External	NSW Health – Policy Directive
Integrated Trauma-Informed Care Framework	External	NSW Health
National Disability Insurance Scheme Act 2013 (Cth)	External	Federal Register of Legislation
NDIS Code of Conduct	External	NDIS Quality and Safeguards Commission
NDIS Practice Standards	External	NDIS Quality and Safeguards Commission
NDIS Reportable Incidents	External	NDIS Quality and Safeguards Commission
NDIS Incident Management	External	NDIS Quality and Safeguards Commission
Serious Incident Response Scheme (SIRS)	External	Aged Care Quality and Safety Commission
SIRS – Reportable Incidents	External	Aged Care Quality and Safety Commission

[Service Letterhead]

Document Title	Type	Location / Access
Aged Care Act 2024 and Aged Care Rules 2025 – SIRS Changes	External	Aged Care Quality and Safety Commission
RACGP Standards for General Practices – 6th Edition	External	RACGP – Standards 6th Edition Hub
National Safety and Quality Health Service Standards	External	Australian Commission on Safety and Quality in Health Care
National Safety and Quality Primary and Community Healthcare Standards	External	Australian Commission on Safety and Quality in Health Care
Australian Charter of Healthcare Rights	External	Australian Commission on Safety and Quality in Health Care
QIC Health and Community Services Standards	External	Quality Innovation Performance
Organisational Governance Policy	Internal	Internal Document
Clinical Governance Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document
Code of Conduct and Professional Behaviour Policy	Internal	Internal Document
Workforce Management Policy	Internal	Internal Document
Work Health and Safety Policy	Internal	Internal Document
Privacy and Health Information Management Policy	Internal	Internal Document
Incident Management Policy / Procedure	Internal	Internal Document
Child Protection and Mandatory Reporting Procedure	Internal	Internal Document
Safeguarding Response Procedure	Internal	Internal Document
Working with Children Check Procedure / Register	Internal	Internal Document

Document Title	Type	Location / Access
National Police Check / Workforce Screening Procedure or Register	Internal	Internal Document
Recruitment and Selection Procedure	Internal	Internal Document
Family and Domestic Violence Procedure	Internal	Internal Document
Safeguarding / Child Safety Risk Register	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft