



## **RISK MANAGEMENT STRATEGY**

*Including*

**Child Protection Policy & Code of Conduct**

# Change History

Issued as Policy version 1.0 on 24/11/2010

Version	Date	Sections	Remarks
1.1	22/3/2013	6.1	Update on Risk Management Plan for 2013 (Draft)
1.2	5/12/2014	1.4 3.4.6 3.6 3.9.A 6.1 6.2	Minor changes to definitions of ‘ Groups’ ‘Queensland Police Service’ added. Remove reference to “One Page Plan’. Remover references to Eastgate becoming a ‘constituted Church’ in the future. Obviously, we are now constituted. Review of “Risk Management Plan”. Word changes to reflect a generalised older girl’s programme.
1.3	14/1/2017	1.3 3.2 6.1 7	<b>Related Documents.</b> Change from using a spreadsheet to using Pastoral Care software for Blue Card and Child Safety data management. Update references. Formatting Changes Review Risk Management Plan Add comment on meaning of ‘Incident’.
1.4	11/05/2017	3.1.A 3.4.4 & 3.4.5 3.9.A 3.9.2 6.	Require all adults working with children to have a Blue Cards or be ‘Exempt’ or hold the equivalent of a Blue Card. Change the reporting requirement to “as soon as is practicable/immediately”. Change the wording from “(It also ...’ to “(This requirement ...’. Change the wording “Person Specification” to “Qualifications and Skill Sets” Include wording to indicate that Risk Management Plans for ‘Special Events’ are held outside of this document.
1.5	5/7/2018	5.0	Insert new section 5. Automatic role termination for convicted sex offenders. Review Risk Management Strategy (No changes)
	1/12/2018		Review Risk Management Strategy (No changes)
1.6	9/1/2020	1.3 1.1, 2.2, 3.1.C, 3.1.I 3.7 E, F & G	Insert additional reference to “ <i>Working with Children (Risk Management and Screening) Act 2000.</i> ” Review Risk Management Strategy. Clarification of terms used and some examples added. Require a review of Strategy, check of legislation, Training & Processes

<b>Version</b>	<b>Date</b>	<b>Sections</b>	<b>Remarks</b>
			following disclosure of harm. Renumber paragraphs.
1.6 Cont.	9/1/2020	2.6 2.1	Extended to exclude drugs from being 'Stored'. Refer to external staff number guidelines. Also , children must never be left alone when in our care.
1.7	8/3/2021	3.3 3.4 3.5 . . 3.10 All	Added additional directions regarding Managing Breaches. Added description as to what constitutes abuse and harm. Added confidentiality regarding incidents and also the provision of follow up support. Added 'Questions for Referees'. Punctuation & Spelling changes. Normalization of the use of the term 'Elders (Pastors)' throughout the document.

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# 1 INTRODUCTION AND FRAMEWORK

## 1.1 Purpose of the Strategy Plan and Policy

This Strategy Plan and included Policy seeks to provide a safety framework and guidelines for leaders of children and youth groups. This document will also clarify Church, parent and leaders' expectations and provide a basis for action. Eastgate's full Risk Management Strategy (as defined by the "Commission for Children and Young People Amendment Regulation (No 1) 2006") is made up of all of the components listed in the diagram in Section 1.3 below.

It is required that all leaders of groups of children (including youth) agree to follow the framework and guidelines, and understand and agree to be held accountable for their actions as required under the Policy and Code of Conduct.

The Policy also provides guidelines for involved parties at non-programmed gatherings of children.

## 1.2 Our biblical and philosophical basis for care

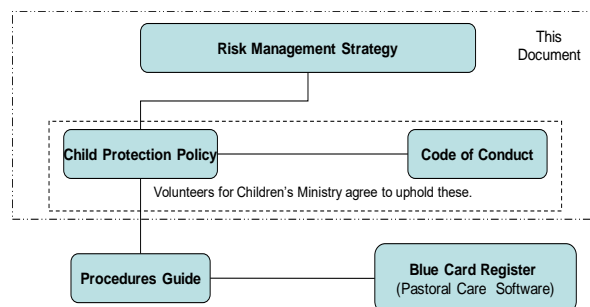
At Eastgate Bible Church, we are part of a community of care for children. In accordance with biblical principles, we believe that children are a gift from God (Ps 127:4), they are precious to Jesus (Mark 10:16) and because of their vulnerability, their rights are to be protected (Ps 82: 3-4).

While working with children to teach them about Jesus and help them find fellowship in the church, we are committed to their safety and wellbeing and to the protection of children from harm.

To minimize risk of harm to children we will conduct our activities in accordance with the management strategies and policy as outlined in this document

## 1.3 Related Documents

The materials identified in the diagram below are the key components of our strategy for managing risks associated with our ministry to children and young people.



- Risk Management Strategy (Forms part of this document)
- Child Protection Policy (Forms part of this document)
- Code of Conduct for Working with Children and Young People (Forms part of this document)
- Procedures Guide for Child Protection Policy
- Blue Card Numbers and Renewals (Pastoral Care database software)

### Additional References:

- *201610-Child-and-youth-risk-management-strategy-toolkit.pdf*.
- *Commission for Children and Young People Amendment Regulation (No. 1)2006*
- Australian Standard *AS/NZS ISO 31000:2009 Risk management - Principles and guidelines*
- **Working with Children (Risk Management and Screening) Act 2000.**

A copy of all of the Eastgate Bible Church specific documents can be obtained from the Church Secretary.

## 1.4 Definitions

- Children:** Refers to anyone between the ages of 0 years -18 years. Thus the definition includes Minors & Youth
- Church Environment:** Any Church sanctioned activity, whether it is on Church, private or public property.
- Disclosure of harm:** A disclosure of harm occurs when someone, including a child, tells you about **harm** that has happened or is likely to happen.
- Groups:** This document refers to Children and Youth groups. By this we mean any and all 'programmed' gatherings of children and or youth within the **Church Environment**. This includes, but is not limited to, the following;
- Creche
  - Sunrise Kids
  - Girl's programmes
  - Boy's programmes
  - Sports (When a child is not under the direct supervision of their parent/s)
- Harm:** This is the detrimental effect of a significant nature on a child's physical, psychological or emotional wellbeing.

Categories of harm include:

- a. **Physical harm or non-accidental physical injury.** This may include hitting, shaking, burning, biting, throwing a child, to the extent that there is physical evidence. It also includes physical training programs or activities that are beyond the child's physical ability, or administration of inappropriate drugs. *Note that measures should also be taken to reduce the risk of accidental harm, where possible.*
- b. **Emotional harm.** This includes belittling, teasing, or constant yelling. It may also include negative comments about their physical attributes or abilities.
- c. **Sexual harm.** This includes sexual jokes, innuendo in conversation, showing pornographic images, sexual touching or invasive acts. It is important to note that children under 16 cannot legally consent to sexual acts, this is a criminal offence even if the child appears to have consented.
- d. **Neglect.** Neglect includes failure to provide a child with the basic necessities of life or adequate supervision.

**Leaders:** Leaders refers to all people who take a non-child role at any programmed gathering of Children or youth. The leader's role can be active or passive (helper/support).

**Stored vs. Hold:** Some prescription drugs may be "**held**", meaning that they are in possession of a Church leader for the life of that activity. Holding drugs for longer than the life of that activity is considered "**storage**". For example 'holding' a child's Epipen while the child is engaged in a high-energy activity.

**Suspicion of harm:** You can suspect harm if you are concerned by significant changes in behaviour or the presence of new unexplained and suspicious injuries.

## 1.5 Who Must Comply with the Policy & Procedures

The policy and procedures contained within this document applies to all involved with children (including Youth) in any way within the Eastgate Bible Church environment. This includes staff, volunteers, parents and older children who act in a non-child role with children.

## 2 GUIDELINES CONCERNING CHILDREN

### 2.1 *Never be alone with children.*

#### **Rule 1. Never, ever be alone with children who are not your own.**

As a leader, you should be aware that you need to protect the safety of not only the children under your care, but also your fellow workers. Whilst children are in our care they must never be left alone except 'toileting' under supervision (refer section 2.3). Being responsible for children can lead to potentially 'difficult' situations and therefore Rule 1 of "never be alone with a child" must be upheld in all circumstances.

Wrongful actions are less likely to occur if another leader or adult is present.

You should also be aware that if even an unfounded allegation is made against you this may result in physical separation from your family for months whilst the matter is being investigated.

You should also be aware that as of 2006 the Department of Child Safety does not accept a 'Not Guilty' finding by a court or the dropping of charges by a person alleging harm as sufficient basis to remove the record of allegation from your record, and it may not be a sufficient reason from their point of view for you to be allowed to live with your family.

This means that for the protection of leaders, you should exercise utmost care to ensure that you **follow Rule 1** and ensure that everyone else follows this rule. Exceptions to this rule should only occur with the prior approval of the Leadership.

The Queensland Government has issued minimum staffing guidelines, a copy of which is stored in the Sonrise Kids & Crèche Google Drive folder. These 'guidelines' are to be considered to be a minimum staffing directive for Eastgate.

### 2.2 *The use of touch in Children's Ministry*

In today's society, leaders and helpers may be inclined to step away from the beneficial use of touch (physical contact) for fear of allegations of abuse. However, there will be occasions when the conveying of affection is natural and appropriate (for eg, if a child falls over and grazes their knee) and for a leader to withhold care in this way may increase the concerns or pain felt by the child. It is widely accepted that children benefit from appropriate forms of touch that convey love, acceptance, care, safety and concern.

Touch and affection should be age appropriate, given as a response to the initiation of a child, or after receiving permission from the child and in the presence of other children or adults. Touch and affection should not be given in such a way that an observer may misconstrue the intent and wherever possible not given in private.

Other occasions when touch is appropriate include administering of First-Aid or when assisting with an activity.

It is important that leaders protect children in their care from inappropriate touching from others and should promptly discuss any concerns or questionable behaviour with their Youth Group coordinator or a leader in the church. Additionally, if a child initiates inappropriate touch or affection with a leader, it is always the leader's responsibility to discontinue such behaviour and report it to your Youth group coordinator or an Elder (Pastor).

Under no circumstances should a leader, even in fun, use physical punishment. In rare circumstances, limited physical restraint may be appropriate in order to protect a child from harm (eg. if they were about to run out onto a busy road). Some examples of inappropriate physical contact include the following:

- violent or aggressive behaviour such as hitting, kicking, slapping or pushing
- kissing; or
- touching of a sexual nature.

## **2.3 Toileting Children**

Men are not permitted to take girls into the toilet (unless they are their own children). When either a man or woman is taking a child to the toilet, provide as much privacy for the child as possible. Workers should only enter a stall when absolutely necessary to assist a child. Keep the door ajar. Remember Rule 1.

In the case of babies, nappy changing should occur in a public place, but with a degree of privacy for the baby. That is, uphold the baby's dignity.

Wherever possible children should be toileted by their own parent/guardian.

## **2.4 Encouraging the Role of Parents and Guardians**

It is important to encourage Parents and guardians to be involved with their children in activities. Parents and guardians should:

- Feel welcome to stay and observe the activities
- Understand that while volunteers and leaders intend to provide quality care, parents are responsible for their children's behaviour.
- Raise any concerns or issues with the leaders or Elders (Pastors)
- Collect their child from the activities promptly. This is particularly important after Sonrise Kids / Creche and Crèche, following the service
- Provide any specific guidelines for behaviour management or other important information to the Sonrise Kids / Creche teacher
- Be prepared to take their child to the toilet if required
- Be responsible for supervision and safety of their child before and after the activity, and any time the child is not in an activity under leader supervision.
- Be prepared to intervene if any child is in danger.
- Not bring children to an activity if the child is ill, eg with fever or communicable diseases.
- Be responsible for administering any medications to their children.

## **2.5 First Aid**

Where first-aid is required, an Accident Report (Refer 8.1) should be filled out and submitted to an Elder (Pastor) within 48 hours. In the case of serious accidents, the Elder (Pastor) or nominee shall be advised as soon as possible. Remember, concerned parents are likely to be contacting him soon.



## 2.6 Prescription Drug Distribution

No prescription or restricted drugs are to be **stored** on the church property. The following drugs are identified as 'Restricted' and may not be **held** or Stored for children on camps or church activities:

Acetyldihydrocodeine	Adiphenine	Alpraxolam	Amyl nitrite	Amylobarbitone
Barbiturates	Benzhexol	Benzodiazepines	Bromazepam	Chloral hydrate
Chlordiazepoxide	Clobazam	Clonazepam	Clorazepate	Codeine
Dexfenfuramine	Dextromethrophan	Dextropropoxyphene	Dextrorphan	Diazepam
Diethylpropion	Dihydrocodeine	Ephedrine	Ethylmorphine	Fenfluramine
Lorazepam	Mazindol	Medazepam	Meprobamate	Nitrazepam
Oxazepam	Pentobarbitone	Phentermine	Propylhexedrine	Temazepam
Triazolam	zolzepam			

Other prescription drugs may be **held** only for the life of the camp or church activity, and leaders may *assist in administration* of drugs in their role as “Carers” of the children. Leaders can not inject unless it is insulin or EpiPens, however we would not recommend the injection of any drugs except in the case of a medical emergency, rather a leader should supervise. I.e. They can check how many pills etc. The preferable method concerning prescriptions drugs is as follows:

## **2.7 Detail Prescriptions Drugs in the Medical Form**

You should have the parents detail the type of drug, the times and manner of distribution, whether they allow the leaders to hold the drugs in a locked cabinet for their child and any allergies their child has.

The form should require parents to give their permission to the carer to control for eg:

*“I \_\_\_\_\_ as the parent / guardian of this child, allow staff of Eastgate Bible Church to assist my child in administering of [name of drug]. This drug is being taken for [insert reason] and the recommended dosage is [insert dosage]”*

The medical form should also ask whether the parent allows their child to have ‘Secondary-aid’ administered to them including giving them non-prescription drugs like Panadol and Aspirin and whether or not their child is allergic to any non-prescription drugs.

### **2.7.1 Maintain a drug register during the camp**

This register should have all relevant details collected from the Medical Information form.

### **2.7.2 Central storage**

The drugs should be kept in central storage in a locked container in a place that is not easily accessed by minors. You need to have a decent control procedure (i.e. staff only access to the container with a key).

### **2.7.3 Awareness of times of distribution**

A leader should be aware of the times of distribution.

### **2.7.4 Distribution of drugs**

Do not physically count out the tablets for the minor, but instead hand the prescription drugs to the minor and monitor and confirm that they are taking the correct dosage. If there is a registered nurse on the camp, we recommend you appoint this person as the person in control of the prescription medication.

### **2.7.5 If in doubt**

If there is any doubt about any of the above, err on the side of caution and immediately contact Queensland Health to confirm or deny the appropriate procedures.

## 2.8 ***Behaviour management***

### 2.8.1 **Goal**

The goal of behaviour management is to positively change the behaviour of a child and or children subject to behaviour management.

Behaviour management has an impact much broader than the immediate situation in which behaviour management is applied. It affects the child, other children in the immediate vicinity who observe as well as parents and children not present.

Impact upon the Child should:

Demonstrate our love and care for the child.

- Reinforce standards
- Improve behaviour

The impact upon observing children should:

- Demonstrate our love and care
- Reinforce standards

### 2.8.2 **Standards**

- **Safety:** A physically, emotionally and spiritually safe environment must be provided. This means that as well our involvement in providing a safe environment, we need to ensure that the children do not jeopardise the safety of other children. We need to continually seek to minimise the likelihood of harm occurring to children under our care.
- **Respect:** For each child, we need to emphasise and develop respect
  - For self
  - For each other
  - Leaders
  - God

Behaviour Management issues may lead to '**Incidents**'. Please refer to the Policies section of this document (Section 3.6) for the Policies and Procedures for dealing with Behaviour Management and particularly, 'Incidents'.

### 3 CHILD PROTECTION POLICY FOR EASTGATE BIBLE CHURCH

#### 3.1 General Policy

It is the policy of the Eastgate Bible Church to:

- A. Ensure that the leaders and adult assistants of all programs and activities involving children:
  - a. have Blue Cards or be 'Exempt' or hold the equivalent of a Blue Card, and
  - b. have read and signed the Code of Conduct document.
- B. Establish an interview and selection process for volunteers and leaders of programs and activities that involve children.
- C. Ensure that children are never left unsupervised when left in our care. If only one regular Sunrise Kids/ Creche leader remains with each group of children then both the children and the leader must be visible to others and the 'others' made aware of the 'one only leader situation'.
- D. Support appropriate and respectful interactions between children
- E. Not support bullying or harassment by anyone to anyone, including among children
- F. Encourage parents to be responsible for the discipline of their children
- G. Notify the child's parent or guardian if the child has been subject to harm
- H. Notify the child's parent or guardian if the child's behaviour is negative to the extent that they are disrupting the class or putting other children at risk.
- I. Report incidences and disclosures of harm to the Queensland Police Service and/or Department of Child Safety. The procedures to be followed are detailed in Section 3.3 and 3.5.
- J. Ensure that children:
  - a. Feel safe
  - b. Are listened to
  - c. Have their best interests considered
  - d. Are respected
  - e. Are understood
  - f. Are free from harassment, bullying or abuse of any kind, and
  - g. Are encouraged to ask if they don't understand something.

#### 3.2 Policy & Procedures for Managing Breaches to the Strategy

Breaches to the Strategy fall into three broad areas.

	<b>Breach</b>	<b>Treatment</b>
a.	Breaches to the Policies.	Covered by Section 3.3. These breaches will vary in severity from minor to criminal offences.
b.	Breaches to the Code of Conduct.	Covered by Section 3.3. These breaches will vary in severity from minor to criminal offences.
c.	Other breaches to the Strategy	These breaches will be generally of a less severe nature than the above breaches, but may reflect the possibility of a need to review the Strategy as a whole. The proposed treatment for managing these breaches is listed in the remainder of this sub-section.

For 'Other breaches to the Strategy', the leadership will:

- Examine the incident and identify why and how the breach occurred and if changes are required to the overall Strategy.
- Discuss the breach with the 'offender' and '**counsel**' them with regard to future actions.

### **3.3 Policy for managing breaches to Code of Conduct and or Policy**

Code of Conduct and or Policy breaches will be dealt with in the following manner:

- Minor breaches will be actioned by the next (higher) level of leadership (e.g. Children's Ministry Co-ordinator) where appropriate to the severity and context of the incident. If the leader actioning the breach feels that a level of 'discipline' is required (for example if the minor breach was due to wilful misconduct) then the incident should not be considered a minor breach and should be escalated to the Elders (Pastors) or delegated person.
- Major breaches as well as any allegation of 'Harm' will be escalated to the Elders (Pastors) or delegated person.

Actions in the event of a leader or person attending church breaching the code of conduct include the following (depending on the severity and context of the incident):

- Discussion of the incident, including measures to ensure the incident is not repeated.
- For a leader/assistant, participation in Church activities may be restricted or cancelled.
- For instances of harm against a child, the Sonrise Kids / Creche volunteer or church member's actions are reported to the Queensland Police Service/ Department of Child Safety.

The Eldership team will be responsible for ensuring appropriate action is taken.

### **3.4 What Constitutes abuse and Harm**

Categories of harm include:

- **Physical harm** This may include hitting, shaking, burning, biting, throwing a child, to the extent that there is physical evidence.
- **Emotional harm.** This includes belittling, teasing, or constant yelling. It may also include negative comments about their physical attributes or abilities.
- **Sexual harm.** This includes sexual jokes, innuendo in conversation, showing pornographic images, sexual touching or invasive acts.
- **Neglect.** Neglect includes failure to provide a child with the basic necessities of life or adequate supervision.

### **3.5 Policy and Procedures for Handling Disclosure OR Suspicions of harm.**

The way a leader responds to a child making an allegation is important. As adults we have two choices. We can either use the disclosure as an opportunity to reassure the child that they are valued and that harm is wrong. Or, we can minimise and dismiss the allegations, therefore reinforcing the child's perception that adults cannot be trusted and do not care for children.

*When you suspect (or have someone allege) that harm has occurred it is important to know what are your responsibilities.*

- a. **Your role is to care for the person involved, not investigate if harm has actually occurred.** You should be aware that any attempt to 'verify' the allegation, has the potential to 'taint' the evidence and thus should be avoided.
- b. When harm is suspected or reported it **must be treated seriously as an allegation or suspicion.** While a child *may* fantasise or lie about the occurrence of harm, it is not often the case.
- c. If you, as a leader, are faced with the conflict of Confidentiality vs Duty of Care towards a child, Duty of Care **always** takes priority. You cannot promise not to tell anyone when there is an allegation of harm. Instead, explain to the person that because you care for them you need to discuss this with someone who can help. Remember that a child may have been told that something bad would happen if they told anyone.
- d. If a child makes an allegation to you, you are to report it as soon as is practicable/immediately to an Elder (Pastor) or to another designated person(s) as advised from time to time. You are then to encourage the child to make a formal allegation to one of those people.
- e. If a child makes an allegation to you, or you has a suspicion of harm occurring to a child then apart from your reporting the incident, you should maintain confidentiality of the incident. Neither the child's name nor details of the incident nor details of persons involved should be mentioned outside of the reporting procedures.
- f. Within 24 hours of disclosure, the designated person shall complete a Harm Report Form for future reference (see 8.3). If another person has been involved in the initial assessment then they should be included in the report details and sign the form. The Elders (Pastors) or other designated person will need to be notified of the allegation as soon as is practicable/immediately.
- g. The Queensland Police Service or the Department of Child Safety will be notified if there is suspicion or disclosure that the child is being harmed at the home.
- h. The Queensland Police Service will be notified if there is suspicion or a disclosure that the child is harmed outside of the home.
- i. Where you believe the child may have been a victim of a crime then the Designated Person **must** contact the police.
- j. Any allegations of harm (or suspicions of harm) should be brought before the Elders (Pastors) or the other Designated Person(s).
- k. After any report of harm, the Elders (Pastors) will have a follow up meeting with those people involved in the reporting process so as to provide support and if necessary, advice or counselling or provide access to counselling.

### **3.6 Policy and Procedures for Handling Incidents**

Incidents are NOT 'Harm' or 'Accidents'. They are usually associated with 'behaviour management' events. Where the situation is of such significance that one needs to apply 'consequences' (See 'Behaviour Management – Section 2.8).

Eastgate's Policy for Behaviour Management is to expect and encourage 'First Time Obedience'.

### 3.6.1 Procedures

We expect leaders will be obeyed by children. We expect “first time obedience”. That is, when a child is asked to do or not do something (Direction), that they will obey immediately.

Our expectations are not always met and children may not obey every time. To this end, our policy is to provide a warning, making certain that the child understands the ‘Direction’ given to them and that they understand the ‘Consequences’ of failure to obey.

We then ensure that the child receives the consequence that the child chose to receive. This is the ‘final action’ with respect the incident, although there may be a need to report the incident.

The process is then:

#### A. Direction

1. Make clear what is expected. Expect obedience.

#### B. First Warning

1. Explain ‘Warning Procedure’. (‘What is expected’ - Warning – Consequence)
2. Reinforce “what is expected”.
3. Identify consequences.
4. Make a note of the warning. Making a note is optional and depends on the seriousness of the incident. The more serious the incident, the closer to mandatory making a note becomes. If a note is taken of an incident then the child should be advised that a note was taken and the consequences explained.

**Note 1:** DO NOT LIE to Children. If you say you will do something if an undesired action occurs, then DO IT.

Therefore choose ‘consequences’ wisely. Try to ensure that your ‘consequence’ is:

- a. Something that you can carry out, regardless of the child’s cooperation. And,
- b. Something that has ‘Currency’ with the child. That is, that the child will immediately see the consequence as undesirable.

**Note 2:** When choosing consequences, differentiate between ‘disobedience’ and ‘childish behaviour’.

Disobedience is a ‘major’ issue, ‘childish behaviour’, whilst still needing change, is a totally different level of issue even if serious damage occurs. Childish behaviour may become disobedience if the behaviour doesn’t change.

**Note 3:** So far as is possible, all behaviour management incidents should be carried out in such a way as to engender mutual respect

#### C. Final Action

The final action will be largely based upon the ‘consequences’ identified and told to the child. Final actions for serious ‘Incidents’ may include:

- a. Parents called to take the child home.
- b. Child taken home.
- c. Discussion of the Incident with parents.

## **Report**

All potentially serious 'behaviour management' warnings must be noted on an 'Incident Report' (See Section 8.1). When you write your note of an incident, assume that the notes will be read by the Church Leadership, the parents and a civil or criminal Court. Therefore ensure that what may be read, is what you intend to be understood by the readers of your notes.

All potentially serious 'behaviour management' incidents that result in consequences being applied, must be reported to the Elders (Pastors) as soon as practical and no later than 24 hours from the incident. Remember that a Pastor may shortly be answering a call from a 'concerned' parent, so time is of the essence. A copy of all documented Incidents will be kept in the secure filing cabinet in the 'Office'.

### **3.7 Policy for Special Events**

Where a special event/activity takes place, leaders will document the details of the event. This will include:

- A. The purpose of the event and its intended outcome for children
- B. The venue, including location, bathroom locations and other relevant information
- C. Estimated attendance numbers
- D. Supervision arrangements
- E. Transport arrangements
- F. Any potential risks unique to the special event and how they will be prevented
- G. Information sheet for parents/ guardians to provide them with the relevant information regarding the event.



### **3.8 Policy for the Implementing and Review of this Strategy**

This strategy, including the policies and 'Code of Conduct' and 'Risk Analysis' will be implemented in the following manner.

- A. The Strategy, Policies and 'Code of Conduct' will be considered and agreed to by the leadership of Eastgate Bible Church.
- B. Training will be provided to all leaders and interested potential leaders of activities involving children. This training will cover the Church's Risk Management Strategy and will include:
- C. Our biblical and philosophical basis for care.
- D. Guidelines concerning Children.
- E. Policies and Procedures. Special emphasis will be given to procedures for:
  - a. Handling disclosures, suspicions of harm and including reporting guidelines.
  - b. Special events.
  - c. Code of Conduct.
  - d. Breaches to the Code of Conduct.
  - e. Procedures for the review of the Strategy, Code of Conduct, Procedures and Risk Management plans.
- F. Risk Management Analysis
- G. Establish a Blue Card review and updating 'system'.
  - a. Establish an annual review of the Strategy, Code of Conduct, Procedures and Risk Management Plans. This will heavily influenced by any Accident, Incident or Harm reports raised during the proceeding twelve months.
  - b. The Risk Management Plans for activities will be reviewed if changes occur in the activity that are sufficiently to warrant a review.
  - c. The annual review will check and ensure that the strategy conforms to current legislation.
- H. Following actioning of a disclosure or suspicion of harm, conduct a review of the strategy, training and processes to see if any changes to strategy, training and processes would better treat the risk.
- I. Establish and on-going training program to repeatable cover the points in the initial training package described in Section 3.8 B above.

### **3.9 Policy for Communications and Support**

It is the policy of the Church to work with parents and guardians with respect to activities in which their children are involved. Apart from the legal requirement to provide detailed information to parents, we desire the parents and guardians to be active with regard to their children's activities, to the extent that their time and the nature of the activity will allow.

To this end, Eastgate Bible Church will provide the following information to both parents (and guardians) and also to the leaders of the activities.

- a. Details of the Risk Management Strategy itself OR directions as to where the Strategy can be accessed. Members of the Church and parents (and guardians) if not members, will be provided with an electronic version of this document on request.
- b. Details of Special Events as outlined in Section 3.6.

In addition, leaders of activities will:

- A. Be provided with training to help identify risks of harm and handle disclosures or suspicions of harm. This will follow the general training identified in the "Policy for Implementation and Review of this Strategy", (**Section 3.8**).
- B. Be provided with an outline of this Strategy as well as a copy of the Code of Conduct and Policies.

### **3.10 Policy and Procedures for Recruiting and Selecting Ministry Leaders**

The following policy and procedures will be used in the Recruiting and Selecting of leaders (and assistants) for work associated with children.

It is the policy of Eastgate Bible Church that:

- A. No person who is not a member of the Eastgate Bible Church will be considered for a leadership role involving ministry to children. (This requirement does not apply in the instance of ‘calling’ a person to a ‘Pastoral’ role. This man will be expected to become a member on taking up that role.)
- B. That prospective leaders and prospective assistants must agree to and abide by this policy document and the ‘Code of Conduct’.

The procedure for recruiting and selecting ministry leaders and assistants are as follows:

1. The major tasks, commitments and obligations of the role will be identified. This is known as the “Job Description”.
2. Where feasible, a specification of the requirements of the person will be identified and will be known as the “Qualifications and Skills Set”. This may be as simple as “All leaders of Girls of Grace must be female”.
3. These details will be communicated to the prospective leaders and/or proposed assistants.
4. Prospective leaders will be evaluated against the Job Description and (where it exists), the Person Specification.
5. Two references or attestations to a person’s character and suitability will be obtained (verbally or in writing). In the case of people whose association with Eastgate is less than twelve months, contact will be made with ‘applicants’ previous church to obtain this information.
6. As soon as feasible, selected leaders and assistants will be provided training as set out in Section 3.8 B.

#### **Questions for Referees**

1. How long have you known this person?
2. Have you personally observed them with children?
3. Would you consider him/her to be suitable/safe to work with children?
4. Have you any other comments?

## **4 CODE OF CONDUCT FOR INTERACTING WITH CHILDREN**

Leaders of the activities involving Children will:

- Apply for a Blue Card and read & sign the Policy & Code of Conduct agreement prior to regularly assisting with activities involving Children.
- Foster mutual respect between teachers and children, regardless of cultural identity or practices
- Use language which is age/stage appropriate, clear and non-sexual.
- Not smack or use physical punishment on a child for any reason
- Not humiliate a child or call them negative, insulting or offensive names
- Willingly listen to a child or young person's concerns/ issues
- Advise the parent if a child's behaviour is disruptive to the group or puts other children at risk
- Be reliable in taking your place in activities on the rostered date, to the best extent possible
- Participate in interview and selection processes as set by the program coordinators/ Elders

## **5 AUTOMATIC ROLE TERMINATION OF OFENDERS**

### **5.1 *Found Guilty of committing sexual abuse.***

If found guilty of committing sexual abuse (either by internal investigation or by a court) an offender's employment or leadership role will be automatically terminated.

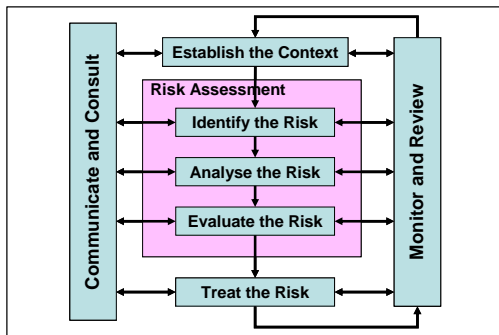
### **5.2 *Blue Card Status Change***

All staff must notify the leadership if a negative change occurs to Blue Card status. That is if they have their Blue Card suspended or cancelled then they are required to advise the leadership and immediately cease their role with children within Eastgate.

On becoming aware that a person has been issued with a negative notice, leadership will ensure that the person involved is no longer permitted to act in any Eastgate role dealing with children.

All staff must notify the leadership if they have had a change in police information. The leadership will ensure that Blue Card Services is advised that a change has occurred.

## 6 RISK MANAGEMENT PROCESS



The Australian Standard “**AS/NZS ISO 31000:2009** Risk management - Principles and guidelines”, identifies a risk management process.

The ‘**Context**’ for Eastgate Bible Church has been established in **Section 1**.

The ‘**Communications and Consultation**’ process is discussed in **Section 3** as is the ‘**Monitoring and Review**’ process.

This section identifies and defines the meaning that Eastgate Bible Church assigns to ‘Risk Matrix’ used for Risk Assessment as well as the ‘Risk Assessment’ process.

### 6.1 Identify the Risk

**Brainstorm:** What can happen? How can it happen?

### 6.2 Analyse the Risk

For risks identified, **assess the level of risk** based on the likelihood they will occur and consequences for the **children, the leaders** and for **Eastgate Bible Church**.

**LIKELIHOOD:** *How likely is it to happen?*

<b>Almost Certain</b>	expected to occur in most circumstances within weeks or months.
<b>Likely</b>	will probably occur in most circumstances within months or years.
<b>Reasonable Possible</b>	might possibly occur at some time and is more ‘Likely’ than ‘Unlikely’.
<b>Unlikely</b>	could occur at some time, but not likely.
<b>Rare</b>	may occur only in exceptional circumstances once in a hundred years or less.

**CONSEQUENCES:** *How severely could it hurt someone/cause damage/impact reputation?*

<b>Catastrophic</b>	<ul style="list-style-type: none"> <li>• Death or large number of serious injuries,</li> <li>• Severe psychological damage requiring intutional care,</li> <li>• Environmental disaster,</li> <li>• Huge cost</li> <li>• Destroyed reputation of Eastgate.</li> </ul>
<b>Major</b>	<ul style="list-style-type: none"> <li>• Serious injury or extensive injuries,</li> <li>• Severe psychological damage not requiring intutional care,</li> <li>• Severe environmental damage,</li> <li>• Major cost</li> <li>• Severely damaged reputation.</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>• Medical and/or psychological treatment required,</li> <li>• Contained environmental impact,</li> <li>• Significant cost or</li> <li>• Significant damage to reputation.</li> </ul>
<b>Minor</b>	<ul style="list-style-type: none"> <li>• First aid treatment (only) required</li> <li>• Some minor environmental and/or financial impact</li> <li>• No significant damage to Eastgate reputation.</li> </ul>
<b>Insignificant</b>	<ul style="list-style-type: none"> <li>• No injuries.</li> <li>• Very low or no financial/environmental impact.</li> <li>• No damage to Eastgate reputation.</li> </ul>

### 6.3 Evaluate the Risk

Use the Risk Matrix ('Likelihood of risk occurring' vs 'Consequences') to arrive at a value for 'Level of Risk'. Prioritise risks to minimise impact, to focus efforts in treating identified risks and to guide action planning and allocation of resources.

Risk Matrix					
Consequences \ Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Low	Moderate	High	Extreme	Extreme
Likely	Low	Moderate	High	High	Extreme
Possible	Low	Low	Moderate	High	High
Unlikely	Low	Low	Low	Moderate	Moderate
Rare	Low	Low	Low	Low	Moderate

'Likelihood of risk occurring' vs 'Consequences'

### 6.4 Treat the Risk

For any "Extreme" or "High" 'Level of Risk' then you **MUST**

- reduce the "Likelihood of Occurring" AND/OR
- reduce the "Consequences"

so that the 'Level of Risk' decreases to 'Moderate' or 'Low'.

If the risk cannot be reduced to 'Moderate' or 'Low' **then the activity should be avoided** (by discontinuing the specific activity),

In the case of Moderate risk activities, we should consider:

- ways to reduce "Likelihood of Occurring" AND/OR "Consequences"
- sharing or transferring the risk (either partly or fully outsourcing the activity), or
- retaining the risk by informed decision;

## 7 RISK MANAGEMENT PLANS

The following pages outline the Risk Management analysis and plans associated with particular activities that are considered to be regular activities. Additional Risk Management Plans will be created for 'Special Events'; these are usually one-off-events and are held separately from this document.

## 7.1 Risk Management for Eastgate Bible Church: Sonrise Kids/ Crèche

**Description:** Eastgate Bible Church holds Sunday morning services. During the regular service, children (4-10 years old) will have the opportunity to engage in activities as part of the Sonrise Kids Sonrise Kids / Creche program. There is also a crèche available for preschool aged children. Both children's activities are held on site, and supervised by adult members of the church congregation. In addition to the Sonrise Kids program, children may also be present during church services, and before and after church.

The table below outlines some potential risks to children that may occur at church or during the Sonrise Kids and Crèche program.

### Eastgate Bible Church – Potential Risk Register

Risk Description	Likelihood of risk occurring	Consequences	Level of risk		Procedures to prevent or reduce harm  (i.e. Reduce Likelihood and/or Reduce Consequence)
			Before Mitigation	After Mitigation	
A volunteer or assistant physically or sexually abuses a child	Possible	Catastrophic	High	Moderate/Low	<p>Regular Sonrise Kids / Creche volunteers to have Blue Cards.</p> <p>All regular volunteers to read and sign the Code of Conduct guidelines. Occasional volunteers must remain with the regular volunteer.</p> <p>If children require assistance with toileting, this is to be provided by their parent, or permission given for crèche supervisors to change nappies if necessary.</p> <p>Children participate in activities in a group setting, within view of other adults and children.</p>

<b>Risk Description</b>	<b>Likelihood of risk occurring</b>	<b>Consequences</b>	<b>Level of risk</b> Before Mitigation	<b>Level of risk</b> After Mitigation	<b>Procedures to prevent or reduce harm</b> (i.e. Reduce Likelihood and/or Reduce Consequence)
A volunteer or assistant shouts at or verbally abuses a child	Possible	Moderate	Moderate	Low	<p>All regular volunteers to read and sign the Code of Conduct guidelines. Occasional volunteers must remain with the regular volunteer.</p> <p>If no regular volunteers are available to supervise Sonrise Kids / Creche, the activities are cancelled for that day.</p>
Child is hit, bitten or otherwise injured by another child during Sonrise Kids / Creche	Likely	Moderate	High	Moderate/Low	<p>The regular Sonrise Kids / Creche volunteer is to monitor children at all times.</p> <p>For minor incidents, the Sonrise Kids / Creche supervisor will separate and speak to the children involved, outlining expectations for behaviour.</p> <p>If the behaviour of a child is putting other children at risk, the parents will be requested to remove the child from the Sonrise Kids / Creche.</p>



<b>Risk Description</b>	<b>Likelihood of risk occurring</b>	<b>Consequences</b>	<b>Level of risk</b> Before Mitigation	<b>Level of risk</b> After Mitigation	<b>Procedures to prevent or reduce harm</b> (i.e. Reduce Likelihood and/or Reduce Consequence)
Child leaves the Sonrise Kids / Creche area and gets lost	Unlikely	Major	Moderate	Low	<p>During Sonrise Kids / Creche, the regular volunteer is to monitor children at all time.</p> <p>An attendance roll is to be kept at the beginning of the activities, and noted if the child returns to their parent.</p> <p>Outside of the Sonrise Kids / Creche activities, parents are responsible for monitoring the location of their children.</p> <p>Alongside the above guidelines, any adult seeing a child stray away from the group is to intervene and return the child to their parent.</p>
Child strays onto the road next to the church building	Reasonably Possible	Catastrophic	High	Low	<p>During Sonrise Kids / Creche, the regular volunteer is to monitor children at all time.</p> <p>An attendance roll is to be kept at the beginning of the activities, and noted if the child returns to their parent.</p> <p>Outside of the Sonrise Kids / Creche activities, parents are responsible for monitoring the location of their children.</p> <p>Alongside the above guidelines, any adult seeing a child stray away from the group is to intervene and return the child to their parent.</p> <p>Children are to remain inside the gate boundaries except for supervised activities. All adults are able to remind children of this rule.</p>

<b>Risk Description</b>	<b>Likelihood of risk occurring</b>	<b>Consequences</b>	<b>Level of risk</b> Before Mitigation	<b>Level of risk</b> After Mitigation	<b>Procedures to prevent or reduce harm</b> (i.e. Reduce Likelihood and/or Reduce Consequence)
Medications incorrectly administered	Rare	Catastrophic	Moderate	Low	<p>Parents must administer medication to their children. Supervisors and volunteers are not to administer medications.</p> <p><i>Note: Leaders have a duty of care which requires them to supervise medication and in some emergency situations, administer them. This responsibility cannot be abrogated without the possibility of 'neglect' or 'criminal negligence' being raised. This subject needs to be discussed. Obviously though, the first preference is for the parent to administer, followed by the child.</i></p>
<p>Interference by people external to Eastgate.</p> <p>Less likely for activities wholly within the 'enclosed' area.</p>	<p>Reasonably Possible</p> <p>Unlikely</p>	<p>Catastrophic</p> <p>Catastrophic</p>	<p>High</p> <p>Moderate</p>	<p>Moderate/Low</p>	<p>Ensure that the children are aware of and understand the rules and boundaries.</p> <p>Leaders be especially aware of children near the boundaries.</p> <p>Leaders be especially aware of non-Eastgaters near the boundaries.</p> <p>Where direct access to children exists from the 'outside' of the property (no fence, gate or wall), position a leader or responsible adult in the general area between the children and the point of access.</p>

## 7.2 Risk Management for older Girl's Programs

**Description:** The older girls programme, (previously Girls of Grace) is a group for teenage girls, from grade 8 - 12. The group is led by two youth leaders who arrange activities and outings on a regular basis. The aim is to select activities that are relevant to this age group, and generate discussion of Christian and current issues affecting the girls.

### Risk Management Plan

Risk Description	Likelihood of risk occurring	Consequences	Level of risk Before Mitigation	Level of risk After Mitigation	Procedures to prevent or reduce harm
Inappropriate Relationships Developing with leaders.	Reasonably Possible	Major	High	Moderate	Leaders of <a href="#">girls groups</a> will be female. Leader selection process and training is mandatory.

## **8 REPORTING FORMS**

**The following pages contain copies of the following reporting forms.**

- Incident (**Section 8.1**)
- Accident (**Section 8.2**)
- Harm (**Section 8.3**)

- Eastgate Bible Church

## 8.1 **Incident Report Form**

Incidents are NOT 'Harm' or 'Accidents'. They are usually associated with 'behaviour management' events.

Date of Report: \_\_\_\_\_

Time Report written: \_\_\_\_\_

Name/s of people involved in the incident

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Description of incident:

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Date incident occurred:

---

Time incident occurred:

---

Location where incident occurred:

---

---

Immediate action taken

---

---

---

If no action taken – reason:

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---

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---

Summary of events:

---

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---

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Name of person completing this form:

---

Contact telephone number:

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person report submitted to:

---

## 8.2 Accident Report Form

Program details					
Name of ministry group					
Ministry leader's name				Phone	
Location of Program		<input type="checkbox"/> Church property	<input type="checkbox"/> Camp Site	<input type="checkbox"/> Private Property	
<input type="checkbox"/> Other	If other please advise:				
Address					
Suburb		State		Country	

Accident details					
Location where accident occurred (if different to above)					
Address					
Suburb		State		Country	
Date		Time		AM / PM	

Details of injured Child					
Full Name				Male / Female	
Date of Birth		Address			
Suburb		Post Code		Phone	
Description of Accident					
Did the accident occur travelling to or from an activity?				Yes / No	
Did the accident occur during an authorised activity/normal programme hours?					Yes / No
If yes, was the activity supervised?		Yes / No	Supervisor's name		
If yes, <i>what</i> activity was in progress at the time of the accident?					

Please write a description of how the accident happened (to the best of your knowledge) including relevant information such as warning instruction prior to the activity, weather conditions, and safety equipment being used.

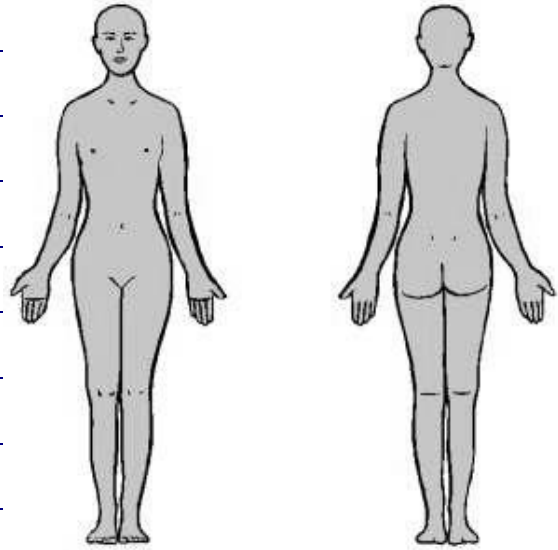
Were there witnesses to the accident?	Yes / No	If yes, then please obtain the following:
---------------------------------------	----------	---

Witness' details			
Name			
Address			
Suburb		Postcode	
Phone	BH		AH
Mobile		Email	

Please ask the witnesses to write down what they saw and attach it to this report.



Nature of injury	
<input checked="" type="checkbox"/> Abrasion	<input checked="" type="checkbox"/> Amputation
<input checked="" type="checkbox"/> Bite	<input checked="" type="checkbox"/> Bodily fluid spill
<input checked="" type="checkbox"/> Breathing difficulty	<input checked="" type="checkbox"/> Bruise
<input checked="" type="checkbox"/> Burn	<input checked="" type="checkbox"/> Choking
<input checked="" type="checkbox"/> Concussion	<input checked="" type="checkbox"/> Convulsions
<input checked="" type="checkbox"/> Crush / Impact injury	<input checked="" type="checkbox"/> Cut
<input checked="" type="checkbox"/> Dislocation	<input checked="" type="checkbox"/> Discolouration
<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Fracture
<input checked="" type="checkbox"/> Laceration	<input checked="" type="checkbox"/> Pain
<input checked="" type="checkbox"/> Poisoning	<input checked="" type="checkbox"/> Puncture
<input checked="" type="checkbox"/> Rigidity	<input checked="" type="checkbox"/> Scratch
<input checked="" type="checkbox"/> Shock	<input checked="" type="checkbox"/> Splinter
<input checked="" type="checkbox"/> Sprain	<input checked="" type="checkbox"/> Sting
<input checked="" type="checkbox"/> Strain	<input checked="" type="checkbox"/> Swelling
<input checked="" type="checkbox"/> Tenderness	<input checked="" type="checkbox"/> Other



Place X on injury area(s)

If other please describe:				Location of injury	
				<input checked="" type="checkbox"/> Nose	<input checked="" type="checkbox"/> Mouth
				<input checked="" type="checkbox"/> Teeth	<input checked="" type="checkbox"/> Neck
				<input checked="" type="checkbox"/> Shoulder	<input checked="" type="checkbox"/> Chest
<b>Observations</b>				<input checked="" type="checkbox"/> Upper Back	<input checked="" type="checkbox"/> Lower Back
<b>Time</b>				<input type="checkbox"/> Arm	<input checked="" type="checkbox"/> Elbow
<b>Consciousness</b>				<input checked="" type="checkbox"/> Forearm	<input checked="" type="checkbox"/> Wrist
<b>Fully</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Hand	<input checked="" type="checkbox"/> Finger
<b>Drowsy</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Abdomen	<input checked="" type="checkbox"/> Pelvis
<b>Unconscious</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Groin	<input checked="" type="checkbox"/> Thigh

<b>Breathing</b>				<input checked="" type="checkbox"/> Knee	<input checked="" type="checkbox"/> Leg
<b>Normal</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Ankle	<input checked="" type="checkbox"/> Foot
<b>Rapid</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Toe	<input checked="" type="checkbox"/> Other
<b>Erratic</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>First aid action taken</b>					
<input checked="" type="checkbox"/> First Aid administered, Continued attendance					
<input checked="" type="checkbox"/> First Aid administered & went home				Collected / Taken by	
<input checked="" type="checkbox"/> Ambulance	<input checked="" type="checkbox"/> Hospital by	Ambulance / Car			
Contacted					
<input checked="" type="checkbox"/> Parents / Guardian	By		When		
<input checked="" type="checkbox"/> Ambulance	By		When		
<input checked="" type="checkbox"/> Police / Emergency services	By		When		
<input checked="" type="checkbox"/> Church leadership	By		When		

### 8.3 Harm Report Form

The Harm Report Form is comprised of two sections.

Section A is to be completed by the person/persons who suspect harm has occurred or who receive an allegation of harm.

Section B is to be completed by the Elder (Pastor) or another Designated Person who reports the alleged harm to the relevant authorities.

<b>Section A</b>			
Name:	Team Leader	Complainant?	Yes / No
Address:			
Phone:		Mobile	
Relationship to the Child:			
Details of additional person reporting			
Name:		Complainant?	Yes / No
Address:			
Phone:		Mobile	
Relationship to the Child:			
Details of Alleged Victim (photocopy for each alleged victim)		Complainant?	Yes / No
Child's name:		Age:	Male / Female
Address:			
Phone:		Mobile	
Details of Accused (if known)		Complainant?	Yes / No
Name:		Male / Female	
Address:			
Phone:		Mobile	
Relationship to the Child:			

Details of Complainant (if different from above)			
Name:		Male / Female	
Address:			
Phone:			
Relationship to the Child:			
Record what suspicions or allegations have been raised: (include times/dates and complainant's own wording)			
Person / Group Notified	Contact Person	Contact Time	Contact Date
Church Leader:		AM / PM	
Instructions received:			
<u>Section A</u> completed by:	Signature	Date	
And:	Signature	Date	

**Section B**

Church:			
Name:		Position:	
Address:			
Phone:		Mobile:	
Relationship to the Child			
Relationship to the Accused			
Record what suspicions or allegations have been raised: (include times/dates and complainant's own wording)			
Person / Groups Notified	Contact Person	Contact Time	Contact Date
Complete as required then refer to Response Team Leader			
Police (Local)		AM / PM	
		AM / PM	
Instructions received:			
Police (Special Unit)		AM / PM	
		AM / PM	
Instructions received:			

Department of Families		AM / PM	
		AM / PM	
Instructions received:			
Crisis Care Unit		AM / PM	
		AM / PM	
Instructions received:			
Queensland Baptist Services Group		AM / PM	
		AM / PM	
Instructions received:			
Response Team			
Response Team Leader:		Contacted	
Section B completed by:	Signature	Date	
And:	Signature	Date	