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Out-of-Home Care Therapeutic Support Practitioner
Movement Therapeutic Support Services

MOVEMENT
THERAPEUTIC SUPPORT SERVICES

Child Safety Risk Management Strategy

Movement Therapeutic Support Services
Non-Clinical Therapeutic Support for children living in Out-of-Home Care, Queensland

Document Information	
Policy Title	Child Safety Risk Management Strategy
Organisation	Movement Therapeutic Support Services (sole trader)
Version	1.0
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Next Review Date	03 September 2027
Policy Owner	Principal Practitioner / Sole Trader
Approved By	Principal Practitioner
Applicable Legislation	Child Safe Organisations Act 2024 (Qld); Child Protection Act 1999 (Qld); Working with Children Check Act 2000 (Qld)

This Strategy should be read together with the Risk Assessment Policy & Procedure, Code of Conduct, Child-Focused Complaints & Reporting Procedure, and Privacy Policy. To avoid duplication, matters already addressed in detail in those documents (including the risk matrix and risk register, the step-by-step mandatory reporting procedure, incident management, and clinical supervision arrangements) are cross-referenced rather than repeated here.

1. Legislated References

- Child Protection Act 1999 (Qld)
- Child Safe Organisations Act 2024 (Qld)
- Working with Children Check Act 2000 (Qld)
- Commission's Guidelines for implementing the Universal Principle and Child Safe Standards in Queensland

2. Statement of Commitment

Movement Therapeutic Support Services is committed to implementing and maintaining practices consistent with Queensland's Child Safe Standards, the Universal Principle for Aboriginal and Torres Strait Islander cultural safety, and any applicable obligations under the Reportable Conduct Scheme established under the Child Safe Organisations Act 2024 (Qld). Compliance with these requirements is reviewed annually, and at such time as legislative change occurs (see Appendix A).

NB: Staff and personnel who believe a child is at immediate risk of abuse must phone 000.

3. Code of Conduct

Our Code of Conduct provides guidance on expected behaviour, covering professional boundaries, physical contact, communication and social media, photography and recording, one on one contact and transport, gifts and money, confidentiality, and cultural safety.

4. Recruitment, Selection, Training & Management

Movement Therapeutic Support Services is operated by a single Principal Practitioner. Where any subcontractor, locum, or student is engaged to deliver services, they must meet the same screening and training requirements as the Principal Practitioner, as set out in the Code of Conduct (clause 4.1) and any applicable Service Agreement (clause 5), including a current Blue Card, National Police Check, and relevant qualifications.

5. Handling Disclosures or Suspicions of Harm, Including Reporting Guidelines

Detailed procedural steps for making a mandatory report are set out in the Risk Assessment Policy & Procedure (Section 8). This section provides guidance on recognising and responding to harm that complements, rather than repeats, that procedure.

5.1 Identifying Harm

Type	Examples of actions/behaviour	Possible signs in a child
Physical abuse	Hitting, shaking, burning, biting, excessive discipline, giving alcohol/drugs, exposure to domestic and family violence.	Unexplained bruising, fractures or burns; wariness of adults; being accident-prone.
Psychological / emotional abuse	Scapegoating, persistent rejection or hostility, constant criticism, cultural affronts, bullying, exposure to domestic and family violence.	Low self-esteem, developmental delay, difficulty relating to others, self-harm.
Neglect	Not providing sufficient food, housing, clothing, sleep, hygiene, health care or supervision; leaving a child unattended; missed school.	Malnutrition, poor hygiene, being constantly tired, frequent lateness/absence, inadequate clothing.
Sexual abuse or exploitation	Sexual touching, exposing a child to sexual acts or pornography, obscene remarks, sexual relations with a child or young person under 16.	Age-inappropriate sexual knowledge or behaviour, withdrawal, fear/anxiety, self-harm.

This is not an exhaustive list. Each child's presentation differs depending on their age, the nature and duration of harm, their relationship to the person responsible, and their support networks.

5.2 What Is a Disclosure or Suspicion of Harm?

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures often start tentatively — for example, "I think I saw..." or "I'm not sure what I want you to do, but...". It is important to act quickly and in the child's best interests regardless of how the disclosure begins.

A suspicion of harm arises when you reasonably suspect that a child has suffered, is suffering, or is at unacceptable risk of suffering significant harm. This may include situations where a child shows behavioural, emotional, or physical signs of stress or abuse, even without making a direct disclosure.

5.3 Guidance on Managing a Disclosure

Remain calm and listen attentively, actively, and without judgment. Move to a private space to talk, where it is safe and appropriate to do so. Use open ended, non leading questions only when necessary to respond protectively, for example "Can you tell me what happened?". Do not promise confidentiality. Explain gently that you will need to share the information with someone who can help. Reassure the child that they have done the right thing by speaking up. Record the disclosure as soon as possible, noting the date, time, location, who was present, what was said (using the child's own words), any questions you asked, and the actions you took afterwards. Do not attempt to investigate or resolve the matter yourself. Follow the reporting pathway outlined in Section 5.5 below.

5.4 Guidance on Managing a Suspicion

- Remain alert to warning signs and indicators (see Section 5.1).
- Pay close attention to changes in the child's behaviour, ideas, feelings, or language.
- Make written, non-judgemental and accurate notes of your observations.
- Reassure the child they can talk to you when they need to, and listen to and believe them.
- Consider whether the concern meets the threshold for a report (Section 5.5) or whether a referral to family support services is more appropriate.

5.5 Contact Officer

Heather Russell, Principal Practitioner, is the Contact Officer for all child safety matters arising from this Strategy. The Contact Officer is responsible for reviewing this Strategy, providing information to any engaged personnel about reporting pathways and key contacts, and organising external support following a disclosure or suspicion of harm.

Where a concern relates to the conduct of the Contact Officer herself, it should instead be directed to one of the external contacts listed in the Child-Focused Complaints & Reporting Procedure (Section 10) — including Blue Card Services, Queensland Police Service, Child Safety, or the Queensland Family and Child Commission.

5.6 Deciding Where to Report

Reporting a disclosure or suspicion of harm involves considering, in order:

1. Queensland Police Service — where a child is at imminent risk of harm, or has been the victim of a criminal offence. In an emergency or life-threatening situation, call 000 immediately.
2. Child Safety Services — where there is a reasonable suspicion a child has suffered, is suffering, or is at unacceptable risk of suffering significant harm. The step-by-step mandatory reporting procedure, including required content and contact numbers, is set out in the Risk Assessment Policy & Procedure (Section 8).
3. Referral to family support services (e.g. Family and Child Connect) — where concerns do not meet the threshold for a report, but the family may benefit from additional support.

A person making a report in good faith is protected from civil or criminal liability under section 197A of the Child Protection Act 1999 (Qld) and is not considered to have breached any code of conduct.

5.7 Reviewing Policies After a Disclosure

Following any actioned disclosure or suspicion of harm, this Strategy and related policies will be reviewed to consider whether changes are needed, consistent with the review process in the Risk Assessment Policy & Procedure (Section 12). Legal advice will be sought before any review that may affect an active court process.

5.8 Media Attention

A disclosure or suspicion of harm may attract media interest. No information should be given to the media without careful consideration of privacy and confidentiality obligations. Only Heather Russell, as Principal Practitioner, is authorised to respond to media enquiries about Movement Therapeutic Support Services.

6. Managing Breaches of This Strategy

A breach is any action or inaction by the Principal Practitioner, engaged personnel, or any other person involved with the Practice (including a child, carer, or family member) that fails to comply with this Strategy or its related policies. All breaches are taken seriously and reviewed to reduce the risk of recurrence.

This Strategy must be complied with by the Principal Practitioner and everyone else involved with the Practice, including any engaged personnel, contractors, clients, children, and families.

Breaches should be reported through the channels set out in the Child-Focused Complaints & Reporting Procedure. As a sole trader without an internal disciplinary structure, the Practice does not investigate breaches involving the Principal Practitioner herself — these are instead referred to the relevant external body, and possible outcomes (including notification to Blue Card Services, the QFCC, or Queensland Police Service, and suspension or termination of services) are set out in the Code of Conduct (Section 6).

7. Risk Management Plans for High-Risk Activities & Special Events

Movement Therapeutic Support Services considers the following to be high-risk activities requiring additional planning beyond standard session delivery:

- Community-based mentoring outings (e.g. attending a community venue, public transport, or an unfamiliar location with a young person).
- Group Skill-Building Programs involving multiple children or young people together.
- Transporting a child or young person in a vehicle.
- First visits to a new home, residential care facility, or other unfamiliar service location.
- Placement Stabilisation or crisis response engagements, given their intensive and time-limited nature.

A risk management plan for any of the above must be developed using the intake and session-planning steps set out in the Risk Assessment Policy & Procedure (Steps 1 and 2), including an environmental risk assessment, confirmation of the lone worker check-in protocol, and (for transport) compliance with the Code of Conduct (clause 4.6).

8. Compliance with the Blue Card System

The Principal Practitioner holds and maintains a current Blue Card (Working with Children Check) at all times, as recorded in the Blue Card Register and reflected in the regulatory risk register in the Risk Assessment Policy & Procedure (Section 6.4). Any subcontractor or other personnel engaged by the Practice must hold and provide evidence of a current Blue Card before commencing any work involving children, consistent with the Code of Conduct (clause 4.1).

9. Strategies for Communication & Support

9.1 Communication

- Providing referring agencies and carers with a copy of, or link to, this Strategy and related policies as part of onboarding a new referral.
- Explaining relevant parts of this Strategy to children and young people in age-appropriate language, including through the plain-language guide in the Child-Focused Complaints & Reporting Procedure (Appendix A).
- Making this Strategy available on request to carers, case managers, and schools involved in a child's care.
- Reviewing this Strategy annually and after any significant incident, and notifying stakeholders of material changes.

9.2 Support

As a sole trader, the Principal Practitioner relies on external supervision and peer networks rather than an internal support structure. Arrangements for clinical supervision, reflective practice, and peer consultation are set out in the Risk Assessment Policy & Procedure (Section 11). Children, carers, and families can access support and raise concerns through the channels set out in the Child-Focused Complaints & Reporting Procedure.

10. Related Policies & Procedures

- Risk Assessment Policy & Procedure
- Code of Conduct
- Child-Focused Complaints & Reporting Procedure
- Privacy Policy
- Record Management & Retention Policy

11. Supporting Documents

- Incident / Safeguarding Register
- Blue Card Register
- Clinical Supervision Log
- Referral Form

12. Review

This Strategy is reviewed at least annually, and following any significant incident, near miss, or mandatory report, consistent with the review cycle set out in the Risk Assessment Policy & Procedure (Section 12). This document (version 1.1) was last reviewed on 03/09/2026. The next review is due 03/09/2027.

Practitioner Signature

Heather Russell | Out-of-Home Care Therapeutic Support Practitioner | Movement Therapeutic Support Services

Signature: HMRussell Date: 03/09/2026

13. Appendix A – Queensland Child Safe Standards Mapping

Section 9 of the Child Safe Organisations Act 2024 (Qld) requires child safe entities to implement the ten Child Safe Standards, and section 11(2) requires implementation of the Universal Principle for Aboriginal and Torres Strait Islander cultural safety. The Child Safe Standards replaced the former child and youth risk management strategy requirement from 1 April 2026.

Child Safe Standard	Evidence within Strategy
1. Child safety and wellbeing are embedded in organisational leadership, governance and culture	Sections 2, 6, 12
2. Children participate in decisions affecting them and are taken seriously	Sections 5.3, 9.1
3. Families and communities are informed and involved	Sections 9.1 and 9.2
4. Equity is upheld and diverse needs respected	Sections 2 and 5
5. People working with children are suitable and supported	Sections 4, 8 and 9.2
6. Processes to respond to complaints and concerns are child-focused	Sections 5 and 6; Child-Focused Complaints & Reporting Procedure
7. Staff and volunteers are equipped with knowledge, skills and awareness	Sections 4, 5 and 9.2
8. Physical and online environments promote safety and wellbeing and minimise the opportunity for harm	Sections 3 and 7
9. Implementation is regularly reviewed and improved	Sections 5.7 and 12
10. Policies and procedures document how the entity is safe for children	Entire Strategy and associated policies

Universal Principle

Queensland legislation requires organisations to provide a culturally safe environment for Aboriginal and Torres Strait Islander children.

Requirement	Evidence
Aboriginal and Torres Strait Islander cultural safety embedded in practice	Section 2 Statement of Commitment
Recognition of cultural identity and connection to community	Code of Conduct; Risk Assessment Policy & Procedure
Consideration of cultural safety during service delivery and risk assessment	Risk Assessment Policy & Procedure; Intake and Session Planning Processes

Reportable Conduct Scheme (RCS)

The Queensland Reportable Conduct Scheme commenced on 1 July 2026 under the Child Safe Organisations Act 2024 (Qld) and applies to reporting entities. The Practice is a reporting entity.

Requirement	Current Evidence
Identification of Contact Officer	Section 5.5
External reporting pathways identified	Sections 5.5 and 5.6
Procedures for allegations involving the Principal Practitioner	Sections 5.5 and 6
QFCC notification obligations under the Reportable Conduct Scheme	Section 5.6 and the Child-Focused Complaints & Reporting Procedure, section 10
Investigation and recordkeeping systems	Child-Focused Complaints & Reporting Procedure, sections 10 and 13

Blue Card Compliance

The Working with Children Check Act 2000 (Qld) requires compliance with the blue card system.

Current Blue Card held by Principal Practitioner	Section 8
Verification of Blue Cards before engagement	Sections 4 and 8
Blue Card Register maintained	Section 11
Contractors and students subject to screening requirements	Section 4

Annual Review Checklist

- Queensland legislation references remain current.
- Child Safe Standards remain embedded in practice.
- Universal Principle requirements remain reflected in service delivery.
- Blue Card information remains accurate and current.
- Reporting procedures remain consistent with Child Safety, Queensland Police, and QFCC requirements.
- Any Reportable Conduct Scheme obligations applicable to the Practice have been met.
- Related policies and procedures remain current and operational.
- Lessons learned from incidents, complaints, disclosures, near misses, and supervision activities have been incorporated.