

## Statutory Declaration

### SUPPLEMENTARY STATEMENT

I, Justine Oxenham, c/o Sparke Helmore Lawyers, level 25, 240 Queen Street, Brisbane in the state of Queensland do solemnly and sincerely declare that there are matters stated in other statements which I consider require further clarification, or comment. This second supplementary statement is to address those matters in connection to the terms of reference of the Commission of Inquiry. I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

#### **In response to Dr Anne Brennan's Supplementary Statement (dated 19 February 2016)**

1. At Paragraph 14 of Dr Brennan's statement she states "*I tried to maintain an open and trusting position with the education staff. However, I felt I had to be less so in learning that Ms Oxenham (and possibly other teachers) was emailing and texting parents putting her interpretation on matters discussed in transition meetings*". The nature of my communication with parents was always in line with achieving the best possible outcome for students' (and their families) involved in the transition process. Dr Brennan seems to acknowledge that consultation with students' families was an integral function of the transition panel, as evidenced by paragraph 40(d) of Anne Brennan's statement dated 23 October 2015 (Document **DAB.001.0001.0011** within Exhibit **EXH.00028**). Dr Brennan reaffirms the need to discuss individual education plans with parents individually in paragraph 56 of her supplementary statement (dated 19 February 2016). I do not deny that it is likely that Dr Brennan found me challenging to work with. I saw it as my role on the panel to advocate for the students educational interests (as evidenced by Annexure **JO-1**), and to provide feedback to the panel on the parent's responses relating to the transition process. I saw the sharing of this information with the

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Solicitor/Justice of the Peace

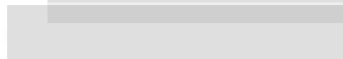
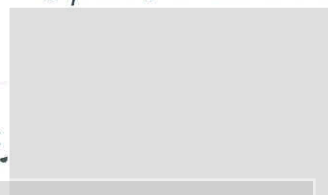
panel as an important part of the process of finding optimal transitional arrangements for the students and their families.

2. It was a routine part of my role as a member of the teaching staff at the Barrett Adolescent Centre (BAC) to be in regular contact with parents regarding their children's education. On these occasions, I found that parents often used these contacts as an opportunity for them to voice their concerns regarding the closure of the centre. When this occurred my practice was simply to listen, with empathy, and to encourage them to make direct contact with their Care Co-ordinator (CC) and/or with Dr Brennan. I also made it my practice to report their concerns and wishes regarding the transition process back to the transition committee. Parents were generally anxious about the process and I encouraged them to be proactive about working with BAC staff in relation to developing a suitable transition plan for their children.
3. Paragraph 15 of Dr Brennan's statement refers to a directive given to remove all photographs displayed on a noticeboard. My memory of this incident is that there was a directive given by an acting Nurses Unit Manager (NUM) to remove the photographs, without any further explanation. The purpose of displaying and using photographs at the BAC had a clear rationale. Firstly, the teaching framework used by Barrett teachers was essentially relationship-based, whereby the use of photographs enabled greater capacity for the students to connect with learning opportunities that were fun and engaging, and then to be able to later reflect on these, in a positive manner that students were also able to share with their service providers, families, and peers. Moreover, photographs were part of the evidence-based auditing process that is integral to modern education. In this instance all photographs on the ward were removed entirely, and not just those depicting staff and patients together. Yet, the photos that were displayed in the school were not taken down until the very latest possible time prior to the final closure of the centre. Due to the lack of explanation given by Dr Brennan, or any

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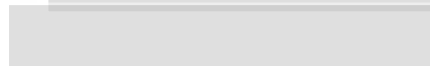
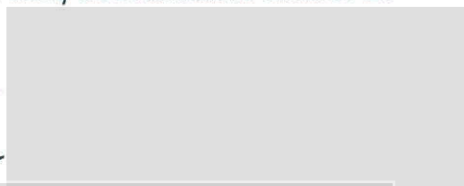
staff for that matter, it is, in my opinion, fair to feel aggrieved by such a directive. Having now seen Dr Brennan's reasoning for the removal of the photographs in her latest statement, I can however now better understand the rationale behind that directive. Nevertheless, I feel it was a decision made by Dr Brennan without sufficient consideration for the potential ramifications and without sufficient consultation with staff, patients and other stakeholders.

4. At all times I attempted to promote a positive relationship between parents and students with the Health Care Team, as a healthy relationship with the Health Care Team was essential to an effective transition process. However, those complaints made by family (see, for example, annexure **J0-2**), students and staff about Dr Brennan and the transition process is indicative that the relationship between the Health Care Team and stakeholders in regards to the transition process, was not as successful as perhaps it could have been.
5. I acknowledge that Dr Brennan was in a difficult position as Acting Clinical Director and that she was forced to deal with many pressing matters in very restrictive time frames. It is within paragraph 16(a) that Dr Brennan says that it was neither possible nor desirable for her to act as the day-to-day liaison between parents and the panel, in her position as Acting Clinical Director. However, in my role as a teacher and as an education representative on the transition panel, there was a requirement to regularly liaise with parents. I feel that my then bringing back to the transition panel some of the insights that I was receiving regarding the wishes and concerns of the families about the transition process was misconstrued by Dr Brennan. Although I had specifically contacted parents to discuss educational aspects of the transition process, oftentimes educational matters were very low on their list of concerns. Instead they wished to voice their concerns regarding other matters relating to the closure of the centre. When this occurred, I would, of course, listen carefully and actively, and try to encourage them to contact either the clinical care coordinators and/or Dr

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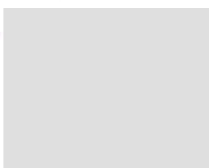


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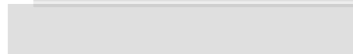
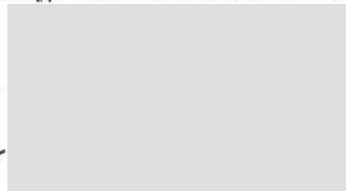
Brennan. I would also report these concerns back to the transition panel, in the manner that I have previously described. I also note that Dr Brennan appeared to develop a greater appreciation of student and parental concerns as time evolved.

6. Paragraph 16 (c) refers to my suspicion that Dr Brennan may have been recording transition meetings without the knowledge and/or consent of all parties involved. Dr Brennan was using exaggerated hand gestures in the use of her mobile phone that gave the impression that she was using the phone as a recording device. I believe that, given the tone of the Transition Panel meetings, even from the outset, and Dr Brennan's referral of complaints against Education Staff to Ipswich West Moreton Health officials (see paragraph 59), that it was reasonable for me to assume that she may have been recording, or intending to appear as if she was recording, aspects of the Transition Panel meetings.
7. I accept that the statement referred to in paragraph 20 was transcribed inaccurately and on closer inspection of my original handwritten notes, my handwriting could be interpreted as a close combination of letters 'c' and 'l', causing them to appear as a 'd'. Despite this, the quote remains the same in substance and helps demonstrate the difficulties Dr Brennan encountered in accommodating the interests of all parties involved in the transition process due to the difficulties caused by limited resources and time constraints.
8. It should be noted that the stressful and traumatic nature of the closure and transition process of students from the BAC, in combination with the tragic death of 3 students, has, I feel, degraded my memory regarding the chronology of certain events. Since reviewing Dr Brennan's supplementary statement (such as, for example, paragraph 22), and re-reading some of my evidence tendered to the Inquiry, these deficiencies in my recollection of events has come to my attention. The point which I was trying to make in **JOX.001.0070** was that since the time

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when I was made aware of the potential closure of the BAC (8 November 2012), I observed the nature of staffing at the BAC changed fairly quickly. This was not to attribute blame to Dr Brennan, rather I was emphasising that the level of care that had been routine previously at BAC was compromised after 8 November 2012. In particular, long term staff members with a deep understanding of the complex issues and cases at the centre started to leave, and were replaced by new staff who did not have the same level of understanding of the casework at the centre.

9. I agree that Transition options were severely limited for [REDACTED] however, the relevant factor is that students ([REDACTED]) should not be transferred to care arrangements that are unsuitable or present as high risk. Despite clear concern regarding [REDACTED] options, [REDACTED]

[REDACTED] This highlights the dysfunctional nature of the transition process where inadequate resources coupled with unrealistic deadlines prejudiced the welfare and best outcomes for the students.

10. Dr Brennan concedes in paragraph 31 that a number of parents were 'dissatisfied' with the transition process. Dr Brennan asserts that it was my inaccurate and inflammatory comments which caused this dissatisfaction. I disagree. Whilst I concede that on occasions I communicated with parents whom voiced their concerns, I was merely acting as a conduit for the parents. I consulted with the parents in relation to educational issues. Yet, often these parents wanted to discuss matters of concern regarding their children that were of more pressing concern to them than purely educational matters. These were not situations where I could (or would) simply shut them down, rather, I listened with empathy and then reported those concerns back to the transition committee in order to better inform the membership of the committee regarding the decision making process.

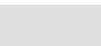
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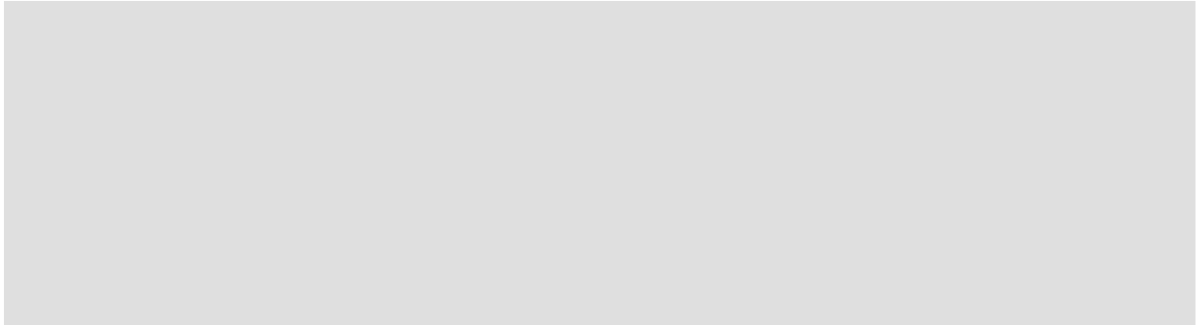
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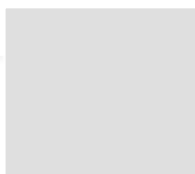
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11. In paragraph 32 Dr Brennan suggests that a letter that I wrote to the then Premier, Campbell Newman (document **JOX900.001.0089**), contains many inaccuracies. In paragraph 32(a) Dr Brennan details one of these perceived inaccuracies 

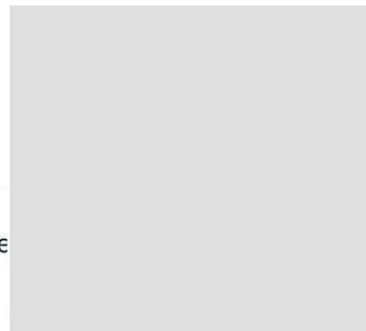


 Paragraph 32 (a) does not depict an inaccuracy distinct from my letter to Campbell Newman. I will concede that Dr Brennan provides more detail over the matter; however the key facts of the incident are consistent to my original recount in the letter.

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Before me



Solicitor/Justice of the Peace

JO-1

FW: clinical care transition panel

**From:** RODGERS Kevin [REDACTED]  
**To:** Darren Bate [REDACTED], Debbie Rankin <[REDACTED]>, [REDACTED]  
 [REDACTED], Jill Medew [REDACTED], Justine Oxenham [REDACTED]  
 Liz Marlay [REDACTED], Margie Nightingale [REDACTED], Megan Vizzard [REDACTED]  
 [REDACTED], RAISIN Elayne [REDACTED], Serena Marriott [REDACTED]  
 [REDACTED], Steve Marriott <[REDACTED]>, Sue Cassidy [REDACTED]  
**Date:** Wed, 09 Oct 2013 08:18:25 +1000

**From:** Anne Brennan [REDACTED]  
**Sent:** Tuesday, 8 October 2013 4:54 PM  
**To:** RODGERS Kevin  
**Cc:** Peter BLATCH  
**Subject:** RE: clinical care transition panel

Kevin

We would be happy to invite the Principal Education Officer Student Services in each educational region to the clinical care transition panels.

I am aware that many current young people at BAC will not be continuing education.

Education representation on those panels will not be necessary.

I am on leave till Monday 14 October.

Anne

>>> RODGERS Kevin [REDACTED] > 10/8/2013 1:12 pm >>>

Anne

I have spoken to education staff about the clinical care transition panel. Our best way forward given the January date of closure is for the class teachers to attend these meetings and take responsibility for providing a Personal Education Plan for their students which will contain recommendations for an educational transition. Of course until we know where the adolescent will be living we cannot plan.

I will also attend these meetings where I can. In my absence in November Debbie Rankin will attend as acting Principal.

There will be HR implications particularly when there are meetings Tuesday Wednesday and Thursdays. We have extra staff coming in Fridays at the moment for care review which no longer will occur so we will need to rejig days staff come in.

I note that the panel is called a clinical care transition panel. Teachers have no clinical qualification and any comments or recommendations will be of an educational nature only.

As you would be aware most of the adolescents have not had any schooling or educational input for up to two years prior to admission. This makes future educational planning for each student somewhat problematic. Particularly that we have given one term to achieve this. For some



adolescents there will be no appropriate educational provision available to them. However it is the responsibility of the Principal Education Officer Student Services in each educational region to recommend the most appropriate placement and we can work through these people to assist in making recommendations.

Kindest regards

Kev Rodgers PSM

Principal

Barrett Adolescent Centre School

**From:** Anne Brennan

**Sent:** Monday, 30 September 2013 5:41 PM

**To:** RODGERS Kevin; Carol Hughes; Megan Hayes; Susan Daniel; Vanessa Clayworth

**Cc:** Elisabeth Hoehn

**Subject:** clinical care transition panel

Dear Colleague,

We are forming a clinical care transition panel for each current patient at BAC to plan and facilitate their care as they transition from BAC. For some this will be to other adolescent services, and for others it will be to adult services.

Their complex needs will require a range of supports and services that may involve education, health, housing, disability services, adult guardian and others. These may be public, private or a combination. We will have high level AO support from Laura Johnson

We will commence weekly meetings on Wednesdays on 16 October.

I would like to invite you to be a member of this panel. I am available to discuss any aspect of this plan with you in person, by phone or email.

Thank you for considering this invitation. I look forward to your reply.

Anne

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JO-2

25 November, 2014

To whom it may concern,

I would like to provide information on my family's experiences since [REDACTED] left the Barrett Adolescent Centre in [REDACTED]. There have been many misleading statements in the media recently that would give the general public the impression that the current state government managed transitions for young people from Barrett into the community with sensitivity and care. This could not be further from the truth. Despite this government taking the position that care for young people with serious and chronic mental health problems should be splintered so that 'care can be provided close to the families', in any other serious health care situation (e.g. coronary care or oncology), health care is provided in a specialized unit or magnet hospital in order to attract dedicated staff and to provide a holistic approach to care. Ask any parent of a seriously ill child, and they will tell you they are willing to travel anywhere and do whatever it takes to access the best level of care for their child, so the argument that services should be endlessly duplicated across the state without consideration of what that care entails is a complete fabrication and fallacy.

At the time of leaving Barrett, [REDACTED] was [REDACTED] years of age and had been battling [REDACTED]

[REDACTED]

for several years. Although Barrett was not perfect, most of the nursing staff were highly motivated to support young people with chronic and serious mental health care needs, and the centre itself was a place of safety and understanding that provided a holistic approach to care including educational opportunities, diversionary therapy and a multidisciplinary model of care.

[REDACTED]

[REDACTED]

As a parent, I find the absolute incompetence involved with transitioning patients from Barrett when there was no similar alternative care option available completely reprehensible. Contrary to recent statements, no former Barrett patient was offered access to the two beds supposedly available at the Mater Children's hospital, and the planned Mater Adolescent and Young Adult Care program will not be available for some time.

[REDACTED] I attempted to raise my concerns with the Queensland Commissioner for Mental Health, only to be dismissed as "You Barrett people...". I truly despair at the growing need for mental health services in this state for those young people with serious or chronic mental illnesses. I can only express my outrage and disgust when I hear about the many frivolous programs financed by this government whilst our young people who are in such desperate need of support are repeatedly ignored and abandoned by the people who have the power to address this crisis. Surely, these young people deserve better treatment than this? They receive less support and care than those in the juvenile justice system, yet their only crime is to have a mental illness. I look forward to hearing the outcome of the Coroner's Court who is investigating these needless deaths, and pray that [REDACTED] does not become another statistic in the meantime.

[REDACTED]





## Policy and Procedure Register

### Department of Education and Training

## Student Protection

### Version Number

7.2

### Implementation Date

23/02/2015

### Scope

All state schools

### Purpose

This procedure outlines the roles and responsibilities of employees and visitors to state schools when dealing with student protection concerns and responding when it is suspected that a student, or an unborn child, has been harmed or is at risk of harm.

The procedure also clarifies responsibilities necessary for compliance with mandatory reporting obligations under the *Education (General Provisions) Act 2006* and *Child Protection Act 1999*.

### Overview

The department is committed to providing safe and supportive learning environments and responding when an employee or visitor of a state school reasonably suspects harm or a risk of harm to students.

The procedure applies to all employees and visitors to state schools who have regular contact with students, including such activities as escorting students on camps, trips within or outside Australia, sporting activities and other extra curricula activities.

This procedure should be read in conjunction with the *Student Protection Guidelines*, *Code of Conduct for the Queensland Public Service* and the department's *Code of Conduct Standard of Practice*. Where an employing agency has a Memorandum of Understanding or contractual arrangement with the department, these documents should also be considered.

Harm, including sexual misconduct, involving employees is managed in accordance with the departmental procedure *Allegations against employees in the area of student protection*.

Every employee, student, parent or member of the public has the right to make a [voluntary report](#) directly to the Department of Communities, Child Safety and Disability Services (Child Safety) or Queensland Police Service (QPS), or to make a report of suspected corrupt conduct directly to the Crime and Corruption Commission.

### Responsibilities

All employees and visitors in a state school have a responsibility to respond when it is suspected that a student, or an unborn child, has been harmed or is at risk of harm. Employees also have a responsibility to comply with mandatory reporting obligations.

Employees are not required to investigate (refer to definition) any aspect of a student

protection concern before making a report. However, employees may seek information from a student to the extent necessary to clarify whether the matter reaches the threshold for a report to Child Safety or Queensland Police Service (QPS) or to determine an appropriate course of action.

### Mandatory reporting

The following are mandatory reporting obligations specified in legislation –

- Under s.365 & s.365A of the *Education (General Provisions) Act 2006* a **school staff member must** immediately make a written report when they become aware or reasonably suspect the sexual abuse or likely sexual abuse of a student under 18 years.
- Under s.13E of the *Child Protection Act 1999* a **teacher or registered nurse must** make a report when they reasonably and honestly suspect a child has suffered, is suffering or is at risk of suffering significant harm caused by physical or sexual abuse and may not have a parent able and willing to protect the child from harm.

### Non-mandatory reporting

Under s.13A of the *Child Protection Act 1999*, **any person may** make a report when they reasonably suspect:

- a child has suffered, is suffering or is at risk of suffering significant harm and may not have a parent able and willing to protect the child from harm, or
- an unborn child may be in need of protection because the child will be at risk of suffering significant harm after birth and may not have a parent able and willing to protect the child from harm.

### Training

- Comply with student protection training requirements as outlined in the [Student Protection Guidelines](#).

## Process

### Responding to suspected child abuse and neglect

#### Principals:

##### Training

- Ensure that all employees and visitors are aware of student protection reporting obligations and processes by making certain the completion of an appropriate level of student protection training (Refer to [Student Protection Guidelines](#)).
- Keep a record of staff completion of student protection training and subsequent training updates.

##### Reporting

- Use one or more of the following when considering whether suspicions of harm reach the threshold for reporting to QPS and/or Child Safety:
  - the online [Child Protection Guide](#)
  - professional judgement
  - confer with relevant colleagues within the school
  - contact with the Child Safety Regional Intake Service (RIS)
  - contact with the Family and Child Connect service.
- Upon receiving any information indicating a reasonable suspicion that:
  - a student has been sexually abused or is likely to be sexually abused, or
  - a student or unborn child may be in need of protection as a result of physical, sexual, emotional abuse or neglect (i.e. has suffered, is suffering or is at unacceptable risk of suffering significant harm, and may not have a parent able and willing to protect),



provide a report via the OneSchool Student Protection Reporting module to QPS and/or Child Safety, as a matter of urgency.

**Note:** Where a principal receives a report submitted by an employee who is fulfilling a mandatory reporting obligation, principals **must** immediately forward the report to QPS and/or Child Safety.

- Do not reveal to any individual the identity of a person who has made a student protection report without that person's consent or unless permitted or required by law (see [Child Protection Act 1999](#) Chapter 6 s. 186).
- Contact the local [SCAN team representative](#) (Senior Guidance Officer) when a student warrants referral to an Information Coordination Meeting (ICM) or SCAN team meeting (See ICM and SCAN Team System Manual).

### Supporting students

- Implement processes to monitor and support any student subjected to or at risk of harm from any source, as appropriate.
- Consider a referral to a Family and Child Connect service, Intensive Family Support Service or other relevant community agency when there are concerns for the wellbeing of a student that do not meet the threshold for a report to QPS or Child Safety and it is believed that the child and family would benefit from supportive services. This may include sharing information in accordance with the procedure [Information Sharing under Child Protection Act 1999](#).
  - **NOTE:** While the law permits sharing of personal information without consent of the persons concerned for the purpose of the referrals mentioned above, it is the Department's view that the above referrals should be pursued only on a consent basis unless there are exceptional circumstances that justify sharing without consent. Staff should be cognisant of the potential negative reactions of the persons concerned of sharing their personal information without consent, even where staff consider the sharing beneficial or protective in nature.

It is also important to note that information about a pregnant woman and her unborn baby can never be shared without the pregnant woman's consent.

- Implement processes to enable collaboration with other agencies where this is in the best interests of the student and in accordance with s.426 of the *Education (General Provisions) Act 2006*. This may include sharing information in accordance with the procedure [Information Sharing under Child Protection Act 1999](#).

### Supporting staff

- Advise employees affected by their involvement in student protection matters that they can access the [Employee Assistance Service](#).

### Managing records

- Store documented suspicions and/or incidents of harm, copies of Student Protection reports, or related information in a secure location or in OneSchool.

### School based employees:

#### Reporting

- Discuss all suspicions of harm or risk of harm to a student, or risk of harm to an unborn child, with the principal. When the suspicions relate to the principal, discuss the concerns with the Regional Director.
- Use one or more of the following when considering whether suspicions of harm reach the threshold for reporting to QPS and/or Child Safety:
  - the online [Child Protection Guide](#)
  - professional judgement



- confer with the principal/deputy principal or relevant staff such as the Guidance Officer or School Based Youth Health Nurse.
- To comply with mandatory reporting obligations, or when requested by the principal, commence a report and provide it to the principal via the OneSchool Student Protection Reporting module, as a matter of urgency.
  - **Note:** Where a mandatory reporting obligation to Child Safety applies under s13E of the *Child Protection Act 1999*, the provision of a report is your personal responsibility. Accordingly, when using the OneSchool module you must ensure that the report you submitted to the principal has been reported to authorities by the principal, as a matter of urgency.
- When the suspicions relate to the principal, refer to the procedure *Allegations Against Employees in the Area of Student Protection* for guidance on processes to report concerns.

### Supporting students

- Monitor and support any student subjected to or at risk of harm from any source, as appropriate.
- Where authorised, collaborate with other agencies where this is in the best interests of the student and in accordance with school processes and s.426 of the *Education (General Provisions) Act 2006*. This may include sharing information in accordance with the procedure [Information Sharing under Child Protection Act 1999](#).

### Managing records

- Document suspicions and/or incidents of harm and provide all records to the principal for storage in a secure location or in OneSchool.

### Employees located in Central and Regional Offices who have regular contact with students:

- Discuss all suspicions of harm or risk of harm to a student, or risk of harm to an unborn child, with the relevant principal. When the suspicions relate to the principal, discuss the concerns with the Regional Director.
- Document suspicions and/or incidents of harm and provide all records to the principal for storage in a secure location or in OneSchool.
- When the suspicions relate to the principal, refer to the procedure *Allegations Against Employees in the Area of Student Protection* for guidance on processes to report concerns.

### Non-departmental employees and visitors:

- Discuss all suspicions of harm or risk of harm to a student, or risk of harm to an unborn child, with the principal. When the suspicions relate to the principal, discuss the concerns with the Regional Director.
- Document suspicions and/or incidents of harm and provide all records to the principal for storage in a secure location or in OneSchool.
- When the suspicions relate to the principal, refer to the procedure *Allegations Against Employees in the Area of Student Protection* for guidance on processes to report concerns.
- Where the employing agency has a Memorandum of Understanding (MOU) or contractual arrangement with the department, report all suspicions of student harm or risk of harm, or an unborn child at risk of harm, in accordance with the MOU, keep appropriate records, and abide by confidentiality requirements.

### Protection from liability

An employee who follows the Student Protection Procedure reporting processes will be entitled to seek the protection from liability in civil, criminal and administrative processes available under s.197A of the *Child Protection Act 1999*. Further, they will be entitled to the confidentiality protections afforded to notifiers under s.186 of the *Child Protection Act 1999*.



An employee who makes a voluntary report to Child Safety or QPS, outside the Student Protection Procedure reporting processes, will also be entitled to seek the protections afforded by ss. 197A and 186 provided they have complied with s.197A of the *Child Protection Act 1999*.

## Other student protection matters

### Unlawful sexual relationships between children under 16 years of age

When a school staff member becomes aware or reasonably suspects sexual conduct involving a student under the age of 16 years (or 18 years for sodomy) they should refer to the [Student Protection Guidelines](#) for guidance on appropriate actions and reporting.

### Harm caused by another student

When it is suspected a student has been harmed or placed at risk of harm through the actions of another student refer to the [Student Protection Guidelines](#) and the school's [Responsible Behaviour Plan](#) for guidance on appropriate actions and reporting.

### Student self-harm

When it is suspected a student has self-harmed or may be at risk of self-harm refer to the [Student Protection Guidelines](#) and consider appropriate responses to support the student including information on student mental health and wellbeing available at <http://education.qld.gov.au/studentservices/protection/mentalhealth/index.html>.

## Online Resources

### Forms

- [Interview by Department of Communities, Child Safety and Disability Services and/or Queensland Police Service on a school site with a student who may be in need of protection](#)

### Supporting documents

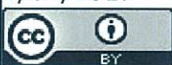
- [Student Protection Guidelines](#)
- [OneSchool Student Protection Concerns Guide](#)
- [Student Protection Fact Sheet](#)

### Online materials

- [Queensland Child Protection Guide](#)
- [Child Safety Resources](#)

## Review Date

1/01/2017



## Definitions

### Child/ren

A person under 18 years of age.

### Child in need of protection

A child in need of protection, as defined in s.10 of the [Child Protection Act 1999](#), is a child who

- has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm and
- may not have a parent able and willing to protect the child from the harm.

**Colleague**

A colleague, as defined in s.13H(2) of the [Child Protection Act 1999](#), is a person working in or for the same entity as the person.

**Corrupt conduct**

Corrupt conduct, as defined in ss. 14-15 of the [Crime and Corruption Act 2001](#), is conduct that

- adversely affects, or could adversely affect, directly or indirectly, the performance of functions or the exercise of powers of a unit of public administration or a person holding an appointment
- results, or could result, directly or indirectly, in the performance of functions or the exercise of powers in a way that is not honest or is not impartial; or involves a breach of the trust placed in a person holding an appointment, either knowingly or recklessly; or involves a misuse of information or material acquired in or in connection with the performance of functions or the exercise of powers of a person holding an appointment
- is engaged in for the purpose of providing a benefit to the person or another person or causing a detriment to another person and
- would, if proved, be a criminal offence; or a disciplinary breach providing reasonable grounds for terminating the person's services, if the person is or was the holder of an appointment.

**Employee**

An employee, as defined in s. 364 of the [Education \(General Provisions\) Act 2006](#), means a person engaged to carry out work at the school for financial reward. This includes:

- school based employees -  
principals; teachers; specialist and support staff; members of the administration team; paid employees of the P&C; Youth Support Coordinators
- employees located in central and regional offices who have regular contact with students in a state school
- non-departmental employees -  
employees of other departments or services and short-term contractors working on the school site that have regular contact with students; Youth Support Coordinators; and Chaplains.

**Harm**

Harm, as defined in s.9 of the [Child Protection Act 1999](#), is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing. It is immaterial how the harm is caused and may include physical, psychological or emotional abuse, neglect and sexual abuse or exploitation. Harm can also be caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances.

**Investigate**

To investigate includes: carrying out a systematic or formal inquiry into a student protection matter, including interviewing relevant persons; examining the facts of a student protection report; or making a determination about whether a child is in need of protection.

**Parent**

Refer to s.10 of the [Education \(General Provisions\) Act 2006](#) for the meaning of parent.

**Parent able and willing to protect the child from harm**

A person may reasonably suspect that a parent is able and willing to protect their child from harm when the person believes the parent has both the ability and the willingness to ensure the safety, wellbeing and best interests of the child. The parent's ability and willingness may be evident in their statements and direct or indirect actions. (Refer to [Student Protection Guideline](#)).

**Principal**



Refers to the principal or officer in charge, from time to time, of a state educational institution.

### **Reasonable suspicion**

A reasonable suspicion is a suspicion formed on grounds that are reasonable in the circumstances. The [Child Protection Act 1999](#) (s.13C), also states that -

- a reasonable suspicion may have been informed by observation of the child, other knowledge of the child or any other relevant knowledge, training or experience the person forming the suspicion may have
- matters that may be considered when forming a reasonable suspicion, include: detrimental effects on the child's body or psychological or emotional state that are evident or likely to become evident in the future; the nature and severity of the detrimental effects and the likelihood they will continue; and the child's age.

### **Relevant information**

Relevant information, as defined in s.159C of the [Child Protection Act 1999](#), includes information about a child, the child's family, someone else, a pregnant woman or an unborn child which is given to -

- the chief executive, Department of Communities, Child Safety and Disability Services or an authorised officer under the *Child Protection Act 1999* or
- a service provider, as defined in s. 159D of the *Child Protection Act 1999*.

### **SCAN (Suspected Child Abuse and Neglect) team system**

The purpose of the SCAN team system is to enable a coordinated, multi-agency response to children where statutory intervention is required to assess and meet their protection needs. This is achieved by:

- timely information sharing between SCAN team core members
- planning and coordination of actions to assess and respond to the protection needs of children and
- holistic and culturally responsive assessment of children's protection needs.

### **School staff member**

A school staff member is an individual who is employed by the department and normally performs their daily duties within a school or schools, whether on a temporary, permanent or contract basis.

### **Self-harm**

Harm that requires immediate medical or psychological intervention. Self-harm includes self-inflicted injuries, OR other self-inflicted physical or psychological damage.

### **Sexual conduct**

Sexual conduct is any behaviour that might reasonably be interpreted as being designed or intended to arouse or gratify sexual desires.

### **State educational institution**

A state educational institution is an institution established under the *Education (General Provisions) Act 2006*.

### **Student**

A student is any person, regardless of age, who attends a state educational institution, established under ss. 13, 14 or 15 of the *Education (General Provisions) Act 2006 (Qld)*.

For the purposes of this procedure only, the definition of 'student' includes a pre-preparatory age child being provided with a pre-preparatory learning program at a prescribed state school (see s 419A of the *Education (General Provisions) Act 2006*) and a child registered in a distance education pre-preparatory learning program provided by a state school (see s. 419F of the *Education (General Provisions) Act 2006*).

**Teacher**

For the purposes of this procedure, a teacher means an approved teacher under the *Education (Queensland College of Teachers) Act 2005* who is employed at a school.

**Visitor**

A visitor is any person who visits the school on a one off or regular basis to provide services to the school. This includes any volunteers assisting in the school tuckshop, classrooms or on school excursions or presenters of one-off programs.

**Authority**

- [Education \(General Provisions\) Act 2006 \(Qld\)](#)  
ss. 364-366 and s. 426
- [Child Protection Act 1999 \(Qld\)](#)  
Chapter 1 Sects 4 - 5E and 8 - 11; Chapter 2 Sects 13A - 13E and 13G - 13I; Chapter 5A Sects 159A - 1159N and 159Q - 159R; Chapter 6 Sects 186 - 188 and 197A; and Schedule 3

**Related Policy Instruments**

- [Allegations Against Employees in the Area of Student Protection](#)
- [Code of Conduct for the Queensland Public Service](#)
- [Code of Conduct Standard of Practice](#)
- [Crime and Corruption Act 2001 \(Qld\)](#) Chapter 2
- [Criminal Code Act 1899](#) Chapters 22, 30, 32
- [Information Sharing under Child Protection Act 1999 \(Qld\)](#)
- [Police and Child Safety Officer Interviews with Students, and Police Searches at State Educational Institutions](#)

**Attachments**

-  [Interview by DoCOPS on a school site with a student who may be in need of protection](#)

**Contact**

For further information, please contact your [closest regional office](#).

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