POLICY

Mandatory Reporting and Duty of Care Policy

The Lifestory Practice

Effective date: 30 August 2026 | **Policy contact:** Carrie Gibbons, Practice Manager

Purpose and scope

This policy explains The Lifestory Practice's duty of care, mandatory reporting and lawful information-sharing responsibilities. It supports transparent limits to confidentiality, timely protective action and compassionate support. It applies to all directors, employees, contractors, students and volunteers across clinic, telehealth, home, community, group and NDIS services.

Principles

- Safety, dignity, choice, cultural safety and the person's voice guide every response.
- Workers act on reasonable concerns promptly and do not wait for certainty or conduct their own investigation.
- Responses are proportionate, least restrictive and based on the best information reasonably available.
- Consent is sought where practicable and safe; only information reasonably necessary for the lawful purpose is shared.
- A report to Carrie Gibbons or another manager never replaces a worker's personal statutory reporting obligation.
- A mandatory report does not necessarily exhaust the worker's continuing duty of care.

Roles and responsibilities

- Directors ensure appropriate systems, resources, governance and review.
- The Practice Manager maintains procedures, contacts, training, incident records and external notification oversight.
- Practitioners assess risk, take protective action, make reports required of them and document their reasoning.
- All workers recognise and escalate concerns, preserve privacy, follow directions and participate in post-incident support and review.

When unsure, a worker promptly seeks supervision or legal, insurer, professional body or regulator advice. Advice must not delay emergency action or a report that is already required.

Immediate danger or urgent risk

If anyone is in immediate danger, needs urgent medical assistance, or a serious criminal offence may be occurring, call 000. Prioritise safety, first aid within competence, a safe environment and access for emergency responders. Do not confront an alleged perpetrator where doing so may increase risk.

For suicide, self-harm or violence concerns, the practitioner assesses the nature, severity, immediacy and likelihood of harm; intent, plans, means and access; protective factors; supports; capacity; substance use and contextual risks. Actions may include collaborative safety planning, involving authorised supports, urgent clinical review, emergency services or transfer to a higher level of care.

Child protection in South Australia

A mandated notifier who forms a reasonable suspicion that a child or young person has been harmed, or is at risk of harm, must notify the Department for Child Protection as soon as reasonably practicable. The obligation applies when the suspicion arises in the course of the person's work or official duties and the statutory requirements are met.

- Emergency: call 000.
- Child Abuse Report Line (CARL): 13 14 78, available 24 hours a day.
- Serious concerns must be reported by telephone. Non-urgent concerns may be submitted through e-CARL where the Department permits.
- The individual mandated notifier makes the report. Telling a supervisor, colleague or Practice Manager is not a substitute.
- Record the basis for the suspicion and the report, but do not interview repeatedly, test the account, alert an alleged perpetrator or attempt to prove what occurred.

When a child discloses harm, listen calmly, use open and non-leading prompts only as needed for immediate safety, acknowledge the disclosure, explain that help may need to be sought and do not promise secrecy. Consider the child's communication needs, culture, disability, family context and risk of retaliation.

Adults who may be vulnerable to abuse

Concerns about abuse of an adult who may be vulnerable are addressed through safety assessment, supported decision-making, consent and the person's wishes wherever possible. Reporting suspected adult abuse to South Australia's Adult Safeguarding Unit is voluntary, unless another law or reporting scheme applies. The Unit can provide confidential advice, safety planning and referrals. Police or 000 are contacted for emergencies or suspected crimes as appropriate.

NDIS, professional, court, guardianship or other obligations may apply separately. Workers do not assume that all adult safeguarding concerns are subject to a universal mandatory-reporting law.

Family and domestic violence

Practitioners respond in a trauma-aware and survivor-centred way, assess immediate danger and risks to children or other people, develop safety options and support referral to specialist services. Information is not shared with a partner, family member or alleged perpetrator without authority. Child-protection, emergency, criminal or other legal duties are followed when triggered.

Mandatory notifications about practitioners

Registered health practitioners, employers and education providers must comply with the Health Practitioner Regulation National Law mandatory-notification requirements. Depending on the notifier and circumstances, concerns may include sexual misconduct, practising while intoxicated, impairment, or a significant departure from accepted professional standards, with the applicable public-risk threshold.

Different thresholds and exemptions can apply, including to treating practitioners. A person who may have an obligation seeks prompt, case-specific advice from Ahpra or their professional body and makes any required notification themselves. Internal escalation does not discharge that duty.

NDIS incidents and reportable incidents

Where the practice is acting as a registered NDIS provider, it manages incidents and notifies the NDIS Quality and Safeguards Commission of reportable incidents connected with supports or services. Reportable incidents include death, serious injury, abuse or neglect, unlawful sexual or physical contact or assault, sexual misconduct including grooming, and unauthorised restrictive practice.

- Most reportable incidents must be notified within 24 hours after the provider becomes aware of them.
- Unauthorised restrictive practice is generally notified within 5 business days, or within 24 hours if it caused harm.
- Required follow-up information is submitted within the applicable timeframe, commonly 5 business days.
- Immediate safety, police or medical action is not delayed while preparing a notification.

The Practice Manager coordinates provider notifications, evidence preservation, participant communication, support, investigation and corrective action. A worker also complies with any separate child-protection, professional or police reporting duty.

Privacy, confidentiality and information sharing

Client information is confidential except where the client consents or use or disclosure is otherwise required or authorised by law. Where consent is unreasonable or impracticable to obtain, information may be used or disclosed if the practice reasonably believes this is necessary to lessen or prevent a serious threat to any person's life, health or safety, or to public health or safety.

- Share only information reasonably necessary for the reporting, safety or legal purpose.
- Verify the recipient and use a secure method where practicable.
- Consider whether telling the client before disclosure could increase danger, compromise an investigation or be otherwise unsafe.
- Record the legal or professional basis, information shared, recipient, time, method and follow-up.

Decision and response procedure

- Make the situation safe and call 000 when required.
- Listen, respond supportively and clarify only what is necessary for immediate safety and reporting.
- Identify which obligations may apply and whether the worker personally holds the duty.
- Consult promptly where uncertainty remains, without delaying a required report.
- Make the external report through the correct channel and within the required timeframe.
- Notify Carrie Gibbons as soon as safe and lawful so the practice can coordinate support and organisational duties.
- Document contemporaneously and preserve relevant records or evidence.
- Continue appropriate support, review risk, communicate next steps and monitor for retaliation or deterioration.

Documentation

Records are factual, objective, contemporaneous and securely stored. They include the person's own words where relevant; observations; information sources; risk assessment; consultation; decisions and reasons; consent or the basis for disclosure without consent; reports made; reference numbers; people contacted; immediate and ongoing actions; and follow-up. Opinion is distinguished from fact. Records are corrected transparently and are not retrospectively rewritten.

Supporting clients and workers

Where safe and appropriate, the practitioner explains the concern, reporting process, information likely to be shared and what may happen next. The client is offered emotional support, accessible communication, advocacy, culturally appropriate assistance and continuity or referral. Workers may access supervision, debriefing and wellbeing support while maintaining confidentiality.

Training, monitoring and review

Workers receive induction and role-relevant refreshers on child protection, responding to disclosures, risk, privacy, NDIS incidents and professional notifications. The Practice Manager reviews incidents, timeliness, documentation and corrective actions, and updates contacts and procedures after legal or regulatory change. This policy is reviewed at least annually and after a serious incident or identified gap.

Contact details

Organisation: The Lifestory Practice

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Primary contact: Carrie Gibbons, Practice Manager

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Phone: (08) 7083 8777
Mobile: 0413 006 336
Website: www.thelifestorypractice.com.au

Key external contacts

- Emergency services: 000
- SA Child Abuse Report Line (CARL): 13 14 78
- Adult Safeguarding Unit: use the current South Australian Government contact pathway
- Ahpra: www.ahpra.gov.au
- NDIS Quality and Safeguards Commission: www.ndiscommission.gov.au

Policy references

- Children and Young People (Safety) Act 2017 (SA) and SA Department for Child Protection mandatory-notifier guidance
- Ageing and Adult Safeguarding Act 1995 (SA) and South Australian Adult Safeguarding Unit guidance
- Health Practitioner Regulation National Law and Ahpra mandatory-notification guidance
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and NDIS Commission guidance
- Privacy Act 1988 (Cth), Australian Privacy Principles and OAIC Guide to Health Privacy
- Applicable professional ethical codes, court orders and The Lifestory Practice Privacy, Confidentiality, Incident Management and Risk Management policies

This policy provides an organisational framework and is not a substitute for case-specific legal or professional advice.