



Foundational Theories and Knowledge Supporting children and young people who identify as LGBTIQA+ Practice Paper

1. Introduction

A crucial role of DCP practitioners is to ensure that children and young people in care are nurtured and supported to develop a positive sense of self and enjoy physical and psychological wellbeing. Gender identity and sexual orientation are important aspects of children and young people’s identity formation. It is essential that those who care for and support children and young people in care are aware of and support the various expressions of gender identity and sexuality that a child or young person may explore or adopt.

Please note that in this document, the term Aboriginal, refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

2. Understanding gender and sexuality

There is often confusion regarding the difference between sex, gender identity and sexual orientation. All people have both a gender identity and a sexual orientation and these may take on a variety of forms. It is important to understand the difference between sex, gender identity, sexual orientation and other key terms.

Sex	<ul style="list-style-type: none">• A person’s sex describes biological differences between the female and male genitalia. A child's sex is usually assigned at birth.• Intersex refers to people who are born with sexual anatomy, reproductive organs and/or chromosomes that are inconsistent with the typical definitions of male or female. The specific health and psychological needs of children and young people who are intersex vary greatly. What is intersex? – Intersex Human Rights Australia (ihra.org.au)
Gender identity	<ul style="list-style-type: none">• Sex is biological whereas gender is culturally defined.• Gender refers to the characteristics of women, men, girls and boys that are socially constructed.ⁱ• People who identify as the gender they were assigned at birth are referred to as Cisgender.



	<ul style="list-style-type: none"> • There is an increasing recognition that gender is a spectrum and that expression may be on one end or another (man or woman), or outside the gender binary (non binary, gender fluid or gender queer). For some people, where they identify themselves on this spectrum may change at different times. • People who do not identify as the sex they were assigned at birth may identify as transgender, trans, a person with a trans experience, non-binary, gender diverse or another term that reflects their gender identity.
Sexual orientation	<ul style="list-style-type: none"> • Sexual orientation is different to gender identity. • Sexual orientation refers to an individual’s sexual and/or romantic attraction to another person.ⁱⁱ • People who identify as heterosexual are attracted to people of the opposite sex. • People who identify as gay and lesbian are attracted to people of the same sex or gender. • People who identify as bisexual are attracted to more than one gender. • Pansexual refers to a person who is attracted to all people, regardless of genders, sex or sexual identity including non-binary people. • People who identify as asexual describe not experiencing any form of sexual attraction or desire for sexual activity but may experience emotional attraction. It should not be assumed people who identify as asexual do not have sex.
LGBTIQ+	<ul style="list-style-type: none"> • LGBTIQ+ is an acronym that is inclusive of the diversity in sexuality and gender. The acronym includes lesbian, gay, bisexual, transgender, intersex, queer or questioning and asexual. • The + symbol acknowledges that the terms in the acronym may not cover all sexual identities.

3. Children and young people’s understanding and expression of gender identity and sexual orientation

Children and young people may develop an awareness of their gender identity or sexual orientation at any age, including well before puberty. Some individuals know their gender identity or sexual orientation from childhood, while others might not consider this until adolescence or adulthood.

Depending on the age and individual needs of each child or young person, they may encounter challenges such as:

- struggling to accept or understand new feelings or parts of their identity
- experiencing fear of expressing themselves to their family, friends and community
- experiencing bullying or harassment
- being impacted by or having past trauma memories triggered
- being unable to access supports or services.

These stressors are in addition to the other common stressors experienced by children and young people as they experience adolescence (for example, school, peer relationships, family relationships and body image). Physical changes at puberty that are not consistent with the gender identity of the young person can be particularly distressing given these changes are out of their control.



4. The experiences of people who identify as LGBTIQ+

People who identify as LGBTIQ+ are a diverse group that vary widely in culture and lived experiences. The experiences of children and young people who identify as gay, lesbian and bi-sexual are likely to be different to their peers who identify as transgender or gender fluid. These experiences are shaped by multiple factors such as:

- the level of community visibility and acceptance
- views and attitudes of those around them and important to them (for example, parents, carers, siblings, peers, teachers, case workers)
- media commentary and the politicisation of certain groups.

Many children and young people who identify as LGBTIQ+ will have positive experiences of self-acceptance and feeling accepted and supported by those around them. However, there are children and young people who do not have these positive experiences. The South Australian Commissioner for Children and Young People reported that some children and young people who identify as LGBTIQ+ experience:

- social exclusion
- harmful stereotyping about their identity
- unchallenged discrimination and harassment
- homophobia
- bullying and violence. ⁱⁱⁱ

Children and young people may have these direct experiences or may be aware of this discrimination and abuse through the media, or through observations of peers or others in the community. They may experience difficulties in self-acceptance, especially if they have observed negative views from parents or caregivers around these issues.

4.1 Impacts on mental health, wellbeing and outcomes

Discrimination, bullying and abuse based on gender identity, sexual identity and/or sexual orientation are direct attacks on the personal identity of children and young people. Discrimination and abuse has a significant, long-term impact on the emotional, psychological and physical wellbeing of children and young people who identify as LGBTIQ+.

Children and young people who identify as LGBTIQ+:

- are at significantly greater risk of depression, anxiety, self-harm and suicidal ideation than the general population ^{iv}
- aged 16 to 17 years are five times more likely to attempt suicide in their lifetime than non-LGBTIQ+ peers. ^v

Compared to their peers, children and young people who identify as transgender:

- aged 14 – 25 are fifteen times more likely to attempt suicide ^{vi}
- six and half more times likely to self harm ^{vii}
- experience extremely high rates of clinical diagnosis of depression and/or anxiety ^{viii}.

Rates and risks of unemployment and homelessness^{ix} are also increased.

It is important to note that having a diverse sexual orientation, diverse gender identity or being intersex are not in and of themselves risk factors for poor mental health, unemployment or homelessness. Rather social



exclusion, discrimination, abuse and harassment that people who identify as LGBTIQ+ may experience are contributors to the negative effects on wellbeing.

4.1 Experiences of children and young people in care who identify as LGBTIQ+

Research indicates that children and young people in care who identify as LGBTIQ+ are^x:

- over represented
- likely to experience marginalisation and discrimination based on both their care experiences and their identity
- more likely to experience placement instability
- more likely to experience poorer outcomes upon transition from care when they have experienced placement instability
- at risk of bullying and violence from other young people they live with (particularly in residential care)
- experience poorer outcomes on leaving care in areas of education, housing stability, employment and financial security.

Experiences of bullying, harassment and social exclusion, when combined with the impacts of complex trauma, attachment difficulties, disconnection from family and placement instability, can result in further significant impacts to mental health and wellbeing.

5. Culture, gender identity and sexuality

5.1 Aboriginal children and young people

Aboriginal children and young people who identify as LGBTIQ+ may experience cultural factors that are unique. It is important that we are sensitive to the views of the child or young person's family and community and to the unique circumstances that the child and young person may face when exploring their sexual orientation or gender identity.

Aboriginal children and young people are not only highly likely to experience racism, discrimination and isolation but as people who identify as LGBTIQ+, may also experience discrimination and a lack of acceptance due to their sexual orientation or gender identity.^{xi} Prior to invasion and subsequent colonisation, Aboriginal peoples acknowledged and accepted a diverse array of peoples that defied typical gender lines. This could include persons identifying or holding lore for multiple genders or who possessed other gendered spirits. This was more often seen in respected lore people or Ngangkari healers. However, there are also cultural groups that hold strong beliefs on the roles of men and women within community who may find gender diversity challenging when undertaking gendered cultural practices, ceremony or initiation. This may impact children and young people's participation in important cultural practices, experiences and lore. Understanding the child and young person's cultural identity, language group and connection to culture and Country is therefore vital to understanding Aboriginal children and young people and providing holistic support.

There is additional complexity for Aboriginal children and young people in accessing adequate and appropriate support/services. Services will often focus on one intersection of their identity; specifically Aboriginality (which may focus on racism and systemic health concerns) or gender identity and sexuality (which may focus on homophobia, biphobia and transphobia) resulting in potential disconnection as the response does not adequately consider and respond to the whole person. Particular attention must be paid to the increased vulnerability of Aboriginal children and young people who identify as LGBTIQ+ given the compounding impact of the discrimination they are likely to experience. Our aim must be to support



Aboriginal children and young people to maintain mutual respect for their sense of identity and belonging within their culture, whilst also helping them to have support to explore their gender or sexual identity.

Cultural consultation and partnership with communities are essential to ensure children and young people have support to develop a sense of belonging within both their culture and their gender or sexual identity. Consultation with a Principal Aboriginal Consultant or Aboriginal Family Practitioner and, ensuring the LGBTIQ+ lens is considered, should be considered to ensure culturally responsive best practice.

5.2 Children and young people who are culturally and linguistically diverse

Children and young people from culturally and linguistically diverse (CALD) backgrounds who identify as LGBTIQ+ may experience challenges in family and community acceptance, as well as the compounding effects of racism and discrimination based on their gender identification or sexual orientation. Challenges in community, religious and family acceptance may impact connection to the broader cultural community and participation in important cultural practices, experiences, spirituality and religion. Children and young people from a CALD background who identify as LGBTIQ+ may feel particularly isolated and/or distressed if they feel disconnected from their community, or have limited access to LGBTIQ+ role models in their community. Consideration should be given to consulting with DCP Multicultural Services to understand the unique needs and issues for children or young people of particular cultures and religions.

6. Considerations for children and young people in care

It has been noted that children and young people in care who identify as LGBTIQ+ may experience a lack of support and recognition of their identity due to those around them fearing “getting it wrong”, not feeling confident in how to respond or, whilst wishing to be supportive, responding in ways that are “dominated by the perspectives of their carers”¹. This includes unhelpful comments by carers that “it is a phase” or a response to the harm the child or young person has experienced. The needs of each child or young person must be considered on an individual basis and are best understood through showing acceptance and respect which will enable the child or young person to express themselves.

6.1 Considerations for children and young people in family based care

Families and family-based carers will have their own individual views, values and perspectives with respect to issues of gender identity, sexual identity and sexual orientation. It is possible that these attitudes will vary between family members or carers (for example, a foster carer may not be accepting and parent is or vice versa). It can be a journey of acceptance and they may need support and a safe place to express their own concerns, fears or biases. The child or young person’s care team needs to work closely to support the carer/s and family to enable the child or young person to feel safe and secure to express themselves. The physiological, emotional and physical safety of children and young people is the paramount consideration. If family members or carers are struggling with the child or young person’s expression of identity, consideration should be given to encouraging them to seek support or counselling. It is essential that this proactive work is undertaken to ensure that the child or young person is not harmed by negative attitudes from those who are important to them. In some cases, the care team may need to consider whether the carer can provide an appropriately nurturing care environment if the carer/s hold strong, negative beliefs which are impacting on the wellbeing of the child or young person. Section 10 of this document includes resources that may assist carers.



6.2 Considerations for children and young people in residential care

It is essential that residential carers provide accepting, inclusive, consistent, responsive and child-centred care. All children and young people are likely to have some practitioners who they feel most comfortable talking to about sensitive matters. It may be best to ask the child or young person who they feel most comfortable talking to and then ensuring that they have regular access to this person. If the child or young person is engaged with a psychologist or therapist, it may be valuable to have that professional attend care team meetings to discuss how to provide the best care and support.

In addition, an important consideration is the views, attitudes and behaviour of other children and young people who they live with. These other children and young people will likely need support and education to understand what is happening for the child or young person who identifies as LGBTIQ+, what they need from those around them, and to be aware of what behaviour is acceptable and unacceptable (for example, use of appropriate chosen names and pronouns, or not teasing or bullying). Unacceptable behaviour or bullying needs to be addressed to ensure that the child or young person is not being subjected to emotional or psychological harm. Dealing with inappropriate or bullying behaviour swiftly demonstrates respect, care and acceptance for the child or young person.

7. Supporting children and young people in care who identify as LGBTIQ+

7.1 Creating overtly accepting environments

Children and young people who identify as LGBTIQ+ will vary in how open they wish to be regarding their sexual preferences and/or gender identity. It can support children and young people who identify as LGBTIQ+ but who do not wish to discuss this with carers, family or peers, to see recognition of their identity in their environments.

This can be achieved through:

- showing support and respect for other people who identify as LGBTIQ+
- addressing behaviour by peers that demonstrates non-acceptance
- using inclusive language
- displaying visual symbols of acceptance such as rainbow flags and posters
- celebrating events such as Mardi Gras and World Pride.

7.2 Using respectful language

Greater visibility and acceptance has supported people to feel comfortable to find terms to describe their experience and expression of gender identity and sexual orientation. Whilst some people may feel validated and comfortable applying a term or label to their gender identity and sexual orientation, others may feel this is not of benefit to them. There is no right or wrong. Supporting self-determination is important to ensuring children and young people feel heard, accepted and comfortable within themselves.

Over the years, the most respectful and appropriate language to describe sexual orientation and gender identity has changed and will continue to change. It is important that DCP practitioners ensure they are aware of and using the most up-to-date and respectful language in verbal communication and case recording wherever possible. Where the child or young person is open to discussing their sexual orientation and/or gender identity, DCP practitioners should ask them about their terminology preferences. The use of



outdated or offensive terms can have a significant impact of wellbeing of children and young people, in the same way that sexist or racist and culturally inappropriate language does.

Some, but not all, children and young people who identify as trans and gender diverse may choose to change their name, gender pronouns (for example, he, she, they or xe), appearance or body to be consistent with or affirming of their gender identity. It is important to find out directly from each child or young person how they want to be referred to and ensure that those around them are consistently using their chosen name and pronoun. In addition, consideration should be given to noting these wishes on the case plan and C3MS so the child or young person does not have to repeat their request.

C3MS allows for the child or young person's gender (in addition to their sex) to be identified under Client Details from the 360 Degree View. The guide to update C3MS to reflect the child or young person's gender can be found [here](#).

7.3 Actively showing acceptance and support

When working with children and young people who have experienced trauma and who identify as LGBTIQ+, clear demonstrations of acceptance and support are crucial for healing and to enhance their wellbeing.

It is inappropriate to describe being transgender or gender diverse as a choice or that it is a result of trauma, or to conceptualise it as attention seeking or an attempt to receive 'special treatment'. It is essential that children and young people's expressions of their identity are respected and supported.

Acceptance and support can be demonstrated through:

- respecting the child or young person's boundaries. It can be insensitive and uncomfortable to ask very personal, intimate or intrusive questions. Asking first if the child or young person wants to talk, letting them know they do not have to answer questions and respecting if they do not want to talk is crucial
- being patient if the child or young person does not want to talk and letting them know they can talk when they are ready. Find out if there is someone in particular they would feel comfortable or prefer to speak with
- letting the child or young person go at their own pace, and express themselves in their own way. All young people will demonstrate different behaviours and ways of interacting across time as their identity develops
- supporting the child or young person to find information and supports in the community and online (if age/developmentally appropriate). Research demonstrates that connection to community is critical to wellbeing and a safe and smooth transition to adulthood. [The Rainbow Directory](#) includes information on support groups and activities for young people in South Australia. If children and young people are connecting with others via the internet, it is essential to be mindful of safety. Refer to the [eSafety Commissioner website](#) for further information and for workers in residential care the [Residential care e safety procedure](#)
- advocating for the child or young person by talking to school, family or health professionals as required
- respecting how the child or young person wants to be addressed (for example, using a new name or different pronoun). On occasion, even with the best intentions, mistakes will be made. It is important that these are openly acknowledged and repaired immediately. An apology demonstrates respect and that those around the child or young person are doing their best to respect their wishes



- respecting the child or young person’s views for privacy and confidentiality. Violating privacy will result in a loss of trust and confidence, and will likely lead them to be less willing to express themselves, share information and seek support
- being open to discussing fears or anxiety the child or young person may experience about other people knowing of their gender diversity or sexual orientation. Discussing that some people in the community have a limited understanding of or experience with diversity and may behave in ways that show ignorance. Invite the child or young person to talk to you if they have these experiences and show empathy
- being alert for signs of withdrawal, depression, self-harm or suicidal thoughts. Let the child or young person know that you are there for them, and seek support through an appropriate mental health intervention pathway (for example, Child and Adolescent Mental Health Services (CAMHS), Headspace, GP or DCP’s Psychological Services) or in an acute situation the South Australian Ambulance Service (SAAS) and/or the Women’s and Children’s Hospital as required. [Thorne Harbour Health LGBTIQ+ Specialist Mental Health Service in Adelaide](#) is available for young people aged 16 years and above.

7.4 Arranging psychological support

For some children and young people, engaging with a therapist or counsellor may be beneficial. That said, it is important not to assume that a child or young person who is exploring their gender or sexuality requires therapy. This assumption may lead the child or young person to feel like their exploration is abnormal or a problem. Therapy may be recommended when the child or young person is experiencing distress about their identity, experiencing bullying or harassment, or there are signs that their mental health is impacted (for example, their behaviour changes, become withdrawn, are self-harming or showing signs of anxiety). Consultation with DCP Psychological Services, CAMHS or the Women’s and Children’s Hospital (refer to section 10) will be important in determining if and when therapy may be indicated and the service that best fits the child or young person’s needs. It is important to ensure that children and young people are referred to practitioners who are experienced or specialise in the particular area they are needing support.

The decision to seek therapeutic support and making appropriate referrals are undertaken by the child or young person’s DCP case worker in consultation with the care team.

8. Requests for medical intervention to transition gender

There may be occasions where a child or young person may make a request to physically change gender. The Australian Psychological Society supports the following approach:

- affirming the person’s gender
- challenging negative perceptions of gender diversity amongst family members
- discussing appropriate referral options for hormonal or surgical responses if desired
- advocating for the support needs of transgender and gender diverse people. ^{xii}

The [Australian Standards for the care and treatment of trans and gender diverse children and adolescents](#) and provide more information on the types of approaches that may be taken.

This is a specific area of medical and psychological expertise and consultation must occur with the Women’s and Children’s Hospital (refer to section 10) to determine the most appropriate pathway and intervention for each individual child or young person.



Where medical advice indicates that intervention to suppress puberty and gender is recommended, consideration must be given to the need for DCP to inform the child or young person's parents. Such decisions should be made with consultation with practice leaders, DCP psychologists and consideration given to consultation with DCP Legal Services regarding legal and ethical requirements to share information.

In making such decisions consideration must be given to:

- the safety of the child or young person as the paramount consideration
- the legal authority in place (for example, Custody or Guardianship of the Chief Executive)
- the child or young person's expressed wishes
- the potential impacts of sharing information against the child or young person's wishes
- the likelihood of it being possible to support the child or young person to be more willing to share information
- ensuring decisions about medical intervention are made the appropriate DCP delegate, in consultation with the care team.

9. Confidentiality

Maintaining each child or young person's right to privacy and respect is fundamental. Privacy may mean not disclosing the child or young person's status as a trans or gender diverse person or their sexual orientation. It may mean not using their birth name or sharing it with others, or it may mean that you do not ask questions about gender, sexuality or the child or young person's body unless invited to do so.

It is also important to understand that there may be situations where the child or young person's LGBTIQ+ status has a significant link to behaviour or mental health issues where it may be necessary to share information with health professionals, school and carers to ensure the safety of the child or young person, even if they prefer to keep this information private.

If the decision is made that information must be shared, this should be discussed with the child or young person prior to sharing information and they must be provided with clear information and support to understand why sharing the information cannot be avoided. Careful consideration must be given to sharing this information against the child or young person's expressed wishes as this can have significant consequences for trust and current and future relationships. If it is necessary to share information without the child or young person's consent, the rationale for this should be recorded.



10. Resources

LGBTIQA+	
Glossary of terms	LGBTIQA+ glossary of common terms
Aboriginal children and young people	Black Rainbow First Nations Rainbow - facebook
Therapeutic support and support services	Q Life – National counselling and referral service and peer support 1800 184 527 3pm – 10.30pm 365 days per year. Shine SA - Sexual & gender diverse eheadspace Bfriend - Uniting Communities - Peer support Rainbow directory SA - services and activities in SA
Information and advice for carers	Advice and support for children and young people who are coming out or being open about their diversity - Rainbow network Articles on supporting children and young people - Minus 18 How to be an active LGBTIQA+ ally Minus18
Information for young people	CREATE - LGBTQ young people in care Minus 18 headspace - Sexual orientation Reachout
Resources/education for DCP practitioners	WA Commissioner for Children and Young People - LGBTIQ+ issues paper Working therapeutically with LGBTI clients - a practice wisdom resource
Non binary	
Pronouns	Shine SA - Pronouns - A guide to correct use
Children and young people who identify as transgender	
Medical and mental health supports	SA Health - Women's and Children's Hospital has a Gender Diversity team that supports transgender and gender diverse children and young people. telephone: 8161 8752 Email: Health.WCHGDClinicNurse@sa.gov.au Gender Diversity Mental Health Support Team - CAMHS Consultation Liaison telephone: 8161 7227 Email: health.wchdpm@sa.gov.au
Therapeutic support	Transcend Australia - peer and family support for trans, gender diverse and non binary children and young people List of Psychologists, Psychiatrists and Allied Health Professionals who specialise in gender diversity in South Australia Shine SA Gender Wellbeing Service



	Parents of gender diverse children Transhealth SA Gender identity and mental health - Headspace
Resources for practitioners	Australian standards for care and treatment for trans and gender diverse children and adolescents 2020
Intersex	
General resources	Intersex Human Rights Australia

11. Reflective practice prompts

Workers are better able to develop their skills when they engage in reflective practice.

During supervision or team meetings, consider the following questions in relation to one of your cases where the child or young person identifies as LGBTQIA+:

- How is the child or young person managing? Are they showing any signs of distress/concern or anxiety?
- Have the care team discussed what supports the child or young person could benefit from (for example, support at school, therapeutic support, connection to community or cultural support?)
- How are the child or young person’s carers managing? Do they need any support or training?
- What can be done to promote connections for the child or young person with the relevant parts of the LGBTQIA+ community?
- Is the child or young person’s care environment demonstrating acceptance? What more could be done to make the child or young person feel comfortable?

References

ⁱ World Health Organisation, Gender and Health. [Gender \(who.int\)](https://www.who.int/gender)

ⁱⁱ LGBTQIA+ glossary of common terms, Child Family Community Australia, Australian Institute of Family Studies. [CFCA Resource Sheet: LGBTQIA+ communities – glossary of common terms \(aifs.gov.au\)](https://www.aifs.gov.au/cfca/resources/glossary-of-common-terms)

ⁱⁱⁱ Reference: Commissioner for Children and Young People South Australia [2021 No Exceptions: Creating safer schools for LGBTI+ Students \(ccyp.gov.au\)](https://www.cryp.gov.au).

^{iv} Morris S 2016, Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People and Communities, National LGBTI Health Alliance, Sydney, Australia.

^v LGBTQIA+ Health Australia – Snapshot of Mental Health and Suicide Prevention Statistics for LGBTQIA+ people. May 31, 2021.

^{vi} ibid

^{vii} Morris 2016

^{viii} Strauss P et al 2017, Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results, Telethon Kids Institute, Perth, Australia.

^{ix} McNair, Ruth (2017) GALFA LGBTI Homelessness Research Project Stage 1 Report LGBTI Homelessness: Preliminary findings on risks, service needs and use <https://www.lmcf.org.au/getmedia/edadb1a8-dff0-43e3-9410-24dcaa41ea89/LGBTI-Homelessness-Stage-1-Report.pdf.aspx>



* Dr Nadine Cameron, Dr Lynne McPherson, Dr Kathomi Gatwiri and Natalie Parmenter, Research Brief: The needs of LGBTIQ young people in out of home care. Centre for Excellence in Therapeutic Care: Sydney NSW 2020. p.8 <https://www.cetc.org.au/wp-content/uploads/2022/07/needs-of-lgbtq-young-people-research-brief.pdf>

^{xi} Telfer et al (2020) - Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents. The Royal Children’s Hospital Melbourne. <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>

^{xii} Australian Psychological Society. Information sheet: Australian Psychological Society recommends mental health practices that affirm transgender people’s experiences. <https://www.psychology.org.au/getmedia/00cd6bab-650a-431b-bc67-fdfb69729b83/Info-Sheet-Transgender-affirmation-extended-version.pdf>

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