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<b>Service Stream</b>	Families and Young People Services	<b>Category</b>	Foster and Kinship Care and Residential Care and Transition Services
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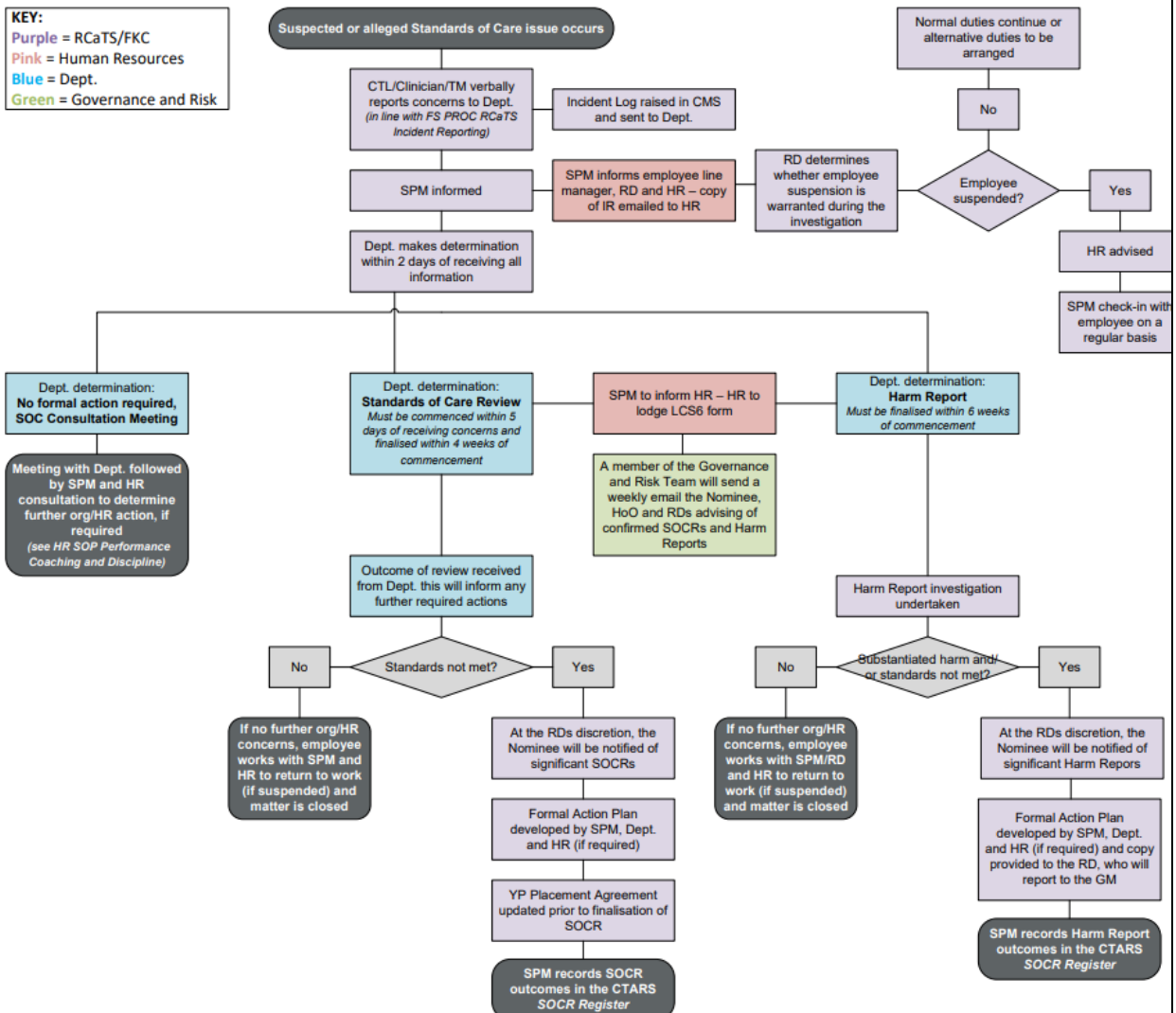
## Purpose

The Statement of Standards, found in section 122 of the *Child Protection Act 1999 (Qld)*, outline non-negotiable characteristics of quality care provision. Mercy Community (MC) will strive to maintain the highest standards of care for the people we support and accept that any deficits in this care will be investigated in an appropriate capacity.

## Scope

This procedure applies to all employees, volunteers, and contractors engaged within MC's licenced care services (Foster and Kinship Care (FKC) and Residential Care and Transition Services (RCaTS) within the Families and Young People Services (FYPS) stream.

## Procedure



### 1. Reporting potential Standards of Care issues

- 1.1 The Department of Child Safety, Seniors, and Disability Services (the Department) has overall statutory responsibility for ensuring that the care provided to children and

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young people meets acceptable standards (as outlined in the *Child Protection Act 1999 (Qld)*). Where these Standards have not been met, the Department has a responsibility to work collaboratively with the child's care team to ensure that the child is safe from harm and that appropriate actions are taken to resolve the identified concerns.

- 1.2 All employees are responsible for reporting potential Standards of Care matters. Employees may become aware of a potential Standards of Care matter in several ways, including:
  - Through the disclosure of a person we support;
  - Through the disclosure of an employee/volunteer/contractor;
  - Through advice from a stakeholder, family member, or other person; or
  - Through direct observation.
- 1.3 Where an employee receives information that relates to concerns about the quality of care provided to young people within MC services, they are required by legislation to report this. The employee must escalate to their Line Manager as per *GOV SOP Incident Management* (sensitive incident reports Addendum) and *FS IP Incident Category Definitions* (for the relevant program).
  - 1.3.1 For additional information regarding receiving disclosures from young people, refer to *FS PP Responding to Disclosures*. Employees who raise concerns will be supported through this process.
- 1.4 The Line Manager will then report this information to the relevant Program Manager (PM)/Senior Program Manager (SPM).
- 1.5 The PM/SPM will consider the information and determine whether the concerns relate to a potential breach of the Code of Conduct, a breach of internal policy/procedure, potential unmet Standard/s of Care, or a combination of these, which will then determine the response required, as per the relevant procedures.
- 1.6 When a potential Standards of Care issue is raised, the PM/SPM will be the primary contact to manage the matter on behalf of MC. Where the Standards of Care matter relates to a specific employee, the PM/SPM will liaise with the employee's regular Line Manager and as required, the Human Resources Business Partner.
- 1.7 A Standards of Care response by the Department may be accompanied by an internal HR process if the concerns necessitate this. The Department retains custody of guardianship of children and young people, and therefore determine outcomes for Standards of Care matters. MC retains responsibility for management of the organisational workforce.
- 1.8 The PM/SPM will advise the Regional Director (RD), who will determine the best course of action to ensure the safety and wellbeing of both the person we support and the employee (i.e., whether a suspension is warranted, or whether the employee may remain engaged in normal or alternate duties).
- 1.9 In the case of a suspension:
  - HR will be advised and draft a suspension letter for RD approval.
  - The employee's PM/SPM will inform the employee of the suspension, forward a copy of the letter and check-in with the employee on a regular basis to support them during the process.
  - The employee's access to the CMS, MC email account and Microsoft Teams account will be suspended for the employee's suspension period. The employee will, however, retain access to their ProSIMS TimeOnline account to enable timesheet submissions.

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- For RCaTS employees, the SPM will deactivate the employee's CTARS profile, and the HR Business Partner will advise the Service Desk to suspend the employee's MC email account and Microsoft Teams access; and
  - For FKC employees, the HR Business Partner will advise the Service Desk to suspend the employee's Penelope profile, Riskman access, MC email account, and Microsoft Teams access.
- 1.10 For RCaTS, after the initial Incident Log has been shared with the Department, the SPM will open an entry in the *CTARS SOC Register*. This Log holds the correspondence, outcome and actions related with the ongoing process. This Log will be updated throughout the process by the SPM.
- 1.11 For FKC, the Incident Report will be logged in Riskman by the Line Manager and will be continuously updated as the investigation progresses.
- 1.12 The PM/SPM will forward a copy of the Incident Report to the HR Business Partner for uploading to the employee's personnel file.
- 1.13 When the allegation involves an agency employee, the SPM will contact the relevant agency immediately to inform them of the allegation. MC and the agency will work through the matter collaboratively.
- 1.14 Where concerns raised relating to standards of care are historical in nature, for example where the person is no longer subject to statutory intervention, this will be raised in line with incident reporting procedures, and the *Child Safety Practice Manual's* 'Respond to concerns about a child's care arrangement'.

## 2. Determining Response Type

- 2.1 The PM/SPM will arrange a consultation with the CSSC to determine how the matter will be responded to. Whilst MC is a key participant in the discussion, the Department holds the responsibility to determine if the matter will be recorded as a Standard of Care matter and if so the type of response to occur (refer to point 2.5).
- 2.2 For people we support in RCaTS, consideration must be given by the Care Team Leader (CTL)/Transition Services Team Manager (TM) and SPM to the nature of the information, based on the process contained within the *FS PP Repeat Allegation Pattern Behavioural Intervention*. This would then be included in the discussion with the Department and recorded within the *CTARS Incident Register*.
- 2.3 The Child Safety Service Centre (CSSC) is responsible for deciding the response is required to consult with MC and with other CSSCs involved in the matter. The parties can jointly exchange information and views or individually engage with the lead CSSC to determine:
- Which Standard/s of Care may not have been met and any indicators of harm experienced by the person we support;
  - Further actions, such as discussions (SOC Consultation Meetings to respond to emerging issues/concerns) and Standards of Care Review (SOC-R) or interviews (Harm Report) with employees and/or children/young people;
  - Confirmation of who is leading the process. SOCRs can be led by MC or the Department or collaboratively (note: Harm Reports can only be conducted by the Department);
  - Whether the concerns relate to all, or only some, of the children in the care arrangement; and
  - The most appropriate response.
- 2.4 After all information has been provided and the consultation has occurred, the Department will determine the response type within two (2) business days of

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receiving the information. If determined to be a Standard of Care matter, the Department will record the concerns in one of two ways:

- *Standard of Care – Review (SOC-R)* – the concerns indicate that the care provided to the person we support may not have met the Standards of Care; the specific Standards of Care can be identified; there is no information that the person we support has experienced harm; and a review is required to determine if the Standards are being met; or
- *Standard of Care – Harm Report (SOC-HR)* – the information gathered indicates that a person we support has experienced harm, or it is suspected that they have experienced harm and the harm or suspected harm may have involved the actions or inactions of a carer, adult household member, or the employee of a care service (including agency workers). A SOC-HR cannot be recorded for risk of harm.

- 2.5 The CSSC can also determine that the information does not meet the criteria for a SOC response.
- 2.6 The PM/SPM receiving the confirmation of response type (including not responding as a SOC matter) will document this in the *CTARS SOC Register* for RCaTS, or the *Riskman Incident Report* for FKC.
- 2.7 PM/SPM must notify the HR Business Partner of the response type for recording on the employee's personnel file.

### 3. Changes to Personal History

- 3.1 For employees subject to a SOCR or Harm Report, the HR Business Partner will complete the *LCS form 6: Change in personal circumstances*, scan and forward to the Nominee (see Definitions) via email to the Probity Mailbox [MCSProbity@mercyys.org.au](mailto:MCSProbity@mercyys.org.au) for signature and submission to Child Safety Licensing. The HR Business Partner will undertake this action for MC and agency employees.

### 4. Standard of Care Consultation Meeting

- 4.1 Where no formal process regarding rectification of the issue is required by the Department, proactive casework may be jointly determined through a SOC Consultation Meeting to respond to the identified emerging concerns/issues.
- 4.2 The PM/SPM, in consultation with the RD, will determine whether further organisational action needs to occur.
- 4.3 The PM/SPM, in consultation with the HR Business Partner, will determine whether a HR process is required. If so, refer to relevant HR procedures.
- 4.4 If identified issues continue, or further information comes to light that may change this response, MC will again refer the information to the Department.

### 5. Standards of Care – Review (SOC-R)

- 5.1 This is a collaborative process that is focused on discussion and exploration of the concern, rather than a formal investigation. SOC-Rs do not require a 'person responsible' to be identified and instead focus on how the best interests of the person we support are furthered.
- 5.2 A plan will be developed collaboratively between the Department and MC to identify who will talk to the identified employee/s, and, if required, the person/people we support, and when this can best occur.

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- 5.3 The Department's Policy details the following responsibilities and timeframes in relation to SOC-Rs:
- Departmental Team Leaders are able to determine a SOC-R response and outcome;
  - SOC-Rs must commence within five (5) days of concerns being received, either by a discussion with the employee or discussion with the person we support;
  - SOC-Rs must be finalised within four (4) weeks of commencement; and
  - Should the outcome of a SOC-R not be finalised in four (4) to six weeks (6) of the initial meeting, the PM/SPM will follow up with the Department and, if necessary, escalate to the RD.
- 5.4 At the RD's discretion, where a significant SOC-R is raised, this is escalated to the Nominee as soon as practical.
- 5.5 The PM/SPM will be present to represent MC and, if requested, support the employee during any discussions with the Department. Where the employee states that they do not wish for the MC representative to be their support person, they are able to elect another individual to support them, however, the MC representative must be present as a representative of the funded organisation. An agency representative will be invited to participate if the matter relates to an agency employee.
- 5.6 The Department will have a face-to-face discussion with the person we support in a location in which they feel safe and comfortable. The person we support may seek to have a support person present.
- 5.7 MC will provide all relevant information to the Department and may, upon request, partially complete the *Department's SOC-R Report Form*. The Department are always responsible for completing the outcomes section of this form. The PM/SPM will request a copy of the final report for record keeping and to inform further actions required.
- 5.8 Where a SOC-R finds that a Standard of Care has *not been met*, an Action Plan will be developed by the PM/SPM, in consultation with the Department. Although an individual person cannot be named responsible, where MC identifies employee issues, the Action Plan may contain HR responsibilities in relation to individual employees or for the work group. As such, the HR Business Partner may be a part of the formation of this plan.
- 5.9 In RCaTS, following the completion of a SOC-R where there has been a finding of Standards Not Met, it is a requirement that the person we support's Placement Agreement is updated to reflect any actions arising from the review as these relate to the placement. This must occur *before* the SOC-R is finalised.
- 5.10 Where a SOC-R finds that the Standards of Care *have been met*, the matter will be considered closed and, where an employee has been suspended, the PM/SPM will liaise with the employee and their regular Line Manager to return the employee to work. Where the original issue constitutes an organisational concern, an internal HR process may commence.
- 5.11 SOC-R outcomes will be recorded by the PM/SPM in the *CTARS SOC Register* for RCaTS matters, and in the *Riskman Incident Report* for FKC matters.
- 5.12 On a weekly basis, a member of the Governance and Risk Team report any **confirmed** SOC-R matters, including outcomes, to the Nominee, Head of Operations (HoO), and RDs.

### 6. Standards of Care – Harm Report (SOC-HR)

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- 6.1 When there is evidence indicating that a person we support has experienced harm, CSSC Managers hold the delegation for approving a SOC-HR response. The SOC-HR process is a formal investigative process conducted by the Department.
- 6.2 At the RD's discretion, where a significant SOC-HR is raised, this is escalated to the Nominee as soon as practical.
- 6.3 The Department will conduct the investigation as per Departmental protocols. Prior to this investigation commencing, the Department will develop a plan in partnership with MC. The Department's Policy stipulates that the SOC-HR must be finalised within six (6) weeks of commencement.
- 6.4 If it is appropriate, the Department will pre-arrange interviews with the employee and with the person we support. Both the employee and person we support will be informed about the process and their right to a support person. They are also entitled to legal representation.
- 6.5 The PM/SPM will be present to represent MC and, if requested, support the employee during discussions with the Department. Where the employee states that they do not wish for the MC representative to be their support person, they are able to elect another individual to support them, however, the MC representative must be present as a representative of the funded organisation. An agency representative will be invited to participate if the matter relates to an agency employee.
- 6.6 The outcome of the investigation and assessment of a SOC-HR will be one of the following:
  - Substantiated – standards not met – requires an Action Plan;
  - Substantiated harm – standards met – requires a Case Plan review;
  - Unsubstantiated – standards not met – requires an Action Plan; or
  - Unsubstantiated – standards met – no further action.
- 6.7 If the outcome of a SOC-HR investigation is that harm has occurred and/or there has been an unmet standard, an Action Plan will be developed by the PM/SPM, in partnership with the Department determining specific actions, who is responsible and required timeframes. The Action Plan will detail actions spanning no further than three (3) months and articulate who is responsible for each action.
- 6.8 A copy of the Action Plan will be emailed to the RD upon receipt. The RD will make the Nominee aware of the outcome and any associated actions.
- 6.9 Where a SOC-HR investigation finds that harm, or an unmet Standard of Care, *has occurred* due to the actions or inactions of the employee, the Action Plan will likely contain HR responsibilities – as such, the HR Business Partners may be a part of the formation of this plan.
- 6.10 MC is responsible for ensuring the suitability of its employees. The Department cannot make decisions on behalf of MC about HR arrangements for its employees. However, if there are substantiated concerns that an employee is responsible for harm, the Department will ensure that this is detailed clearly and thoroughly in the outcome letter to support any action that MC may need to take in relation to the employee's employment status.
- 6.11 Where a SOC-HR is unsubstantiated and the Standards have been met, the matter will be considered closed and, where the employee has been suspended, the RD, or delegate, will liaise with the employee and their regular Line Manager to return the employee to work. Where the original issue constitutes an organisational concern, however, an internal HR process may commence.
- 6.12 SOC-HR outcomes will be recorded by the PM/SPM in the *CTARS SOC Register* for RCaTS matters and in the Riskman *Incident Report* for FKC matters.

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- 6.13 SOC-HR outcomes must be provided to the Nominee and HR for the employee's file. This will also be uploaded to the *CTARS SOC Register* for RCaTS matters and the Riskman *Incident Report* for FKC matters.
- 6.14 On a weekly basis, a member of the Governance and Risk Team will report any **confirmed** SOC-HR, including the outcome, to the Nominee, HoO, and RDs.

## 7. Records management

- 7.1 Any information, correspondence, and/or documentation relating to the SOC matter, must be recorded in the relevant entry in the *CTARS SOC Register* log (for open incidents, this would be recorded within the 'Actions, Investigations and Comments' section by the SPM) for RCaTS matters or the Riskman *Incident Report* for FKC matters.
- 7.2 Where documentation relates to an employee, all relevant documentation is uploaded by HR to the employee's personnel file under the 'HR Documents' tab accessible only by HR.

## Definitions

### Care Team Leader/Clinician

Employee tasked with client care planning and care management oversight within the RCaTS programs.

### Child Safety Officer

An employee of the Department and delegate of the Chief Executive tasked with the statutory case management of young people subject to a Child Protection Order.

### General Manager

The employee with overall responsibility for Families and Young People Services. The General Manager reports to the MC Chief Operating Officer.

### Head of Operations

This role will provide senior operational leadership across the full-service continuum and regions. The Head of Operations will also provide strategic support to the General Manager, Families and Young People.

### Human Resources Business Partner

The employee tasked with providing personnel support within Families and Young People Services programs.

### Program Manager/Senior Program Manager

The manager with day-to-day operational management responsibilities, who reports to the Regional Director.

### Regional Director

The manager with overall finance and program management responsibilities, who is a member of the leadership team.

### The Nominee

For licensed services, MC's Nominee is the Chief Risk Officer.

## References

Child Protection Act 1999 (Qld)

Department's 'Chapter 9: Standards of Care'. *Child Safety Practice Manual*. Available online at: <http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual>.

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Department's 'Initial consultation non-family-based care service provider: harm/SOC concerns'. Available online at: <https://cspm.csyw.qld.gov.au/resources/template/Initial-consultation-non-family-based-care-service/a2f0007c-8741-4f4d-bdd1-e4097f021192>

Department's 'Initial consultation with foster and kinship care service: harm/SOC concerns'. Available online at: <https://cspm.csyw.qld.gov.au/resources/template/Initial-consultation-with-foster-and-kinship-care/224a081e-0c93-4371-a476-e3155852d4fb>

FS DOC FKC Program Overview

FS DOC RCaTS Program Overview

FS IP Incident Category Definitions – Statutory Services

FS IP RCaTS Incident Category Definitions

FS PP Repeat Allegation Pattern Behavioural Intervention

FS PP Responding to Disclosures

FS PROC FKC Alleged Unmet Standards of Care

GOV SOP Incident Management

LCS form 6: Change in personal circumstances

## Related Documents

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