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

- The welfare and best interests of children and young people residing in foster and kinship care is paramount.
- Foster care and care management practices are child-centred and family-focused;
- Irrespective of the extent of a child/young person's unacceptable behaviours, they are entitled to be listened to and treated with respect. Children and young people need to receive appropriate positive guidance to help them change inappropriate behaviours. Behaviour management and discipline strategies are consistent with the Statement of Standards (s122 the *Child Protection Act 1999 (Qld)*) and the Department's Positive Behaviour Support Policy and Procedures.
- A safe and positive environment – The foster/kinship care home provides a safe, healthy, and nurturing environment for the child or young person, in compliance with the 'Statement of Standards', *Child Protection Act 1999 (Qld)*.

### Scope

This procedure applies to all employees, volunteers, and contractors ('relevant person') engaged within Foster and Kinship Care (FKC) programs across Mercy Community's (MC) Families and Young People Services (FYPS). This procedure relates to General Foster and Kinship Care placements, Intensive Intervention Placement Support (IIPS) and High Plus (HP), and Intensive Foster and Kinship Care (IFKC) programs.

This procedure does not relate to Standard of Care issues involving employees of MC.

### Procedure

#### 1. Standards of Care – overview

- 1.1 The Department of Child Safety, Seniors, and Disability Services (the Department) has overall statutory responsibility for ensuring that children in out of home care are not harmed (as defined by s9 of the *Child Protection Act 1999 (Qld)*) and that the care provided to children and young people meets the statement of standards (as outlined in s122 of the *Child Protection Act 1999 (Qld)*). Where concerns are raised that these standards have not been met, the Department has a responsibility to consider the information and decide on the appropriate response.
- 1.2 Steps taken to manage and resolve concerns of this nature should complement the Departmental 'Standards of Care' policy and, as appropriate, standard incident management and reporting processes within MC FKC programs.
- 1.3 While the Department has overall statutory responsibility for responding to concerns about a child/young person's placement, the spirit of the policy is one of collaboration, to capitalise on the rapport and information held by carer support agencies and key stakeholders. As such, this process should be collaborative and involve allocated FKC Practitioners (FKCPs), wherever possible.
- 1.4 In respect to professional relationships with carers, FKCPs must be mindful that their role is to monitor and support carers to maintain standards of care with a focus on the children's needs and not merely advocates for the goals and requests of carers.
- 1.5 It is the Department's responsibility, if determined the most appropriate response, to assess and determine what happened and whether a carer has caused harm or

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breached the standards of care. In respect to how a response will be determined, the Department will consult with MC regarding this and consider the views of MC in coming to their decision.

## 2. Reporting suspected standards of care issues

- 2.1 If harm, risk of harm or a breach of standards is suspected, the relevant person will notify their Line Manager immediately to discuss and decide who is best placed to contact the Department immediately via telephone. This will normally be the FKCP or their Line Manager. Where these concerns are in relation to an MC employee or contractor, refer to *FS PROC FKC RCaTS Employee Standards of Care Matters*.
- 2.2 The concerns will be recorded in an *Incident Report* in Riskman as per *GOV SOP Incident Management* and *FS IP Incident Category Definitions – Statutory Services*.
- 2.3 Should any further information arise after the initial *Incident Report* has been sent, this must be sent to the Department via email. This additional information is to be added to the original *Incident Report* within Riskman.
- 2.4 Once information has been provided to the Department and consultation has occurred with MC, the Department will decide to formally respond to the concerns in one of two ways:
  - *Standard of Care – Review (SOC-R)* – the concerns indicate that the care provided to the child may not have met one or more specific Standards of Care; and there is insufficient information to suggest that the child has experienced harm. 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 child has experienced harm, or it is suspected that they have experienced harm, and the harm or suspected harm is a result of the actions or inaction of a carer or adult household member. Risk of harm alone is not sufficient to result in a Harm Report determination.
- 2.5 The Line Manager will document this response by updating the *Incident Report* in Riskman.

## 3. Standards of Care Consultation Meeting

- 3.1 Where the Department determines that no formal response is required, a Standard of Care Consultation Meeting may occur to discuss proactive case work and support is required from the FKCP to address the emerging concerns/issues and to prevent them from continuing or escalating into a future SOC-R or SOC-HR.
- 3.2 Discussions and plans must be clearly recorded in case notes and the Department may be advised of plans and progress through general correspondence.
- 3.3 If the provision of care does not improve, or new concerns are raised, MC should refer this information to the Department for their reconsideration of a SOC-R or SOC-HR (as per *GOV SOP Incident Management*).

## 4. Standards of Care Review (SOC-R)

- 4.1 The Department may advise that concerns will be addressed through a SOC-R. This is a less formal, 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 carer/young person might be best supported to address the issues.
- 4.2 At the Regional Director's discretion, where a significant SOC-R is raised, this is escalated to the Nominee as soon as practical.

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- 4.3 The Departmental Policy provides the following responsibilities/timeframes in relation to SOC-Rs:
  - 4.3.1 Departmental Senior Team Leaders have delegation to determine a SOC-R response.
  - 4.3.2 SOC-Rs must commence within five (5) days of concerns being received, either by a discussion with the carer/employee or discussion with the child/young person.
  - 4.3.3 SOC-Rs must be finalised within four (4) weeks of commencement.

While MC cannot control the Department's actions, FKCPs will assist with the process wherever possible to ensure outcomes are timely.
- 4.4 Departmental Officers may request the allocated FKCP, or another MC employee, to accompany them when the concerns are discussed with the carer or child/young person. Alternatively, the Department may request that a MC FKCP discuss the concerns with the carer without a Departmental Officer being present.
- 4.5 Where MC and the Department cannot agree on who should discuss the concerns with the carer, a representative from both MC and the Department should attend.
- 4.6 MC will provide all relevant information to the Department (this may be by partial completion of a Departmental form), who will complete the *Standards of Care Review Report*. MC will request a copy of the final report to inform further support offered to the carer.
- 4.7 Following the completion of a SOC-R where it has been determined that the Standards have not been met, the allocated FKCP will request that the *Placement Agreement* be updated to reflect any actions arising from the review. If necessary, the allocated FKCP may also liaise with the Department to review the *Foster Care Agreement*.
- 4.8 Where a SOC-R has found that the Standards have been met, no further action is necessary.
- 4.9 The allocated FKCP will liaise with the Department regarding any follow-up actions arising from the review.
- 4.10 SOC-R outcomes will be noted in the relevant section of the Riskman *Incident Report*. Any related documents or correspondence will be uploaded to the 'Documents' section of the report.
- 4.11 On a weekly basis, a member of the Governance and Risk Team will report any **confirmed** SOC-R matters, including the outcome, to the Nominee, Head of Operations (HoO), and Regional Directors (RDs).

### 5. Standard of Care Harm Reports (SOC-HR)

- 5.1 If the Child Safety Service Centre (CSSC) Manager determines that the concerns give rise to a suspicion of harm, a SOC-HR will be recorded.
- 5.2 At the RD's discretion, where a significant SOC-HR is raised, this is escalated to the Nominee as soon as practical.
- 5.3 The Department will conduct the SOC-HR investigation as per the Department's protocols. MC employees may be requested to provide further information and/or attend interviews with carers. The Departmental Policy stipulates that the SOC-HR investigation must be finalised within six (6) weeks of the decision to record the SOC-HR.
- 5.4 Following the outcome of a SOC-HR investigation where the investigation finds that harm has occurred and/or the Standards have not been met, the Department will develop an Action Plan in consultation with the carer/s and MC. The Action Plan

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	must detail actions which must be reviewed by the Department within three (3) months and articulate who is responsible for each action.
5.5	Where a SOC-HR investigation finds that harm has not occurred and the Standards have been met, no further action is necessary.
5.6	SOC-HR outcomes will be noted in the relevant section of the Riskman <i>Incident Report</i> . Any related documents or correspondence will be uploaded to the 'Documents' section of the report.
5.7	On a weekly basis, a member of the Governance and Risk Team will report any <b>confirmed</b> SOC-HR, including the Outcome, to the Nominee, HoO, and RDs.
<b>6. Records management</b>	
6.1	Any documentation or correspondence, either internal or external, in relation to Standards of Care issues must be attached to the carer's FKC Service File and the relevant child/ren's files, in <i>Attachments 'Notes'</i> (refer to <i>GOV SOP Incident Management</i> and <i>FS IP Incident Category Definitions – Statutory Services</i> for further information).
6.2	All documentation is to be uploaded to the Penelope Client Management System (CMS) within ten (10) working days. Where uploading is anticipated to take longer than this, FKCPs must negotiate this with their Line Manager.
6.3	The Line Manager will ensure all details and outcomes of a SOC matter are recorded in the 'Reporting to Department' section of the Riskman <i>Incident Report</i> .
6.4	Any correspondence or documents relating to the SOC matter or outcome will be uploaded to the 'Documents' section of the Riskman <i>Incident Report</i> .
6.5	Refer to the <i>FS IP FKC Document Filing Guide</i> for further guidance on CMS recordkeeping requirements and naming conventions.

Definitions
<p><b>Foster and Kinship Care Practitioner (FKCP)</b> The employee who has been delegated by the Line Manager to undertake specific case management or placement support tasks.</p> <p><b>General Manager</b> The employee with overall responsibility for Families and Young People Services. The General Manager reports to the MC Chief Operating Officer.</p> <p><b>Line Manager</b> Employees with supervisory and program management responsibilities within the FKC service.</p> <p><b>Head of Operations</b> 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.</p> <p><b>Regional Director</b> The manager with overall finance and program management responsibilities, who is a member of the leadership team.</p> <p><b>The Nominee</b> For licensed services, MC's Nominee is the Chief Risk Officer.</p>

References					
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Child Protection Act 1999 (Qld)  
Department's Child Safety Practice Manual (CSPM)  
FS DOC FKC Program Overview  
FS IP Incident Category Definitions – Statutory Services  
GOV SOP Incident Management

#### **Related Documents**

**Riskman Forms:**  
Incident Report

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