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Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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Purpose

Needs in the placement domain are met through the therapeutic milieu. A quality placement supports the child/young person's development in the personal domain and increases their capacity to link with their community of care. The therapeutic milieu includes a consideration of basic needs and entitlements, a focus on caring relationships (leading to secure attachments), and a series of programmatic and therapeutic activities designed to create the caring environment. These include focused-support for identified problems, activity programming, positive parenting practices, peer-relationships and positive group management, and preparation for and transition from care.

Scope

This procedure applies to all employees, volunteers and contractors engaged within the Residential Care and Transition Services (RCaTS) programs across Mercy Community (MC) – Families and Young People Services (FYPS).

Procedure

1. Unify Care Services Portal

- 1.1. The Department of Children, Youth Justice, and Multicultural Affairs (the Department) utilise Unify Care Services Portal to manage client referral processes. Unify supports providing referral information to services that provide placements for clients in grants funded placements.
- 1.2. Each Care Team Leader (CTL)/Clinician/Team Manager (TM)/Senior Program Manager (SPM) must have login details for Unify. Unify training must also be completed to support navigation of the system.
- 1.3. Unify provides the user a dashboard which includes links to pages that contain relevant information to referrals and offers for placements.
- 1.4. The Senior Program Manager (SPM) is responsible for ensuring that they maintain accuracy of information recorded in Unify regarding availability of placement. This information is to be recorded in the 'Availability' tab in the Unify portal. The "availability" section should include information pertaining to service outlet rooms that may be unavailable, available, or becoming available in each RCaTS program.
- 1.5. The SPM will ensure that the 'Service Provider Contact Details' are maintained and up to date in the Unify portal, via the 'Service Provider Contacts' tab.
- 1.6. The SPM will ensure that the details for any 'Emergency and Same Day Care Arrangements' tab is kept up to date with information pertaining to services that can accept emergency or same day referrals.
- 1.7. The SPM will ensure that the relevant SPM and CTL/Clinician details are kept up to date on Unify by emailing the relevant region's mailbox with request or remove access information.

2. Requests for Service/Referrals

- 2.1. Requests for service may be received either internally from other MC programs or externally from the Department. All referrals for residential care placements must be received from the Department. Where referrals are received through other avenues, enquirers will be advised of the correct process and redirected to a Child Safety Service Centre (CSSC) or Placement Support Services (PSS). Where a referral has

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- originated from a CSSC without the relevant PSS's knowledge, the referrer will be referred to PSS.
- 2.2. Where a person we support is transitioning internally from another MC RCaTS program, the standard referral process applies and an updated referral from PSS must be requested.
 - 2.3. Referrals may initially be made to the CTL/Clinician/TM or SPM via telephone; however, enquirers should be redirected to Placement Services Unify Portal. If this relates to a Request For Quote (RFQ), enquirers will be referred to the Residential Referrals Mailbox (MFSResidentialReferrals.Mailbox@mercycommunity.org.au).
 - 2.4. Referrals provided by PSS must be up-to-date and include:
 - The child or young person's name and date of birth;
 - Details of the Child Protection Order the child/young person is subject to;
 - The child/young person's current placement;
 - The reason for the referral, including which service/program is being sought;
 - A brief summary of the child/young person's child protection history;
 - A brief summary of the child/young person's needs (e.g., disabilities, health, education, youth justice, family contact, other support, etc.);
 - Allergies and medical and medication needs;
 - Family contact details and limitations;
 - General school or daily activity information;
 - Any risks or alerts;
 - A general behavioural profile and known behaviour management strategies, and
 - Contact details for the referring Placement Support Services (PSS), the CSSC and the allocated Child Safety Officer (CSO) and CSSC Team Leader.

Ideally, this would be provided in the form of a Child Information Form, Child Strengths and Needs Assessment and Departmental Case Plan.
 - 2.5. The CTL/Clinician/TM and SPM will receive an email from Unify, including a link to a request for referral. The SPM will click the link in the Unify email to be taken directly to the referral. Referrals can also be opened directly from the Unify Portal, through signing in and accessing the 'Dashboard' tab, that includes all referrals and placement offers.
 - 2.6. All Individual Placement Services (IPS) RFQ's are not being managed on Unify. The SPM should direct IPS RFQ emails to the Residential Referrals Mailbox.
 - 2.7. Once a referral has been received, the SPM will triage the referral, determining whether the referral is suitable for further assessment. This will be based on vacancies and presenting suitability and risk information. SPMs are only required to respond to referrals on Unify whereby they have a vacancy in their program.
 - 2.8. If the referral is appropriate for assessment, the SPM will decide who is the appropriate CTL/Clinician/TM to make the assessment and forward the Unify referral via email to the relevant person.
 - 2.9. The SPM will then record the details within the *CTARS Initial Referral Register* including:
 - Date referral received;
 - Name and date of birth of child or young person referred (if known);
 - Name of person making the referral;
 - Date acknowledgement of referral was sent;

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- Outcome details (i.e., to be assessed, declined, etc.); and
 - Rationale or further comments (i.e., name of person to whom the referral has been forwarded for further assessment, declined due to no vacancies within the region, etc.).
- 2.10. Upon receipt of the Unify referral, the CTL/Clinician/TM will search the electronic client management system (CTARS) to determine whether a Client Profile exists for the referred child/young person. If there is no Client Profile, the CTL/Clinician/TM will create one, entering the minimum data required and commence the *CTARS Referral Record Form*. If a Client Profile already exists, the CTL/Clinician/TM will ensure that the Client Profile is reactivated. Information will be reviewed to ensure that it is current, and CTL/Clinician/TM will commence the *CTARS Referral Record Form*.
- 2.11. The CTARS Referral Record Form supports assessing the needs of the people we support individually and those that they will be co-tenanting with. This includes the below information:
- Person we support's person information;
 - Referral source;
 - Current presenting behaviours and vulnerabilities;
 - Presenting information;
 - Car safety information:
 - When driving with people we support up to seven (7) years of age, workers must ensure they are restrained in a properly fastened and adjusted Australian Standard (AS) approved child restraint.
 - There are requirements for children's car seating arrangement based on age and this should be considered:
 - Children under twelve (12) are not to be seated in the front seat of a car; and
 - Children aged four (4) to seven (7) must use a forward-facing child restraint or booster seat and it is recommended that children remain in a booster seat until at least eight (8) years of age.

It is important to ensure that any car restraints are appropriately fitted. People we support are not to be transported in the car until appropriate car restraints are in place.
 - Support network;
 - Referrer identified goals;
 - Assessment considerations; and
 - Referral Outcome and Endorsement.
- 2.12. Whereby the Department notifies the SPM by email of outage of Unify. Referrals should be directed to the Residential Referrals Mailbox. The Residential Referrals Mailbox is accessible to the CTL/Clinician/TM, SPM, Business Support Team, and the Regional Director (RD). The Mailbox will be directly monitored by SPMs, who will be responsible for initiating the referral triage process and will check the Mailbox regularly during the day, until notification from the Department of Unify being active.

3. Individual Placement Services Request For Quote

- 3.1. IPS RFQ referrals may be received to:
- Extend a current clients IPS funded placement arrangement;

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- Support matching against existing clients in IPS funded placements if/when they are assessed as being cotenant ready; or
 - If additional beds are available in a grant funded placements, Child Safety may request an IPS top up for additional placement capacity;
 - Provide outreach support for children/young people to support reunification to family or transition to kin or foster care placements;
 - Provide in-home support and intentional intervention to increase parents/ carers capacity to care for children/young people; increasing safety and improving parent child relationship and family dynamics; and/or
 - Provide in-home support and assessment of care giver capacity to maintain a safe environment and provide care to the children. Alternatively, the Department may approach the SPM regarding IPS RFQ whereby a new property is required to be set up for the child/young person given their extreme needs and the need for targeted intervention and a specific model of care.
- 3.2. If the RFQ is assessed as appropriate to proceed; conversations should occur regarding required staff model and a Departmental Supplier Response and Pricing Schedule should be completed. The SPM can utilise the *FS FORM RCaTS Individual Pricing Schedule Request* and *FS WF RCaTS Individual Placement Services Request For Quote* to support the completion of a Supplier Response and Pricing Schedule.
- 3.3. Upon completing the Supplier Response and receiving a completed Pricing Schedule, these should be sent to the RCaTS Operational Lead (OL), RD or General Manager (GM) for approval (depending on the required delegation of authority, refer to *GOV POL Delegations of Authority*) prior to submission to the Department.
- 3.4. If the set-up of a new program is required for IPS RFQ, this should be explored with the RD prior to completion of Supplier Response and the corresponding Pricing Schedules for submission to the Department.

4. Assessing suitability

- 4.1. The CTL/Clinician/TM is responsible for conducting the referral assessment. Assessing suitability involves a consideration of the child/young person's identified needs and the ability of the program to support these identified needs. Importantly, a suitability assessment should be about what would be required to address needs, in addition to whether the referred child or young person fits the requirements of the program. Realistic discussions should occur with the Department regarding known issues and the capacity of the service to mitigate against identified risks in an attempt to collaboratively problem-solve the priority to place the child/young person.
- 4.2. The CTL/Clinician/TM will gather all required information to inform this assessment and where further information is required, may request a referral discussion be undertaken with consultation with other stakeholders. This meeting should involve:
- The MC CTL/Clinician/TM;
 - The child/young person's CSO and, where possible, the CSSC Team Leader;
 - The CSOs and, where possible, the CSSC Team Leaders, of other children/ young people within the placement; and
 - PSS representative.
- 4.3. All information regarding the suitability assessment must be recorded in the *CTARS Referral Record Form*.

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- 4.4. Once the CTL/Clinician/TM has undertaken an assessment of the referral information, they will record their referral recommendation within *CTARS Referral Record Form* and advise their SPM. The SPM will then review the information and either endorse their decision, request further information, or override the recommendation. The SPM has responsibility for all decisions in accepting or declining referrals; however, a decision to decline a referral must also be endorsed by the Operational Lead (OL) or RD.
- 4.5. Where the referral relates to a residential care placement for a young person under the age of twelve (12), approval must be sought as per regional protocols (from the relevant CSSC Manager, Department Regional Director, PSS Manager, or Child Safety After Hours Service Centre (CSAHSC)).
- 4.6. At any time during the referral and suitability assessment process, the CTL/Clinician/TM may provide the relevant CSSC staff with the *FS IP RCaTS RES Working with MC* or *FS IP RCaTS RES Working with ITIS*. At the very latest, this must be provided upon acceptance of referral, however, this is best provided early on in this assessment process. Where the Pre-Supported Independent Living Program (Pre-SIL) or SILP is being considered by the Department for children/young people, they should be provided with the relevant Program Overview, which describes the program and the requirements for this.

5. Referral decisions and outcomes

- 5.1. Once the referral outcome has been finalised by the SPM, the SPM, or delegate, will login to Unify to create a response to the referral within two (2) business days of receiving all required information.



- 5.2. Referral outcomes fall into the following categories:

- Referral accepted: the referral has been assessed as appropriate and a transition plan will be developed to commence transition of the child/young person into the program;
- Referral not accepted – no capacity: the program has no current capacity to accept the referral;
- Referral not accepted – unsuitable: the referral has been considered and a suitability assessment has been conducted. This must be endorsed by the RD; or
- Referral withdrawn: the Department has withdrawn the referral advising that no further action is required.

- 5.3. To decline a referral the SPM, or delegate, will enter the Unify 'Care Arrangement' tab, then the 'Referrals' tab. The SPM will select the appropriate referral they are responding to and provide a referral response. This is completed by creating a referral response including:
 - Service Outlet Details;
 - Referral Response Reason – two (2) options (no suitable care arrangement matches or no care arrangement capacity); and
 - Referral Response Rationale.

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- 5.4. To accept a referral, the SPM, or delegate, will enter the Unify 'Care Arrangement' tab, select the appropriate referral they are responding to, and select 'Offers'. The SPM, or delegate, will then create an offer for placement including, the below information, and then submit the offer:
- Historical care arrangement issues for this child/young person;
 - Associated service outlet details;
 - Care arrangement start date, care arrangement end date and care arrangement duration;
 - Carer details – include any information regarding staff model required, or challenges with staffing;
 - Household sleeping configuration – details of household sleeping arrangement and items to consider for this care arrangement. Include any information pertaining to matching details or risks that may need further planning;
 - Transport logistics – description of transport logistics and the schools the service will need to transport to;
 - Water safety summary – is there a pool, are the carers trained in water safety and details of pool/water hazard and water safety risk mitigation;
 - Matching details – include details pertaining to all clients in the placement trauma-based behaviours and supervision requirement, level of match (low, medium, high), rationale for level of match and rationale for level of match and requested care arrangement supports; and
 - Care arrangement support – include information whereby additional support or resources may be required to support transport to school.
- 5.5. Details of the recommended outcome are recorded in *CTARS Referral Record* by the CTL/Clinician/TM and endorsed by the SPM.
- 5.6. If a referral is accepted, with the exception of an emergency placement, the CTL/Clinician/TM must develop relevant support and intervention plans in preparation for the child or young person's entry (refer to *FS PROC RCaTS Support and Intervention Planning*).
- 5.7. The CTL/Clinician/TM will then arrange for a pre-placement and transition meeting. In attendance at the pre-placement meeting must be:
- The MC CTL/Clinician;
 - The child/young person's CSO; and
 - If appropriate, the child/young person.
- Any other individuals who play a significant role in the child/young person's life may also be invited to attend, in consultation with the Department. Details of this meeting will be recorded in the *CTARS Stakeholder Meeting Minutes Form*.
- 5.8. If a referral is not accepted due to a lack of capacity at a specific placement address, the CTL/Clinician/TM may wish to advise the Department of other options within MC.

6. Emergency referrals

- 6.1. There may be times when the Department requires a referral to be immediately progressed, either during or after business hours, for an emergency placement.
- 6.2. If the Department contacts a residential care service directly, workers will direct the enquirer to the placement's CTL/Clinician/TM or, if after hours, will take the contact details for the referring Departmental Officer and pass these on to the On-call Representative for response.

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- 6.3. The CTL/Clinician/TM or On-call Representative will liaise with the referring Departmental officer to complete the referral process as outlined above. Given the time constraints, the CTL/Clinician/TM or On-call Representative will attempt to gather as much information as possible so that a suitability assessment can be made. If after hours, the On-call Representative will provide the information to the On-call Manager for assessment and decision-making. Once sufficient information has been gathered an outcome will be determined as follows:
 - During business hours, the CTL/Clinician/TM will contact the SPM, who will accept or decline the placement on behalf of MC; and
 - After hours, the On-call Representative will contact the On-call Manager, who will accept or decline the placement on behalf of MC.
- 6.4. The CTL/Clinician/TM or On-call Representative will advise the referring Departmental officer via telephone of the referral outcome. Email confirmation will be sent by the CTL/Clinician/TM, as soon as practicable.
- 6.5. If the referral is being accepted, any required Safety Plans will be completed, and any information provided added to CTARS Client Profile prior to the child/young person entering placement.
- 6.6. The following business day, the CTL/Clinician/TM will complete the Planner for the child/young person. The CTL/Clinician/TM will also request the Department provides all outstanding referral information as outlined above for the child/young person.
- 6.7. As soon as practicable, the CTL/Clinician/TM for the placement will arrange for a placement meeting with the child/young person's CSO.

7. Records management

- 7.1. All information is to be recorded in the person we support's CTARS Client Profile. Any associated documents, including Departmental documents, referral forms, email correspondence, assessment reports etc., must be attached to this Profile.
- 7.2. The CTL/Clinician/TM and/or SPM will be required to export the PDF Referral Form from Unify to support appropriate record keeping of referral information in CTARS. If there is no Referral Form saved on Unify to access, the SPM or CTL/Clinician/TM will request this from the relevant PSS, to ensure a copy is received to save in client documents on CTARS.
- 7.3. The *CTARS Initial Referrals Register* will be maintained by the SPM and will record whether the referral was assessed or declined and if so, why. Any referral which has been considered appropriate for assessment will have further details recorded within the *CTARS Referral Record Form*.
- 7.4. For referrals that are accepted, the CTL/Clinician/TM must advise the Business Support Team via email within one (1) business day of the person we support entering placement.

Definitions

Care Team Leader/Clinician/Team Manager (CTL/Clinician/TM)

Employee tasked with client care planning and care management oversight within the MC-FYPS Residential Care and Transition Services programs.

Child Safety Officer/Departmental Officer (CSO)

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

CTARS

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CTARS is a cloud-based client management system, designed specifically for disability services, children's services, and aged care. The system will allow MC staff to undertake therapeutic planning and assessment, capture and report on outcomes and ensure practice complies with legislative requirements through industry best practice frameworks.

Senior Program Manager (SPM)

Employee tasked with day-to-day oversight of MC programs. The Senior Program Manager reports to the Regional Director.

Regional Director (RD)

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

Worker

Employee tasked with providing daily care for the people we support.

References

Child Protection Act 1999 (Qld)
CTARS Initial Referral Register
Department's Child Safety Practice Manual (CSPM)
FS DOC RCaTS Program Overview

Related Documents

CTARS Initial Referral Register
CTARS Stakeholder Meeting Minutes Form
FS FORM RCaTS Individual Pricing Schedule Request
FS IP RCaTS RES Working with ITIS
FS IP RCaTS RES Working with MC
FS PROC RCaTS Support and Intervention Planning
FS WF RCaTS Individual Placement Services Request For Quote
GOV POL Delegations of Authority

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