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Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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Purpose
<ul style="list-style-type: none"> In the first instance, positive development involves building up the child/young person's general wellbeing. For example, the broad range of needs outlined in the taxonomy of needs identifies a considerable range of areas that can be developed to enhance a child/young person's life to provide a sound foundation on which to build on their individual strengths and provide intense support for areas they struggle with. It is on this foundation of a personal sense of general wellbeing that the additional areas of individual strengths and personal interests can be built upon. Considerable effort is spent on encouraging carers to 'mine for resources', identifying a child/young person's individual strengths, interests, abilities, and hobbies, and taking concrete steps to build on these either, through informal day-to-day interactions or through planned activities.

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

Procedure
<p>1. General safety at a RCaTS program</p> <p>1.1 All workers are responsible for ensuring that environments that people we support receive care in is safe. This includes residential homes, vehicles and frequently visited places. Managing the environment includes:</p> <ul style="list-style-type: none"> Removing or minimising potential dangers or hazards; Maintaining clean, safe, and hygienic areas; Ensuring maintenance issues are resolved quickly; Ensuring items are maintained in good working order; and Conducting informal risk assessments. <p>1.2 The Senior Residential Care Worker (Senior RCW) will ensure that regular safety checks are conducted in the residential home and any corrective actions are recorded in the house's Maintenance Log.</p> <p>1.3 Using the CTARS Property Self-Assessment Form (within the Unit's 'Data Entry' section), regular audits of residential properties must be carried out:</p> <p>1.3.1 At least monthly by the respective Area Coordinator; and</p> <p>1.3.2 At least quarterly by Business Support Officers.</p> <p>1.4 Any findings and corrective actions as a result of these audits will be carried over until completed.</p> <p>1.5 Where maintenance issues are not resolved in a timely manner, this will be escalated to the respective Senior Program Manager.</p> <p>1.6 Where activities require safety equipment, such as helmets, shin pads, safety glasses, workers will ensure these items are purchased and/or used. If children or young people are resistant, workers will use relevant behaviour guidance strategies to encourage their use. If safety is a concern, children or young people will be informed that the activity cannot occur without the safety equipment being worn.</p>

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- 1.7 When outdoor activities occur, the following will be considered:
 - Minimising exposure times between 10:00am and 3:00pm;
 - Using SPF 30+, broad spectrum and/or water-resistant sunscreen;
 - Wearing a hat, sunglasses, and/or sun-safe clothing; and
 - Shady areas are available.
- 1.8 In accordance with *WHS SOP Emergency and Fire Safety Management*, emergency evacuation drills must be conducted each time a new person we support enters the residential and at regular six (6) month intervals. This must be recorded using the *FS FORM RCaTS Emergency and Fire Safety Management Plan*, with a copy saved to the people we support's CTARS Client Profile and a copy printed and placed into the yellow Unit Information Folder (as per *FS IP RCaTS Unit Information Folder Matrix*).
- 1.9 Where the residential house has a pool, a *FS FORM RCaTS Pool Safety Plan* must be developed by the Care Team Leader (CTL)/Clinician. These plans include general information about the pool for the house as well as specific information about children and young people living at the property. They must be reviewed every six (6) months (it is best to coincide with fire evacuation drills) or whenever a child or young person enters or leaves the house. These plans must be posted in the house office for easy access and uploaded to the child or young person's CTARS Client Profile and Unit.

2. Healthy living opportunities

- 2.1 Children and young people will be encouraged to participate in planned and unplanned ongoing recreational or sporting activities. These activities will be recorded in the child or young person's Individual Planner and progress noted in the Activity Log and Progress Update. Workers will support attendance at these events through promoting and encouraging their participation and assisting them to get there, whether this is through direct transport or public transport. Information in regard to community access is recorded in the Personal Care tab of their Client Profile.
- 2.2 Workers will promote good nutrition for children and young people. Menu planners will contain healthy food options and children and young people will be encouraged to seek out these types of foods when getting take away. When grocery shopping, workers will focus on purchasing healthy foods and keeping snack and processed food purchases to a reasonable minimum. Information in regard to each young person's eating, drinking and mealtimes is recorded within the Personal Care tab of their Client Profile and progress recorded within the Shift Log AM and PM.
- 2.3 Workers will promote healthy sleep routines for children and young people. Safe, secure, comfortable, and clean bedrooms will be provided. Optimal sleeping routines and hygiene habits before bedtime will be encouraged. Use of electronic devices before and during sleep times will be discouraged. Information regarding sleep hygiene is recorded in the Personal Care tab of their Client Profile and progress recorded within the Shift Log PM and Night.

3. Young people and substance misuse

- 3.1 MC will actively discourage young people from engaging in substance misuse, including smoking cigarettes and vaping. Strategies for this include:
 - Discouraging group congregation whilst smoking;
 - Promoting educational strategies and health warnings;

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- Not facilitating ease of purchasing (not transporting children or young people to areas where cigarettes/inhalants are purchased, not providing cigarettes or lighters); and
 - Where it is known that stores are providing children and young people with cigarettes, informing these individuals of the law and the potential legal consequences of this;
 - Prohibiting the use and storage of aerosols on the premises; and
 - Securing any potential inhalants within the worker's office.
- 3.2 Health warnings and education should be delivered in a balanced way, acknowledging that overstatement of this can minimise the effects of these conversations.
- 3.3 Where workers smoke themselves, they are to keep this information away from children and young people. Under no circumstances are they to smoke with children and young people. Workers are reminded that any smoking during work time is subject to the conditions outlined in *WHS SOP Smoking and the Workplace*.
- 3.4 Where a young person is engaged in substance misuse of an illicit substance, MC will prioritise the safety and wellbeing of the young person. For further information on this topic, refer to *FS PROC RCaTS Legal Matters*.

4. Activity risk assessments

- 4.1 Where an activity is being considered for the first time and the activity is classified as 'high or very high risk' the CTL/Clinician or delegate must follow this process:
- 4.1.1 The CTL/Clinician will complete the CTARS Activity Risk Assessment Log and determine the risk rating and risk factors involved in the activity. The CTL/Clinician or delegate must discuss the activity with the Senior Program Manager (SPM) or Regional Director (RD) if risks are significant.
 - 4.1.2 If the activity is considered high risk or requires guardian consent, the CTL/Clinician will provide details of the completed assessment and the permission form to the child or young person's Child Safety Officer (CSO), including why the activity is being considered, how the activity will occur and who will facilitate this, what the views of the child or young person are and whether the activity is considered suitable (the *DCYJMA Child Safety Practice Manual* provides advice on what activities require this process and the information required).
 - 4.1.3 Where necessary, the CSO will seek approval from the child or young person's guardian (either their parent or a Child Safety Team Leader). It is important to note that, if costs are being sought, this approval does not extend to any financial commitment.
 - 4.1.4 The CTL/Clinician or delegate will record any correspondence regarding approval or refusal of the activity on the child or young person's CTARS Client Profile.
- 4.2 High or very high-risk activities are to be planned and CTL/Clinicians must allow sufficient time to seek approval. If approval for the activity has not been granted or confirmed by the Department of Child Safety, Seniors, and Disability Services (the Department), the activity cannot go ahead.
- 4.3 Activity Risk Assessment Logs do not need to be completed each time for repeated activities, however, a new assessment must be completed when there is a significant change in circumstances.

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- 4.4 Where circumstances significantly change after the activity has been approved, the CTL/Clinician or delegate must recommence the risk assessment and approval process.
- 4.5 Activities are recorded on the child or young person's support and intervention plans.

Definitions

Care Team Leader/Clinician

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

Child Safety Officer

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

CTARS

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

High or very high-risk activities (taken from the Child Safety Practice Manual)

High risk and very high-risk activities may be defined as activities where:

- there is a high risk of injury to the child or other persons if the equipment or procedures associated with the activity are not used in the prescribed manner;
- there is a risk of severe injury to the child or other persons;
- there is a high likelihood, high probability, or frequency, and/or a significant consequence or impact of an injury or event occurring; or
- a high level of adult supervision of all aspects of the activity is required.

Activities that may be considered high or very high risk include but are not limited to white water rafting, rock climbing and abseiling and high ropes courses.

Senior Program Manager (SPM)

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

Senior Residential Care Worker (Senior RCW)

Employee tasked with the day-to-day support and coaching of staff and running of an MC Residential Care Program site.

Regional Director (RD)

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

Worker

Employee tasked with providing daily care for young people.

References

Child Protection Act 1999 (Qld)
Department's Child Safety Practice Manual
(<http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual>)

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Related Documents					
FS FORM RCaTS Emergency and Fire Safety Management Plan					
FS FORM RCaTS Menu Plan					
FS FORM RCaTS Pool Safety Plan					
FS IP RCaTS Unit Information Folder Matrix					
FS PROC RCaTS Legal Matters					
FS PP Therapeutic Planning for Trauma Recovery and Resilience Building					
WHS SOP Emergency and Fire Safety Management					
WHS SOP Smoking and the Workplace					

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