

## Identifying and Reporting Harm (Standards of Care) Policy

### 1. Purpose

Inala Community House (ICH) is committed to ensuring that children placed with ICH carers are cared for in a way that meets the statement of standards (*Child Protection Act 1999*, s122) and the Charter of Rights for a Child in Care (schedule 1 of the Act).

This policy aims to ensure that:

- ICH staff and carers comprehensively understand their obligations to ensure children are safe, protected and well cared for and this is reflected in their practice.
- ICH actively monitors the standards of care provided to children in care and responds appropriately when concerns are raised, including reporting to Child Safety.
- ICH's response to concerns about the standards of care provided to a child are undertaken in a manner that is collaborative, respectful and supportive, with the overarching aim of ensuring the safety and wellbeing of children in care
- The support needs of all carers are identified and addressed as part of the response to children.

### 2. Scope

This policy applies to all people working with Out of Home Care (OHC) and includes employees, volunteers, students, trainees and contractors. For the purpose of this policy, these persons shall be referred to as workers.

### 3. Definitions

**Child:** A child is an individual under 18 years as per the *Child Protection Act 1999 (Qld)*.

**Carer:** A carer refers to both foster carer and kinship carer.

**The Act:** The Act refers to the *Child Protection Act 1999 (Qld)*.

**The Department:** The Department refers to the Government department responsible for child safety.

**Child Safety Practice Manual:** The Manual provides the principles, values, procedures, approaches, and systems that inform the delivery of Qld child protection services by the Department.

**Harm:** Harm is defined in the *Child Protection Act 1999* as 'any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing'. The Act specifies that it doesn't matter how the harm was caused but includes physical, emotional or sexual abuse or neglect as possible causes. It also recognises that harm can be caused by a single incident of abuse or be a cumulative impact of multiple incidents.

**Standards of care:** The statement of standards (*Child Protection Act 1999*, s122) sets out the standards by which children in care are to be cared for. These standards apply to all placements made under the authority of the *Child Protection Act 1999*, s82(1).

The statement of standards provides a way to measure quality care for children in care, and forms a basis for assessing whether a care environment is suitable. Application of the standards to the child's care must take into account what is reasonable having regard to:

- The length of time the child is in the care of the carer and
- The child's age and development.

The Act outlines the following 11 standards:

- a. The child's dignity and rights will be respected at all times
- b. The child's needs for physical care will be met, including adequate food, clothing and shelter
- c. The child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard
- d. The child's needs relating to his or her culture and ethnic grouping will be met
- e. The child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met
- f. The child will receive education, training or employment opportunities relevant to the child's age and ability
- g. The child will receive positive guidance when necessary to help him or her to change inappropriate behaviour
- h. The child will receive dental, medical and therapeutic services necessary to meet his or her needs
- i. The child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age
- j. The child will be encouraged to maintain family and other significant personal relationships
- k. If the child has a disability - the child will receive care and help appropriate to the child's special needs.

For 'g', techniques for managing the child's behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.

For 'j', these requirements will be incorporated into the child's case plan and placement agreement.

**Mandatory reporting:** ICH workers are mandated to report a reasonable suspicion that a child in care has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.

Under the Criminal Code (Child Sexual Offences Reform) and Other Legislation Amendment Act 2020, it is an offence in Queensland for any adult not to report sexual offending against a

child by another adult to police, unless they have a reasonable excuse not to (which includes reporting to Child Safety).

**Historical concerns:** Information received by Child Safety about harm experienced by a person in a care arrangement, or care that did not meet the required standards, is referred to as a 'historical concern' if it:

- Refers to events that occurred more than 12 months ago while a child was in the care arrangement, or
- Relates to a child who is no longer in care, or
- Relates to a person who is now an adult (over 18 years of age).

## 4. Policy

This policy aligns with the Department's policy on Responding to Concerns about the Standards of Care and should be read in conjunction with the Department's Child Safety Practice Manual.

ICH puts children first, has zero tolerance to child harm and is committed to child wellbeing and safety. ICH believes all children have the right to be safe, happy, empowered and participate in decisions/processes that affect them.

### 4.1 Child safe policy and practice

All ICH OHC workers participate in mandatory child protection training and receive ongoing professional coaching to ensure their practice promotes child safety.

ICH OHC workers, in partnership with the Department responsible for child safety, support foster and kinship carers to meet their legislative responsibilities and standards of care for children. This is comprehensively addressed in the pre-service training and assessment process for foster and kinship carers. Refer to the ICH Pre-Placement Policy and Pre-Placement Procedure for further guidance.

In addition to training, ICH provides proactive case management support, advocacy and monitoring to carers. The Department also monitors the standards of care provided by carers through their casework with children. Through these mechanisms, the objective is to embed child safety practices and address standard of care concerns and issues as they arise, and prevent them from continuing or escalating. Refer to the ICH OHC Supporting Placement Policy and ICH Caseworker Guide for further guidance.

### 4.2 Responding to standards of care concerns

All ICH workers must respond appropriately and diligently if standards of care concerns arise. Workers are accountable for reporting critical incidents, overseen by the ICH OHC leadership team (refer to the ICH OHC Incident Reporting and Management Policy). If the leadership team becomes aware that standards of care concerns have not been reported,

the team shall make or direct that a report is made through the critical incident management process.

Reports must be made to the Department through the ICH critical incident reporting process. All concerns or incidents that are potentially a breach of the Statement of Standards (regardless of the nature of the incident) need to be reported in accordance with Level 1 critical incidence reporting processes. A death of a child must also be reported to the Qld Coroner. Refer to the ICH Incident Reporting and Management Policy for further guidance.

The Department is accountable for responding to concerns about meeting standards of care. ICH, the carer and the Department all have a responsibility to work collaboratively to ensure the child is safe from harm and that appropriate actions are taken to resolve the identified concerns.

#### *4.2.1 Role of ICH and support for carers*

ICH will always observe the principles of natural justice while a response is undertaken. The role of ICH is to be determined on a case-by-case basis however generally ICH will contribute to the response through the Department's consultation process and supporting the carer. The Department may seek information about:

- ICH's assessment of the carer's current capacity to meet the standards of care
- The number of children currently in the care arrangement, including how long they have been there
- The presence of stressors in the care arrangement
- The nature of the support provided to the children in the care arrangement by ICH
- Other information it identifies as relevant.

Carers have the right to receive support and advocacy during standard of care reviews and investigations and assessments. ICH will work with the Child Safety Officer (CSO) to ensure that the carer has the opportunity to nominate a support person or advocate. A carer may nominate an ICH worker as a support person to provide emotional and practical support. In these instances, the role of the ICH worker is to ensure that the carer has an opportunity to respond to concerns and are treated respectfully throughout the process.

ICH shall also advise carers about the role of the Foster Care Advocacy Team (FAST) or case officers from Queensland Foster and Kinship Care, who can also provide or act as an advocate on the carer's behalf through the standard of care process.

ICH shall also inform carers about options if they do not agree with a decision or action during the standard of care assessment process, which includes:

- Talking to the CSO or ICH support worker
- Talking to the Child Safety Service Centre Senior Team Leader or Manager, if they are not satisfied with the CSO's response
- Calling Child Safety Complaints on 1800 080 464

- Applying to the Queensland Civil and Administrative Tribunal (QCAT) for a review of a Child Safety decision to remove a child from placement or cancel a carer's approval as a carer.

ICH shall also advocate for the child to have a support person or advocate available through the response to concerns process. Refer to the [Information sheet for children and young people \(PDF\)](#). ICH shall ensure that the carers are providing support to the child through their proactive casework and the use of flexi-funding may also be explored to promote placement stability (refer to ICH OHC Supporting Placement Policy).

When it is indicated that the standards of care may not have been met for a child or where the child has experienced harm or it is suspected that they have experienced harm, there are three levels of response:

- Continuing monitoring the standards of care
- Standards of care review (SOCR)
- Harm report.

#### *4.2.1 Continuing monitoring the standards of care:*

This level of response is where concerns are identified about the quality of care provided by the carer and there is no indication that a standard of care has not been met. This response requires proactive case work and support to address the issues to prevent them from continuing or escalating into a future SOCR or harm report.

When implementing a decision to continue to monitor standards of care, the Department's CSO and ICH will jointly determine what actions are to be undertaken, who will carry them out, and the timeframe in which they will be completed.

Proactive case work and support may include:

- Helping the carer understand how the standards of care apply to the way they care for the child on a daily basis
- Helping to identify signs that the carer is experiencing strain or stress and identifying strategies to reduce stress
- Providing additional supports or services to the child, carer to address issues contributing to the identified concerns or causing stress
- Assisting the carer to implement safe caring practices when interacting with children who have experienced sexual abuse or domestic and family violence or who display sexually reactive behaviours
- Addressing systemic factors that contribute to stress in the care arrangement, such as:
  - Overcrowding
  - Insufficient levels of support
  - Insufficient sharing of information about the child's needs and behaviours
  - Insufficient matching of the child's needs and characteristics with the carer's circumstances, capacity and ability to meet the child's needs.

#### *4.2.2 Standards of care review (SOCR):*

A SOCR is undertaken when the concerns indicate that the care provided to the child may:

- Not have met the standards of care
- The specific standards of care can be identified
- There is no information that the child has experienced harm and
- A review is required to determine if the standards are being met.

A Child Safety Service Centre (CSSC) will be responsible for undertaking the review. The CSSC will lead the development of a plan to address the key activities of the review. ICH could be asked to lead the discussion of concerns with the carer.

A standards of care review will result in an outcome determining that:

- The standards have been met and there is no indication that the child has experienced harm. In these instances, the standards of care will continue to be monitored with proactive casework (refer to 4.2.1 for further guidance).
- The standards have not been met and no indication that the child has experienced harm. In these instances, the CSSC may review the placement agreement and may also review the foster carer agreement and carer suitability. Refer to 4.2.4 for further information about action plans.

#### *4.2.3 Responding to a harm report*

This is the most serious response as 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 may have involved the actions or inactions of a carer, adult household member, including failure to protect a child. Child Safety will conduct an investigation and assessment. In some circumstances the Queensland Police Service might be involved.

If it is assessed that the child's care has not met the required standards, Child Safety will work with ICH, the carer and the carer's safety and support network to develop an action plan that will address the issues. ICH OHC will continue to also undertake proactive casework (refer to 4.2.1 for further guidance). If it has been assessed that a child has been harmed, Child Safety will take the necessary actions to ensure the child's safety, depending on the nature and circumstances of the harm. In some situations, the child may be removed from the placement.

The outcome of the investigation and assessment of a harm report will be one of the following:

- Substantiated - standards not met. This outcome requires the development of an action plan before the investigation and assessment is finalised. The action plan will address issues relevant to ensuring the child receives the required standards of care in the future.

- Substantiated harm - standards met. This outcome requires a review of the child's case plan to ensure the child's needs, identified during the investigation and assessment, are addressed.
- Unsubstantiated - standards not met. This outcome requires the development of an action plan before the investigation and assessment is finalised. The action plan will address issues relevant to ensuring the child receives the required standards of care in the future.
- Unsubstantiated - standards met
- No outcome - in exceptional circumstances, it may not be possible to record an outcome for an investigation and assessment.

#### *4.2.4 Action plans*

Where standards of care have not been met, the Department works with ICH and the carer to develop a 'carer' action plan. The plans address issues identified during the assessment and include action to ensure the child is safe from harm and that their care meets the standards of care. All parties involved in the development of the action plan are responsible for undertaking the agreed actions and for monitoring and supporting the implementation of the action plan within the designated timeframe. Action plans are to be reviewed within three months. The 'carer' action plan is reviewed by the Department in conjunction with ICH.

It may be determined that a comprehensive assessment of the carer's suitability and ability to meet the standards of care is required. Refer to ICH Carer Review and Renewal Policy.

#### *4.2.5 Historical concerns*

All historical concerns that are potentially a breach of the Statement of Standards need to be reported in accordance with Level 1 critical incidence reporting processes. Refer to the ICH Incident Reporting and Management Policy for further guidance.

ICH OHC will take guidance from the Department about how the organisation is to contribute to responses to historical concerns. The response differs depending on whether the person is an adult or child. Where the disclosure relates to a child in placement, ICH shall ensure that the carers are providing support to the child through their regular casework. The use of flexi-funding may also be explored to promote placement stability (refer to ICH OHC Supporting Placement Policy).

When historical concerns are reported about a carer who holds a certificate of approval and has children currently placed with them, the Department will assess the immediate safety of children in the care arrangement and any risk of harm that exists. Any necessary action will be taken to ensure the safety of children in the care arrangement. The CSSC responsible for the carer will respond to concerns, lead the information gathering and consultation process, determine the required response and lead the response. ICH OHC will work collaboratively with the CSSC, respond promptly and assist in all stages of the response as determined by the CSSC.

#### 4.2.6 Reporting harm or at risk of harm for children not in care

Where ICH OHC workers suspect that a child in Queensland (not in care) is experiencing harm, or is at risk of harm, a report should be made to a Child Safety Service Regional Intake Service (RIS). The Brisbane and Moreton Bay RIS can be contacted on 1300 682254 during business hours (9am-5pm). Outside of these hours, contact the Child Safety After Hours Service Centre on 1800 177 135 (Queensland only).

Note that it is an offence in Queensland for any adult not to report sexual offending against a child by another adult to police, unless they have a reasonable excuse not to (which includes reporting to Child Safety).

## 5. Review

This policy shall be reviewed every 2 years.

This policy remains in effect unless otherwise determined by resolution of the Board of Directors.

## 6. Related Documents

### Policies

ICH OHC Philosophy of Care  
ICH OHC Supporting Placement Policy  
ICH OHC Incident Reporting and Management Policy  
ICH OHC Managing High Risk Behaviour Policy  
ICH OHC Supporting Placement Policy.  
ICH Privacy Policy  
ICH Human Rights Policy  
ICH Feedback and Complaints Policy  
ICH Confidentiality Policy  
ICH Positive Behaviour Policy

### Other Documents

ICH OHC Caseworker Guide

### References

Qld Child Protection Act 1999  
Qld Child Protection Regulation 2011  
Qld Out-of-Home Care Outcomes Framework:  
<https://www.cyjma.qld.gov.au/resources/campaign/supporting-families/qld-out-of-home-care-outcomes-framework.pdf>  
Qld Child Safety Practice Manual: <https://cspm.csyw.qld.gov.au/>  
Qld Human Services Quality Framework  
Record Keeping Guide for Funded Non-Government Organisations  
Child Safety Policies: Responding to Standards of Care, Positive Behaviour Support, Managing High Risk Behaviours.



Information for carers: <https://www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/rights-and-responsibilities/standards-care>