

Acknowledgement of Country



Photo by [René Riegal](#) on [Unsplash](#)



Queensland
Foster and
Kinship Care

Standard of Care and Harm Report Procedures

A Guide Through the Process

Content

Taking a look at the past

Deciding responses

The Pathways

Reportable Conduct

Outcomes and Actions

Written requirements

Supports and advocates

Review process



Activity

Think about the term ‘Standard of Care’ or ‘SOC’ - in either groups or to the person next to you, talk about what these words mean to you and what feelings this term evokes for you.





Reviews conducted in 2007 and 2013 revealed:

- ▶ Standard of Care issues and Harm issues being responded to in the same way;
- ▶ Concerns were not being responded in proportion to what the concern is;
- ▶ Lack of consultation prior to making decision to record;
- ▶ Holding onto the smaller issues until they become larger instead of acting proactively;
- ▶ Overly focused on the carer - not taking into consideration all contributing factors.

Historical reviews



A new way forward ...

The 2013 review resulted in the most significant changes to the way in which Child Safety responds to concerns since the CMC.

However, unlike CMC days, the procedures do not reflect punitive and blame driven practice, rather a practice that reflects partnership, shared responsibility, collaboration and support.

A practice that recognises that everyone has a role to play in meeting the needs of children.



Terminology

The language we use when speaking about Standard of Care Reviews drives culture and practice

Procedures developed in 2013 sought to come away from language that would often be associated with blame and punitive drive practice such as 'matter of concern' and 'breach'

The procedures instead referred to Care Teams, Shared responsibility and collaborative practice



The Process

The Child Safety Practice Manual outlines the procedures relating to Standard of Care (SoC) reviews and Harm Reports (HR)

Lets take a look...



[https://cspm.csyw.qld.gov.au/procedures/
respond-to-concerns-about-a-child-in-care](https://cspm.csyw.qld.gov.au/procedures/respond-to-concerns-about-a-child-in-care)



- ▶ Child Safety receive information.
- ▶ Child Safety have two days to gather contextual information.
- ▶ During these two days, they **MUST** consult with the Foster and Kinship Care Agency if applicable (Care Team Members).
- ▶ Consultation should also take place with CSO for any other children in the placement.
- ▶ Team Leader can make decision relating to SOCR and Manager makes decision relating to harm reports.

Deciding a Response ...

Consult meeting - Considerations

- ▶ S.122 (4) The application of the Standards to the child's care must take into account what is reasonable having regard to:
 - (a) The length of time the child is in the care of the carer or care service and;
 - (b) The child's age and development
- ▶ Bring the current placement agreement to the consult meeting, if there is not one then consider whether the development of a placement agreement should be your priority
- ▶ If there is a placement agreement in place, review in the consult whether the care team have been doing what was agreed upon in the placement agreement
- ▶ Consult should not be carer focused, it should be care team focused, what have the care team done or not done that could have contributed to standards not being met.



Pathway Responses

Standard of Care Review

There is reasonable suspicion that the child's care may not be meeting, or not have met, one or more of the standards of care as outlined in the Child Protection Act 1999 Section 122. It is not appropriate to select this response if it is suspected the child may have also experienced harm - in which case a harm report will be recorded.



Pathway Response

Harm Report

a harm report - when there is a reasonable suspicion a child in care has experienced harm caused by

- ▶ *a carer, an adult household member or staff member of a non-family based care arrangement or*
- ▶ *another adult or child aged over 10 years with capacity to understand the consequences of their actions, and it is reasonably suspected that the action or inaction of the carer, adult household member or staff member contributed to the child experiencing harm. (Refer to Decide if action or inaction contributed to the harm.)*

PRACTICE PROMPT

Harm is in accordance with the Child Protection Act 1999, section 9, which is a detrimental effect of a significant nature on a child's physical, psychological or emotional wellbeing. Harm can be caused by physical, psychological or emotional abuse or neglect or sexual abuse or exploitation.

Statement of Standards

The Statement of Standards provide a set of standards around care provided to children and young people in out of home care. These standards are in place to ensure a high level of care to children and young people who have experienced trauma, so they can experience an environment that assists them to heal and build resilience. It is the role of the whole care team to meet the care needs for children and young people.



Let's get realistic

Carer families are everyday families who have the pressures of everyday life.

What makes carer families extraordinary is they volunteer to open their hearts and homes to children and young people in Family Based Care.

In opening up their home to children, they open their home to much more.

Reflection ...

What are some everyday pressures for families.

Now think about some of the additional pressures that being a carer may bring to your family.

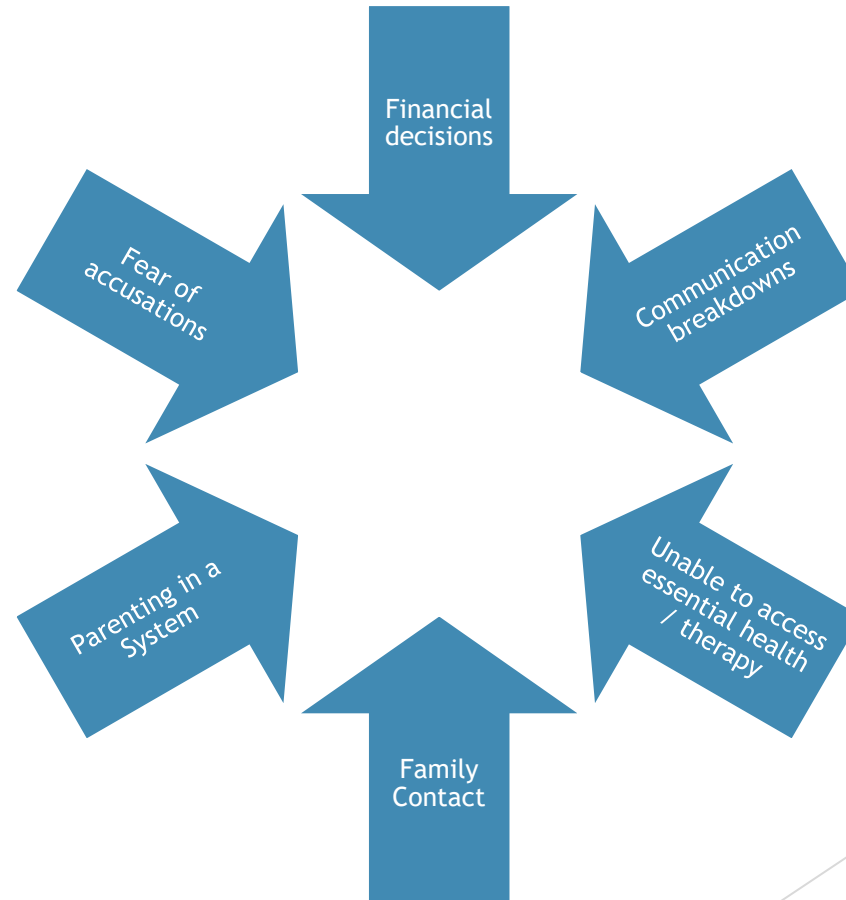
Speak in pairs about possible impacts/implications for families when both everyday pressures and pressures of being a carer occur.



Everyday families

- ▶ Financial
- ▶ Parenting
- ▶ Work
- ▶ Time
- ▶ Personal Relationships
- ▶ Moving homes
- ▶ Health
- ▶ Educational issues

Carer families



Continued ...

It is important that we put into context the fact that we are working with families and our response to worries that are not harm based should never be punitive or reactive, rather they should be seen as a community response that reflects a supportive and coordinated effort to a family in need.



- ▶ Senior Team Leader makes decision
- ▶ Plan the Review in partnership with foster and kinship care service
- ▶ Discussion with Carer identified to be conducted by Child Safety and/or agency worker
- ▶ Discussion with Child (should not be using S17 of Child Protection Act)
- ▶ Exploring and taking a look at the broader context (whole care environment)
- ▶ Assessing the information and consulting again
- ▶ Determining outcome

Standard of Care Review Process



Planning - what is considered...

Child Safety will lead the development of a plan to address key actions such as:

- Telling the carer of the standards of care review and explaining they can arrange to have a support person present
- Providing and discussing the information sheet for carers
- Planning who will lead the discussion about the concerns with the carer
- Checking the current placement agreement to see if it is up to date and whether the documented supports and actions have been actioned
- Talking with the subject child
- Gathering additional information if required
- Developing contingency plans for responding to issues and difficulties that may impede the timely completion of the standard of care review



Content

- ▶ Commencement within **5 days** either by:
 - **discussion** with carer/staff member (FKC service worker may have an active role) or
 - **discussion** with child
- ▶ Completion within **4 weeks**



Discussion vs Interview

In pairs discuss the difference between what a discussion looks like as opposed to an interview



Queensland
Foster and
Kinship Care

Discussion

- ▶ Feels informal
- ▶ Conversation is two sided
- ▶ Participants of discussion on same level

Interview

- ▶ Formal process
- ▶ Information sought and obtained more controlled by interviewer
- ▶ Power imbalance

SOC Reviews - Key Concepts

Shared
responsibility

No person recorded
as responsible

Taking a look at all
contributing factors

Child remains
central focus and
their voice is heard
- what is their
experience

Terminology is not
punitive

Outcomes focussed
on the whole care
team, not on
individual.



Standard of Care Review - Outcome

- ▶ Standards are either **met or not met**.
- ▶ If Standards are not met, then a **Placement Agreement review** will take place to look at what the whole care team needs to do to address the issues leading to the Standards not being met.
- ▶ **Foster Care agreement** can also be reviewed to ensure that it is reflective of carers abilities, support needs and learning and development needs.



Placement agreements

- ▶ Placement agreements are a legal requirement for all children who have been placed in the care of an approved carer/s under Section 84 of the Child Protection Act 1999

In your groups - discuss what the purpose of placement agreements are and what helps to inform placement agreements

Pass out - Placement agreement fact sheet



Placement agreements

Purpose

- ▶ outlines the goals of the placement
- ▶ provides relevant information about a child
- ▶ records the agreed support and services to be provided to the carer or care service, based on the assessed level of the child's needs.

All placements require a placement agreement.



<https://cspm.csyw.qld.gov.au/practice-kits/care-arrangements/working-with-carers-1/responding/supporting-family-based-care-arrangements>



Placement agreements

What informs

- ▶ the child's strengths and needs
- ▶ the child's assessed level of support needs, including behaviour support
- ▶ the case plan goal, outcomes and actions
- ▶ any specific financial or other supports to be provided to the carer
- ▶ information required for the child to be up to date with their immunisations
- ▶ if not yet incorporated in the case plan, details of the child health passport and education support plan, where applicable, and any related actions required by the carer
- ▶ information from Child Safety records, including details of:
 - ▶ previous placements (for example, frequency, reasons for placement breakdowns or their relationships with children in previous placements, including incidents of conflict or bullying)
 - ▶ previous suicide risk alerts, suicide risk management plans and related outcomes
- ▶ information provided by agencies involved with the child, including specialist services such as Evolve.

Reflection

Let's Brainstorm - what are some of the consequences of not completing Placement agreements



Consequences.....

Increased phone traffic
to CSSC

Carers not adequately
informed about child or
young person's needs

Increased chance of
Standards not being met
for child or young
person

Educational, health and
cultural needs not being
adequately met

Lack of shared
understanding of all
matters relating to
placement i.e. financial
and expectations of
family contact

Lack of understanding
regarding support needs
for carer i.e. respite

Instability and possible
breakdown of
placement



Activity

- Take a look at the scenario provided
- In pairs discuss some of the things that could be put into the placement agreement to assist the care team to meet the Standards of Care for the child involved



Harm Reports and Reportable Conduct Responses

Key messaging

- ▶ Reportable conduct scheme came into effect on 1 July 2026 - the Queensland Family and Child Commission is responsible for the oversight of the scheme, including organisations' responses to concerns
- ▶ Child Safe Standards are in place to support the prevention of incidents of Reportable Conduct
- ▶ Reporting entities requires the organisation to care for, supervise or have authority over children AND be mentioned in schedule 2 of the Child Safe Organisation Act
- ▶ Child Safety have set up a Reportable Conduct Unit who are responsible for managing Reportable conduct incidents inclusive of reporting up to QFCC
- ▶ Harm report matters and Reportable Conduct matters are two separate processes that will run concurrently

Let's explore!

<https://www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/rights-and-responsibilities/legal-matters/child-safe-standards-reportable-conduct-scheme>



Definitions

Harm Definition resulting in Harm report

- ▶ *Harm is in accordance with the Child Protection Act 1999, section 9, which is a detrimental effect of a significant nature on a child's physical, psychological or emotional wellbeing. Harm can be caused by physical, psychological or emotional abuse or neglect or sexual abuse or exploitation.*

Although not reflected in legislation, Child Safety also consider exposure to domestic and family violence as a form of abuse that may lead to harm

Reportable Conduct definition

Reportable conduct includes

- A child sexual offence
- Sexual misconduct committed in relation to, or in the presence of a child
- Ill treatment of a child
- Significant neglect of a child
- Physical violence committed in relation to, or in the presence of a child, or
- Behaviour that causes significant emotional or psychological harm to a child

Conduct type	What does this mean?
A child sexual offence	This includes child sexual abuse in all its forms, including grooming and child sexual exploitation material.
Sexual misconduct committed in relation to, or in the presence of, a child	Conduct that is sexual in nature, including: •inappropriate touching •voyeurism •use of sexual language or conversations that violate boundaries.
Ill-treatment of a child	Cruel, humiliating or inhuman conduct, including verbal abuse, making excessive or degrading demands or using inappropriate forms of behaviour management.
Significant neglect of a child	Deliberate or reckless failure to meet the basic needs of the child. It can be a single serious failure to meet a child's basic needs, or from an ongoing pattern of repeated failure to meet a child's needs.
Physical violence committed in relation to, or in the presence of, a child	Physical harm or force that causes or risks injury. This includes physical intimidation where a child or young person is scared that they will be harmed. A reckless application of physical force means the worker or volunteer may have not intended to use physical force but was reckless about the impact their actions could have on a child.
Behaviour that causes significant emotional or psychological harm to a child	Conduct that has serious, ongoing effects on a child's emotional wellbeing and/or development. This includes harm that is serious in nature (not trivial) and is observed or professionally assessed through changes in behaviour distress, anxiety, withdrawal or a diagnoses.

What is significant nature ?

For a detrimental effect to be of a significant nature it will:

- have more than a minor impact on a child's physical, emotional or psychological wellbeing
- be substantial, serious and demonstrable (that is, measurable or observable on the child's body, functioning or behaviour)
- likely be long-term (more than transitory) or adversely affect the child's health or wellbeing to an extent that the general public would consider unacceptable

Other key points - Reportable conduct

- ▶ All workers, inclusive of volunteers who care for, supervise or exercise authority over children of a reporting entity are subject to Reportable conduct.
- ▶ Reportable conduct may be one act or a series of acts or incidents. It does not need to have occurred in the course of the worker's employment (or volunteer work), for example, it may occur while the worker is off duty or out of the hours
- ▶ An allegation can be raised about any worker (or volunteer) who performs work of any kind for the organisation, including employees in all capacities, volunteers, contractors, subcontractors, consultants, labour-hire workers, trainees and work experience employees, and religious leaders
- ▶ Carers are mandatory reporters under the Child Protection Act 13(f), these reporting requirements do not change, a carer would report to Child Safety and Child Safety would then have a responsibility to report on to QFCC if concerns met threshold for Reportable conduct.

Harm Reports

Harm Reports relate to significant harm

- ▶ **Consultation** must take place with your agency prior to the decision being made.
- ▶ As of 1st July 2026, Child Safety can raise harm reports on 'risk of harm' alone.
- ▶ **Action plans** need to be completed within **3 months**
- ▶ Harm reports are a parallel process to Reportable conduct as of 1st July 2026



Harm Report Process

- ▶ Manager must make decision.
- ▶ Child Safety have **24 hours** in which to respond, Child must be sighted
- ▶ An interview will be conducted with Carers and child/ren by Child Safety
- ▶ Child Safety still have responsibility to assess broader context
- ▶ Child Safety has **8 weeks** to conduct the investigation and assessment



Harm report process points....

- ▶ Harm Report Assessment plan will be developed and approved
- ▶ Harm Report assessment plan will include details relating to whether it is appropriate to pre-arrange interviews with the carers and if so, who is responsible for doing this
- ▶ Carers will be provided with opportunity to have support person present
- ▶ Child Safety must make all reasonable attempts to accommodate the attendance of a legal representative, where this will not unnecessarily delay the interview
- ▶ Carers can ask to record the Harm report interview, the recording will belong to the carer and be subject to the same confidentiality provisions as any other material they hold in respect to a child or young person they care for



Harm report assessment plans

- ▶ The Practice manual was updated in October 2025 to include content around factors to consider when planning a harm report assessment
- ▶ Strengthened focus on children's participation (CSS 2) and procedural fairness (Principle of the Reportable conduct scheme)
- ▶ The introduction of Reportable conduct will mean a parallel process will occur alongside the Harm report assessment. This includes the planning phase where it is critical to ensure input from the Reportable conduct unit about what information the unit will need to be collected to inform the reportable conduct investigation. This process will also help to ensure the process of Child Safety reporting back to QFCC is appropriate and of a high standard
- ▶ The harm report procedure now provides links to Child Safety's Sexual Abuse Practice Kit for practice guidance to support and assist staff in their assessment of concerns relating to sexual abuse, by building knowledge and awareness to proactively safeguard children (CSS7)
- ▶ It is important carers are told during the assessment that the information they disclose will be shared with the QFCC and Bluecards if relevant.

Concurrent process

Harm

- Consult - CSSC, Agency
- Decision - CSSC Manager - **letter**
- Planning - CSSC and agency staff
- Assessment - CSSC staff
- Proposed adverse finding - CSSC - **letter**
- Practice Panel - CSSC and other members as per Practice Panel Guidelines
- Outcome focused on harm to child/ren - CSSC Manager - **letter**
- Action plan (if applicable) - CSSC Staff, practice panel, RCU staff and carer

Reportable conduct

- Consult - Reportable Conduct Unit
- Decision - RCI Manager - **letter**
- Planning - RCU staff
- Assessment - carer will have option to have a Teams interview but carer can choose to rely on the interview and/or recording from CSSC staff
- Proposed adverse finding - RCU **letter**
- Practice Panel - RCU present
- Outcome = focused on behaviour of carer- RCI Manager **letter**
- Action plan (if applicable) - CSSC staff, practice panel, RCU staff and carer

Flow Chart: QFKC Resource



Access the
resource

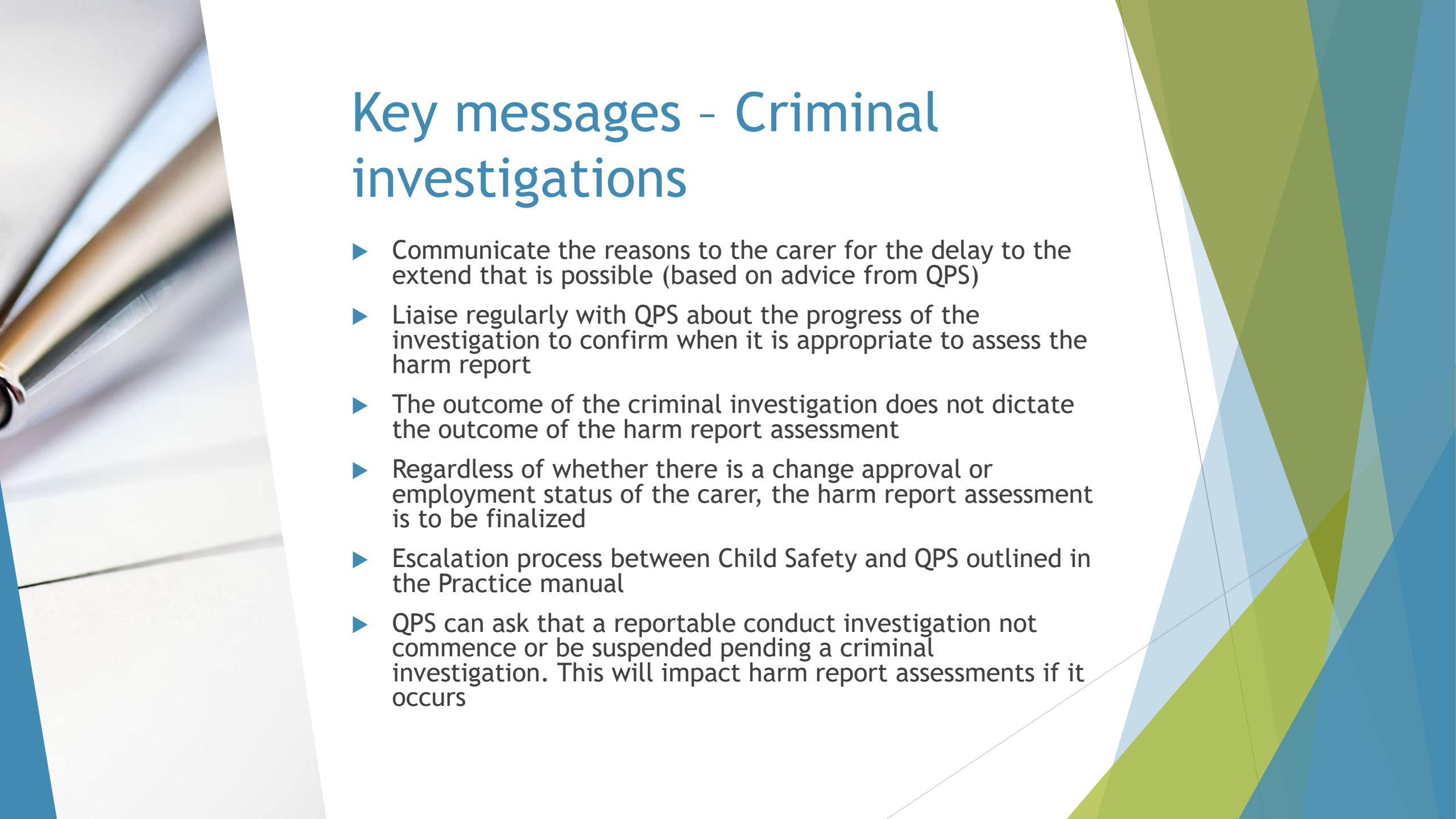
Harm Report Flow Chart



When Child Safety receive information which involves allegation of harm to a child that may involve the commission of a criminal offence relating to the child, Child Safety must IMMEDIATELY provide the information to Queensland Police Service (Section 14 (2) and (3) Child Protection Act 1999)

QPS's process of investigation will take priority over Child Safety's Investigation and Assessment.

Criminal Matters



Key messages - Criminal investigations

- ▶ Communicate the reasons to the carer for the delay to the extent that is possible (based on advice from QPS)
- ▶ Liaise regularly with QPS about the progress of the investigation to confirm when it is appropriate to assess the harm report
- ▶ The outcome of the criminal investigation does not dictate the outcome of the harm report assessment
- ▶ Regardless of whether there is a change approval or employment status of the carer, the harm report assessment is to be finalized
- ▶ Escalation process between Child Safety and QPS outlined in the Practice manual
- ▶ QPS can ask that a reportable conduct investigation not commence or be suspended pending a criminal investigation. This will impact harm report assessments if it occurs

Principles for Procedural fairness

Two new key steps have been introduced into Harm report procedures to ensure Principles for Procedural fairness are being met in accordance with Reportable conduct requirements

1. Proposal to substantiate - provides opportunity for carer to be advised of adverse finding and respond prior to final outcome
2. Practice Panel - strengthens decision making process by providing a forum for a collective discussion and decision making

Let's explore further

Give notice of a proposed adverse finding

When the outcome to be recommended to the practice panel is 'substantiated - standards not met', give the alleged person responsible written notice of the proposed outcome using the [Letter to carer/staff member - advice of proposed harm report outcome](#) .

Ensure the letter contains:

- each of the concerns raised, including the original notified concerns and any subsequent concerns raised during the harm report assessment
- the information gathered that supports the proposed decision
- the proposed outcome, including a description of the abusive action and corresponding harm.

Provide a copy of the letter to:

- the manager or coordinator of the foster and kinship care service provider
or
- the manager or coordinator of the non-family-based care service provider.

Give the carer or staff member 14 days to provide a written or verbal response to the proposed outcome.

If in their response the carer or staff member requests that additional information is gathered to inform the assessment, either:

- gather the information and consider it when deciding the outcome
or
- ensure there is a clear rationale for not gathering the information, if a decision is made not to obtain it.



Practice prompt

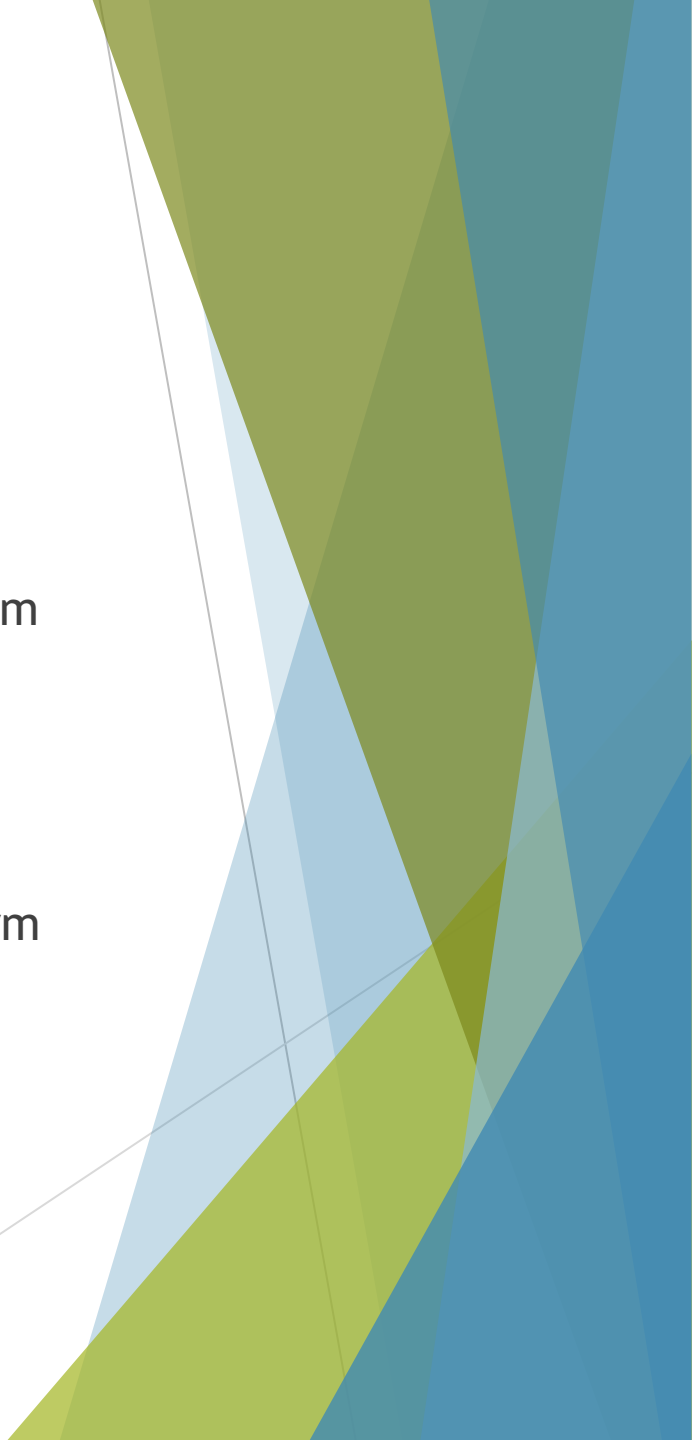
In deciding the outcome to recommend to the CSSC manager, the practice panel must consider any response by the carer or staff member, if they provide one.

The CSSC manager must also consider a response by the carer or staff member in making the decision about the outcome of the harm report assessment.



Harm report assessment practice panel

With the introduction of self-disclosure laws (Blue Card Services) and the Reportable Conduct Scheme, we've strengthened decision-making processes by requiring a harm report to be referred to a practice panel for a collective decision-making process. This will also help to ensure appropriate action is taken following a substantiated harm report outcome, including:

- ▶ action if a carer or staff member resigns during the harm report assessment
 - ▶ responsibility for overseeing the implementation of an action plan
 - ▶ action to support a child who has experienced harm.
- 



Practice Panel benefits

The department will be required to report 'risk management action' to the QFCC during and at the end of a reportable conduct investigation.

Adding rigour to the decision-making process helps to ensure that the principles of procedural fairness have been followed, which is a principle of the Reportable Conduct Scheme.

CSS 5: People working with children (including volunteers) are suitable and supported to reflect child safety and wellbeing values in practice.

CSS 6: Complaints management - need to ensure processes are child-centred, timely, transparent, trauma-informed and respectful, with the child's wellbeing at the centre of every response.

CSS 7: Knowledge and skills - staff and volunteers are equipped with skills, knowledge and awareness to keep children safe through ongoing education and training.

- ▶ Unsubstantiated Harm - Standards met - No Action plan
- ▶ Unsubstantiated Harm - Standards not met - No action plan
- ▶ Substantiated Harm - Standards met - No action plan
- ▶ Substantiated Harm - Standards not met - Action plan required
- ▶ No Outcome - Exceptional circumstances and must consult with Senior Practitioner

Note - carers are required to self disclose substantiated harm outcomes where they have been named as the person responsible as of 20th September 2025 to Bluecard Services.

Harm Report Outcome

- ▶ Substantiated
- ▶ Unsubstantiated
- ▶ Conduct outside of the scheme
- ▶ No Outcome

Reportable
conduct
outcomes

Possible pathways for substantiated harm

Where child Safety have made a decision to substantiate harm or risk of harm, there are three possible next steps

1. Action Plan
2. Suitability Review
3. Proposal to Cancel

The Practice Panel should play a role in recommending outcome AND next steps, including a plan to mitigate risk if the decision is to enter into an Action plan

If additional concerns come to the attention of Child Safety during the course of a Standard of Care review or Harm report, these concerns must be raised with the Care Team including the carer and they must have an opportunity to respond

The additional concerns are to be assessed in conjunction with the original concerns.

A Standard of care can be upgraded to a Harm report, however a Harm report can not be down graded to a Standard of Care

The reportable conduct unit must be advised of any new concerns to determine if these meet threshold for further Reportable conduct allegations

Additional Concerns

Action Plans

Child Safety have eight weeks to complete the investigation and assessment including the development of the Action Plan.

When developing the Action plan, this should be inclusive of all the Care Team.

The Action Plan needs to be achievable i.e. if training is required, training needs to be available within the 3 month timeframe.

The Practice Panel will play a role in assessing what may be required in an action plan to achieve safety for children and young people left in placement

Actions plans

- ▶ The Practice manual requires Child Safety to provide the Action plan to the carer (if applicable) at the same time as they provide WRITTEN advice of the outcome.
- ▶ This enables the carer to share the Action plan with Blue card Services when they disclose the substantiation of harm within the 7-day time frame they are required to disclose in

NOTE: Carers are required to disclose to Blue Card Services about a substantiation of harm where they are the person responsible within 7 days of WRITTEN advice. This means if Child Safety have provided the advice verbally to the carer prior to written advice, they are not required to share this with BlueCard's until they receive the written advice and the action plan if applicable.

Outcome Advice

- ▶ Child Safety are **not required** by procedure to provide letters to carers under a **Standard of Care review** either at the beginning or at the end regardless of outcome, however carers and agency staff can request letters to reflect outcomes
- ▶ Birth parents are **not required** to be advised of a Standard of Care Review either in writing or verbally



Outcome Advice - HR

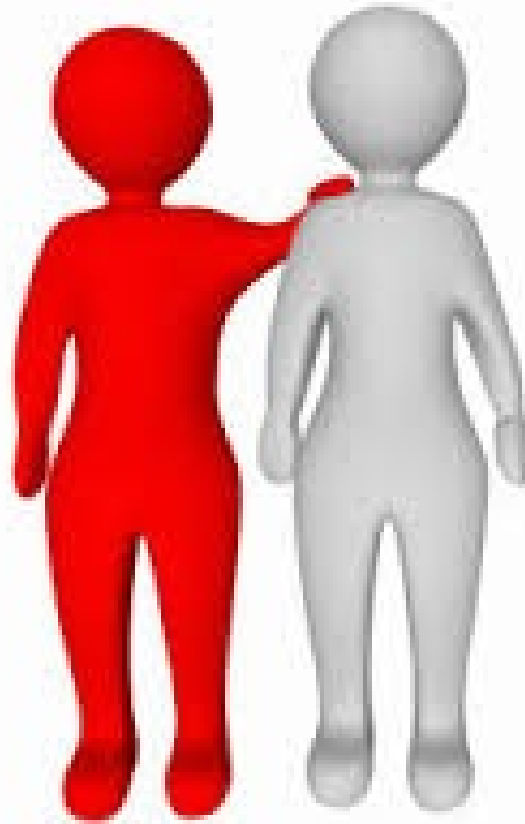
- ▶ Child Safety are **required to provide letters** to carers and agencies in relation to Harm reports. The letter should outline the alleged harm and what Standards Child Safety believe may not be being met.
- ▶ Child Safety must provide letter if they are proposing an adverse outcome
- ▶ Child Safety are then **required to provide an outcome letter** to the carer once the Assessment is completed - along with Action Plan if applicable.
- ▶ Child Safety are **required to advise the birth parents** of the alleged harm and outcome
- ▶ There is a requirement to give a child information about child-friendly complaints processes relating to the Harm report process



Support Persons and Advocates

What is a support person ?

- ▶ A person who is known and trusted by the child/carer who they choose to support them during the process.
- ▶ A support person does not speak on behalf of the child or parent, or intervene in, or influence the investigation and assessment outcome.



Support Persons and Advocates

What is an advocate ?

- ▶ An advocate is there to ensure a **fair and just process**.
- ▶ They are not there to defend a carer or speak on behalf of a carer in relation to the issues being discussed.
- ▶ They may speak up if they believe they believe the process has not been fair and just.



Review Process

If Carers are not happy with the outcome of either a Standard of Care review or Harm report, they can request a review through a complaint process

Either the Senior Prac. from the office they are attached to or an independent will conduct the review

Remember though - you should be able to identify something about the process that was not fair or just to warrant a review



Carer Survey 2022

In 2022 QFKC commissioned our bi-annual survey, one area of the survey was dedicated to hearing from carers about their experiences relating to Standard of Care and Harm Reports - here's what they had to say.



Carer survey 2022

211 carers answered this question

	Satisfied	Not Satisfied	%
Experience of overall process	44	117	27 % Satisfied (question not asked in 2020) 73% Not Satisfied
Review process if not satisfied with outcome	38	78	23% Satisfied (26% 2020) 47% Not Satisfied (74% 2020)
Communication during process	53	108	32% satisfied (31% 2020) 65% Not Satisfied (69% 2020)
Sensitivity during process	48	115	29% Satisfied (29% 2020) 70% Not satisfied (71% 2020)
Information provision during process	43	115	27% Satisfied (23% 2020) 71% Not Satisfied (77% 2020)
Timeliness of process	46	115	28 % Satisfied (25% 2020) 70 % Not Satisfied (75% 2020)



What do these results tell us?

Procedures are not always reflected in practice.

Culture within offices can determine whether procedures are enacted as intended.

We must drive a culture that reflects procedures - a culture that supports shared responsibility, transparency, respect and honesty.

If you change
the way you
look at things,
the things you
look at change.

DR. WAYNE DYER



Practice Skills - Child Safety Practice Manual

- ▶ Have I **responded to the child's safety** and support needs within the placement?
- ▶ Have I **listened to, and worked with, the carer** to identify their training support and needs?
- ▶ Have I **worked proactively as part of the care team** to monitor the standards of care and address issues as they arise, to prevent them escalating?
- ▶ Have I **adopted a holistic and consultative approach** to the gathering of additional contextual information about the child and their care environment, to ensure that the response decision is proportionate to the seriousness of the concerns?
- ▶ Have I **actively engaged with the subject child and carer or care service** in a way that enables their meaningful participation in the process?
- ▶ Have I **undertaken a comprehensive assessment of the concerns**, working in collaboration with other members of the care team to ensure the safety and well-being of the child?

We must remember ...

It takes a whole care team to meet the Statement of Standards for children and young people in care.



Carers are every day families, living every day lives - there is no such thing as a perfect parent in every day life.



Our job is to surround the carer family with support to help them be the best they can be.

Key takeaway

When the care team meets the Standards of Care, we help prevent Harm reports

When Child Safety entities meet the Child Safe Standards, we help prevent Reportable Conduct

QFKC Support Team

Would you like to support and advise other carers? Training and support will be provided by QFKC.

Would you like to be involved in community events to support other carers?
Would you like to build stronger networks in your community?

If you are interested in becoming a QFKC Support Team member please let the trainer know and they will provide your details to the coordinator, alternatively ring the QFKC office on 3256 6166



**Queensland
Foster and
Kinship Care**

Represent • Advocate • Inform • Support • Excel

Don't miss this great opportunity!

Telephone 32566166
Email admin@qfk.com.au

And finally ...

Remember to contact your local QFKC support team member or QFKC if you need advice, support or advocacy through any of these processes.

Inala Office

Ph: 07 3256 6166

Email: admin@qfkc.com.au

Website: www.qfkc.com.au