



Queensland
Foster and
Kinship Care

Standard of Care and Harm Report Procedures

A Guide Through the Process

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- ▶ Deciding responses
- ▶ Pathway responses
- ▶ Outcomes and Actions
- ▶ Written requirements
- ▶ Supports and advocates
- ▶ Review process



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Deciding a Response ...

- ▶ 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 unless urgent action is required to secure child's immediate safety
- ▶ Consultation should also take place with CSO for any other children in the placement.
- ▶ Team Leader makes decision regarding Standard of Care review - Manager makes decision relating to harm reports (CSSC where carer is attached to is responsible for decision making and will lead response)

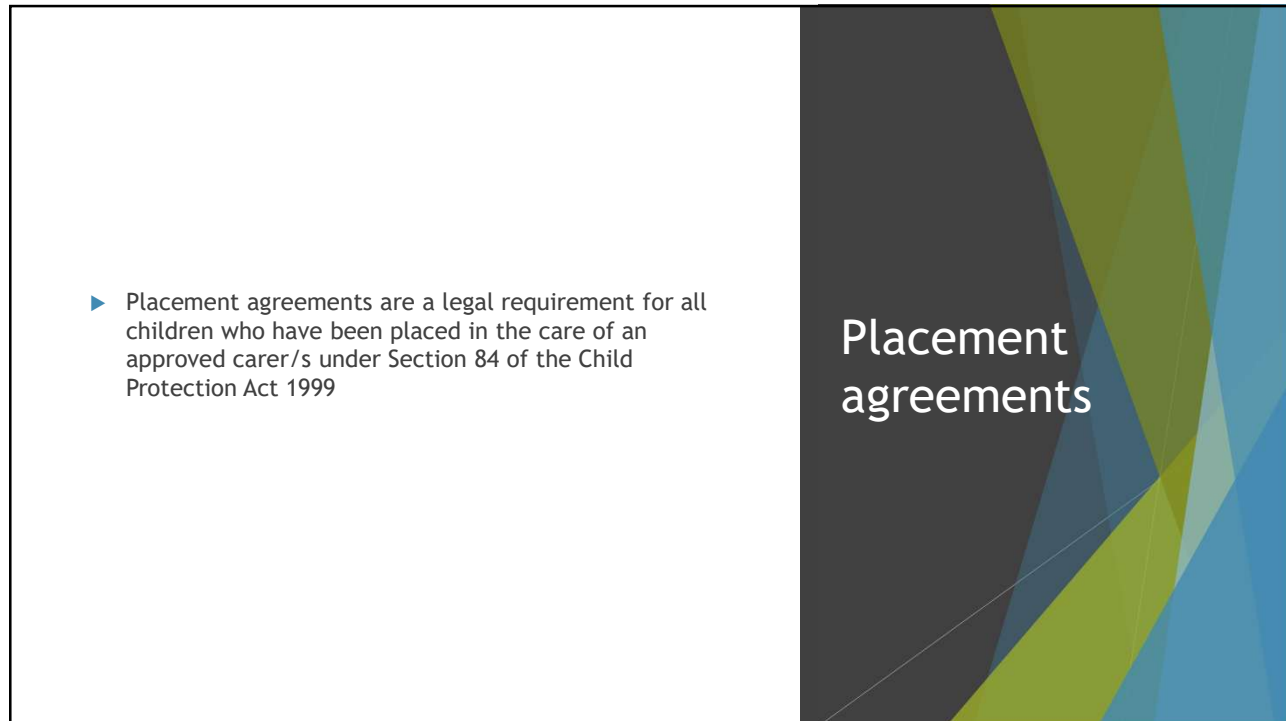


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Consult meeting - Considerations

- ▶ 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 than 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.

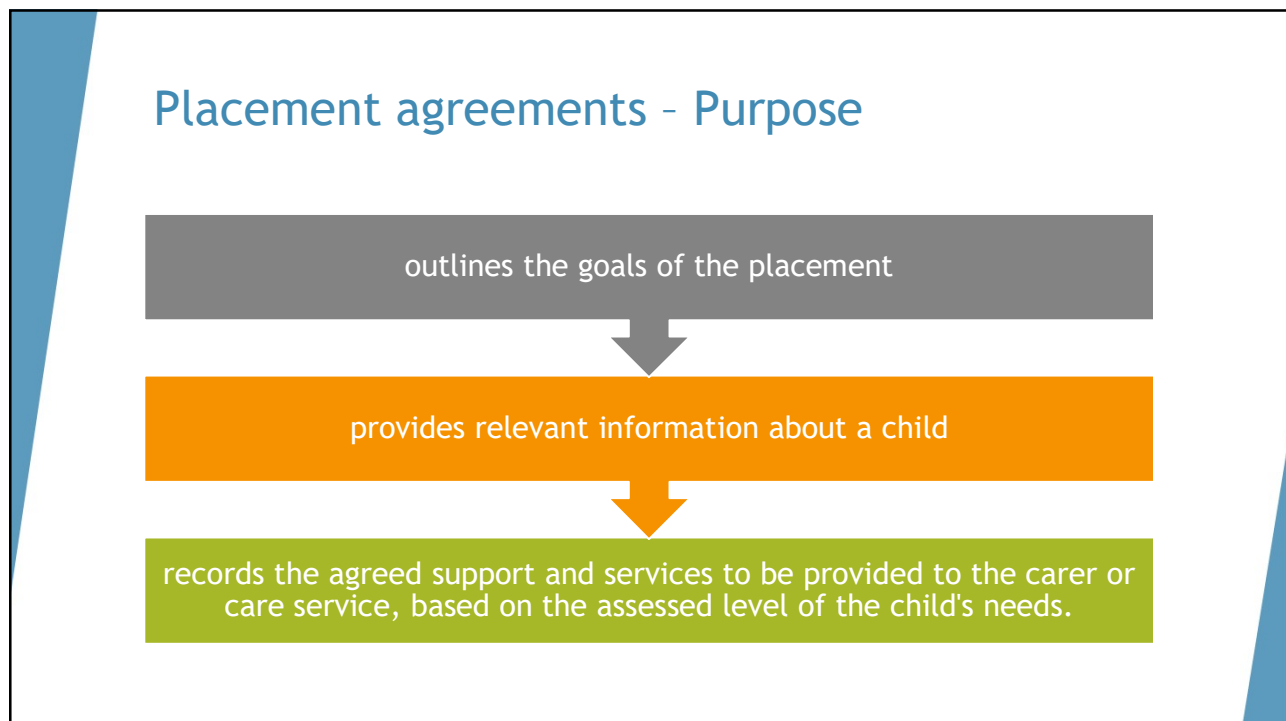
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► Placement agreements are a legal requirement for all children who have been placed in the care of an approved carer/s under Section 84 of the Child Protection Act 1999

Placement agreements

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Consequences if we do not have placement agreements


- 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

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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.



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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.

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Statement of Standards

The Statement of Standards provide a legislated set of standards around expected care provided to children and young people in alternate 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.

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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.



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Standard of Care Review Process

- ▶ Senior Team Leader makes decision
- ▶ Plan the Review
- ▶ 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)
- ▶ Consideration to Section 122 (4) The application of the standards must take into account what is reasonable having regard to:
 - (a) the length of the time the child is in care of the carer
 - (b) the child's age and development
- ▶ Assessing the information and consulting again
- ▶ Determining outcome



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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

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 focused 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 and how they can be met into the future to ensure the quality of care received by the child is consistent with the legislated requirements
- ▶ **Foster Care agreement** can also be reviewed to ensure that it is reflective of carers abilities, support needs and learning and development needs.



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Harm Reports and Reportable Conduct Responses

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Key messaging

- ▶ Reportable conduct scheme will come into effect on 1 July 2026 - the Queensland Family and Child Commission will be responsible for the oversight of the scheme, including organisations' responses to concerns
- ▶ Child Safe Standards are in place to prevent 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 will be 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

Lets explore

[Child Safe Standards and the Reportable Conduct Scheme | Community support | Queensland Government](#)

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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

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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: <ul style="list-style-type: none"> •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.

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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.

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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**

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**

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Harm Report Process

- ▶ Manager must make decision.
- ▶ Child Safety have **24 hours** in which to respond, Child must be sighted
- ▶ Child Safety must consult with foster and kinship care agency
- ▶ 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 Harm report assessment
- ▶ Risk of Harm can be recorded as a Harm report as of 1st July 2026

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What to expect

A harm report has been recorded because Child Safety reasonably believe a child in care has experienced harm (as defined under the (Child Protection Act 1999) caused either by a carer, or another person and the carer's action or inaction has contributed to the harm.

Carers may not receive a letter immediately, but are required to be provided with a letter at the time of the Harm report interview which outlines the alleged harm and what Standards of Care are also being reviewed

The process will be formal and will involve interviews

Carers should be provided with advice that they can record the interview on their own device and their obligations around the confidentiality of such a recording

A carer is able to have a lawyer present if they wish to

Carers should also expect procedural fairness, privacy and confidentiality to be maintained, to be offered support and to be told about how to raise a complaint if dissatisfied.

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Criminal Matters

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.

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

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Key messages - Criminal investigations

- ▶ Communicate the reasons to the carer for the delay to the extend 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

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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

Lets explore further

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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.

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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.

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

Action plan only required when outcome reached of Substantiated harm, standards not met

Self-disclosure only required when outcome reached of Substantiated harm, standards not met

Harm Report Outcome



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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.

If not undertaking an Action plan, then either a suitability assessment should be undertaken or proposal to cancel





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The purpose of an action plan is address the risks to the child’s safety and wellbeing that resulted in the harm or risk of harm. The actions identified within the action plan must directly correlate with the issues identified in the harm report assessment

Purpose of Action Plan


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Additional Concerns

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

Standard of Care Reviews can be upgraded to a Harm report, Harm reports cannot be downgraded to a Standard of Care Review

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



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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



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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 are required to provide a letter to propose an adverse outcome of harm
- ▶ Child Safety are then required to provide an outcome letter to the carer once the Investigation and Assessment is completed
- ▶ Child Safety are required to advise the birth parents of the alleged harm and outcome outcome



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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.
- ▶ 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



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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.



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And finally ...

Remember to contact 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

