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| CIMS policy implementation commencing 9 December 2024Frequently asked questions |
| **OFFICIAL** |

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# Overview

The Client Incident Management System (CIMS) is the Department of Families, Fairness and Housing’s system to safeguard clients by providing timely and effective responses to incidents which harm them during service delivery, which in turn enables service providers to enhance service delivery by learning from incidents.

CIMS was introduced in 2018. A staged review has been conducted to address some of the barriers which prevented CIMS from working as well as it can. The review has covered both the IT platform and the incident reporting system itself. This includes the CIMS policy, implementation and supports and oversight and learning.

The CIMS review concludes in December 2024. On 9 December 2024 the new CIMS policy will come into effect and the CIMS IT platform will be updated to implement the outcomes of the CIMS review.

Answers to some of the most frequently asked questions during our implementation learning sessions with stakeholders are provided in this document.

**Version: 20 December 2024**

# Frequently asked questions and answers

## Definitions

### Incident type

**What does ‘reasonably likely’ mean in the context of the ‘serious risk’ incident type?**

The ‘serious risk’ incident type is a new CIMS policy requirement that commenced 17 June 2024.

To align with the Social Services Regulation Act 2021, serious risk is: An incident that is reasonably likely to cause serious harm to a service user (s 48(2)(b)). Incidents submitted under this incident type are shared with the Social Services Regulator to enable CIMS to be the framework to notify the Regulator of any serious incident that may pose a serious risk to service users...during the delivery of a social service (Social Services Regulation Act, 2021 section 48(1)).

The Social Services Regulator will provide further advice to clarify the threshold assessment of reasonably likely.

Service providers should use professional judgement when determining if an incident is reasonably likely to cause harm.

For the purposes of CIMS, service providers should consider that there is a difference between a possibility and a likelihood.

A possibility is something that may happen - it is possible that someone could be seriously harmed when crossing the road.

A likelihood is something that is more probable than possible - it is likely that someone would be seriously harmed if they jumped from a building.

When making a professional judgement about what is 'reasonable', service providers should consider if someone else in the same circumstances would come to the same conclusion.

**Definition of physical abuse: The definition of physical abuse includes 4 dot points under the statement - 'this includes but is not limited to'. Does the alleged abuse need to meet one of these 4 criteria listed below the statement?**

Physical abuse is defined as "The intentional or reckless use of physical force against a client or the intentional or reckless use of conduct or behaviour that causes a client to believe physical force will be used against them". If an incident meets this definition, then it should be reported as physical abuse (which is always classified as major impact).

The four dot points listed under 'this includes but are not limited to' are examples of how the definition may be interpreted but are not criteria which need to be met for an incident to be reported as physical abuse (always major impact).

**I am completing a Reportable Conduct Scheme investigation report instead of a CIMS report, with the intention of submitting this to the CCYP and CIMS. How can I do this when the abuse types are different?**

The CIMS abuse type definitions have been revised to align with the Reportable Conduct Scheme (RCS) conduct types, which means an RCS report and outcome can be submitted in CIMS and only one investigation is required.

The new CIMS policy document lists the RCS conduct types and the corresponding CIMS abuse/neglect types for submitting in the CIMS IT system - see Table 4.2 (incident type alignment between RCS and CIMS) and Table 4.3 (incident investigation outcome alignment between RCS and CIMS) on page 64-65 of the policy document.

For the RCS finding of ‘conduct outside the scheme’, the investigator must determine if the finding meets the threshold for a substantiation in CIMS and select the most appropriate outcome type.

For example, when investigating whether a subject of allegation has engaged in the reportable conduct type of physical violence, the outcome in CIMS would be recorded under the physical abuse incident type. A substantiated finding of apprehended or actual physical violence towards a child will translate to a substantiated finding of client experiencing physical abuse in CIMS.

See CCYP definitions [Information Sheet 2: What is reportable conduct?](https://ccyp.vic.gov.au/resources/reportable-conduct-scheme/reportable-conduct-scheme-information-sheets/) https://ccyp.vic.gov.au/resources/reportable-conduct-scheme/reportable-conduct-scheme-information-sheets/

In circumstances where a service provider determines the outcomes of the CIMS investigation should differ from the RCS investigation, a rationale can be included in the CIMS Recommendations report template which must be attached to the RCS report when the RCS investigation report is submitted in the CIMS IT system.

**Is it a reportable incident when a Child Protection client in kinship care experiences an incident involving the parent while attending an access visit? For example, if the parent hits or verbally abuses the child.**

If a child in kinship care is harmed during **supervised contact** with a parent in front of a child protection practitioner, child protection would be responsible for the CIMS report. This is because the incident occurred during child protection’s service delivery. The incident would be recorded as an ‘other-to-client’ incident report.

Where the contact is being **supervised** by the out of home care (OHC) service provider and a reportable incident occurs, the OHC service provider would be responsible for reporting the incident.

Incidents that occur during **unsupervised** contact are not in scope of CIMS, as the client is approved to be in the care of the parent.

**A residential care client reached out to a staff member online (social media) after experiencing harm, but the staff member was not rostered to work with the client at the time. If a client is reaching out to a staff member not rostered on duty, would this be deemed a service online?**

If a client receives 24-hour service delivery (eg child protection client in out-of-home care) any incident is deemed to occur during service delivery regardless of who they tell.

Organisations should have local processes and policies in place for staff to inform rostered-on staff of any incidents or concerns where a client makes contact during their non-rostered hours.

**Can you provide examples of what 'related to' in the 'during service delivery’ (episodic services) could mean, in relation to what else would now be in scope?**

'‘Related to'” under the services delivery definition will vary depending on the incident that has occurred and the service being provided. A worker may or may not be with the client at the time of the incident. Consideration should be given to whether the incident may arise directly from an action or decision made by a service provider leading to a client's needs not being met by the provider.

Example in scope of CIMS reporting:

* A current client of a family violence service contacts the service for assistance as the person is fearful of the behaviour of a family member of their household. An appointment is made for 1 weeks’ time as it is the first available appointment. The client contacts the service provider daily seeking assistance and expressing fear about the escalating behaviour of the family member. On the day of the appointment the staff arrives at the home of the client to find police present as the person had been killed by the family member the day before. While the death of the client did not occur while a worker was present at the time, the death is reported as an incident related to possible service failure, that is, was the response of the service timely and appropriate given the concerns raised every day by the client while waiting for the appointment; were the organisation's processes and procedures robust enough to respond to an escalating situation.

Examples not in scope of CIMS reporting:

* A homelessness support client (episodic open case) dying of heart attack.
* Client support or response that is within the scope of usual case management, that is, the clients will go about their daily lives between appointments/support/intervention.
* Referral for service sent to an organisation and the client is not yet registered or receiving support.

### Glossary

**During service delivery: are 24-hour services excluded from the ‘related to the support or service’ statement? (dot point 5)**

No. Any incident harming a client who is under the care of 24-hour services (Out of home care / Custodial Services/ Child Protection) is deemed to have occurred during service delivery and therefore in scope of CIMS reporting. This includes any incident that occurs that may be related to the provision of the support or service.

**During service delivery: for ‘off-site’ - would housing and transitional housing be part of the off-site services and the non-24-hour services?**

Transitional housing management is a non-24-hour accommodation service. An incident is in scope of CIMS when a worker is directly providing a service to the client, for example, during contact with the client (case management).

## Incident reporting

### Thresholds

**The major impact classification has changed and the threshold for a substantiating the harm to a client now appears to be higher. This seems unfair to clients.**

It is important to note, that the impact classification of major or non-major is for the initial categorisation of incidents when submitting the incident report from 9 December 2024.

Investigation outcomes and substantiation decisions should be assessed against the incident type definition.

One incident type 'Neglect' refers to 'Major impact' and 'Harm' as part of the definition, which means service providers must consider both these definitions when determining if an incident is in scope or not.

**The definition of major impact has changed and the threshold is now much higher. There may be incidents that are no longer captured under this definition and new threshold. What is the provider's responsibility?**

The major impact definition has been refined to ensure CIMS focuses on the most significant client incidents. There may be incidents that no longer meet the threshold of major impact. Service providers should continue to maintain oversight through case management and local processes where there are concerns for client wellbeing or safety.

**The removal of Poor Quality of Care means that some incidents that were previously reported will no longer be captured in CIMS. For example, we receive an allegation that a foster carer didn't provide a child lunch, would we classify that as neglect? It’s possible that allegations we may have previously reported may be missed in the new space. There may be examples that don't fit under the new definitions.**

CIMS incident definitions have been refined to ensure CIMS focuses on the most significant client incidents. There may be incidents that no longer meet the definition of neglect in CIMS. Service providers should continue to maintain oversight through case management and local processes where there are concerns for client wellbeing or safety. Incidents which may previously have been recorded as Poor Quality of Care may now be captured under other incident categories, such as Serious Risk, Neglect, or Emotional Harm. Incidents that do not meet these definitions are not required to be reported in CIMS.

**Can repeat incidents of Emotional and psychological harm (non-major) be recorded as an incident of Emotional/psychological abuse (major)?**

When recording an incident in CIMS, service providers should consider the cumulative harm of repeat incidents of that type, and whether this meets the definition of the major impact incident type.

For example, whether repeated incidents of emotional or psychological harm (non-major) meet the definition of emotional or psychological abuse (major); or repeated incidents of inappropriate physical treatment meets the definition of physical abuse.

Note: Incidents of staff-to-client inappropriate sexual behaviour must be reported under the 'sexual abuse' incident type.

**If an incident occurs on Friday 6 December 2024, under the previous policy, but the staff member has not yet submitted it, and is due to submit this on Monday 9 December 2024, which policy will apply?**

Any incidents reported from 9 December 2024 will need to follow the new CIMS policy, even for incidents that occurred before 9 December 2024. The requirement to submit incidents within three business days of the incident occurring or of the service provider becoming aware of the incident has not changed.

**An incident occurs on Sunday 8 December 2024 under the previous CIMS policy - such as a Poor Quality of Care incident - and the staff member is due to submit the incident report on Monday 9 December 2024. Poor Quality of Care is no longer an incident type under the new policy. What happens to these incidents?**

Incidents recorded in CIMS from 9 December 2024 will need to follow the new policy.

From 9 December 2024, any incidents that have occurred before 9 December 2024 that are no longer in scope of the new policy, will not require an incident report. Note, the requirement to submit incidents within three business days of the incident occurring or of the service provider becoming aware of the incident still applies. Service providers should ensure incidents that require an incident report in the lead up to the 9 December 2024 are submitted in a timely way.

**If a person attends a DFFH office for a service but is not a ‘registered’ client yet, and an incident occurs, would that require a CIMS incident report?**

No. In this scenario, a CIMS incident report is not required. Organisations should apply their local approach to incident management in this situation.

**What is the rationale for Dangerous Actions incident type being removed? I am concerned that incidents previously reported for our high-risk young people will no longer be consistently reported.**

CIMS incident definitions have been refined to ensure CIMS focuses on the most significant client incidents. Service providers should continue to maintain oversight through case management and local processes where there are concerns for client wellbeing or safety.

Many incidents previously recorded under the Dangerous Actions incident type meet the definition for other incident categories in CIMS, such as sexual exploitation or Serious Risk.

Where a client experiences harm as a result of a dangerous action, this would be recorded under a different incident harm type.

**In what circumstances should an absent client incident be classified as major impact?**

The CIMS policy document provides guidance on the threshold for reporting client absences in Section 3.3, page 44 of the Client Incident Management System - Policy and guidance.

A service provider needs to understand the risk profile of the client to determine whether the client's absence is likely to result in harm and apply professional judgment to categorise the incident as a major or non-major impact incident as per the definitions of impact in CIMS.

When a safe custody warrant has been issued, a major impact CIMS incident report must be submitted. This is because the decision to issue a safe custody warrant indicates that the client’s absence has been determined likely to result in significant harm.

If a missing person’s report has been made, service providers are to use professional judgement to assess whether the incident is categorised as a major or non-major impact incident as defined by CIMS.

Daily case notes should be used to record ongoing actions being undertaken throughout the client’s absence.

**Is a CIMS report required if drug dealing is occurring in a residential facility?**

We have a DFFH funded Youth Foyer (staffed 24/7) that provides student style accommodation to young people. We have been advised at certain times there has been drug dealing occurring on the premises between the residents. Staff have also discovered residents in possession of drugs, however, there has been no drug overdoses or residents requiring medical intervention.

**Should CIMS reports be completed for these incidents?**

Drug dealing and drug possession are not CIMS incident types. Reportable incidents focus on actual harm experienced by the client. If a client experiences a drug overdose on site and required medical attention, the incident can be reported under the Injury – explained incident type.

Case management by the care team should be applied to address a client undertaking high risk activities such as drug-taking.

### Services in scope

**Is a transitional housing property considered a 24-hour accommodation service under CIMS?**

Transitional Housing is only relevant if an incident occurs whilst a worker is on site.

**In supportive housing, would we report an incident that occurred off site and where no staff are present?**

An incident that occurs offsite and unwitnessed by a staff member is not in scope.

**Is my organisation in scope of CIMS policy?**

Services in scope of CIMS are those delivered or funded by the Department of Families, Fairness and Housing and in scope of the Social Services Regulator. Organisations are responsible for determining whether their services are in scope of the Social Services Regulator. Questions to the Social Services Regulator can be sent to: enquiries@ssr.vic.gov.au.

Organisations in scope of CIMS and the Social Services Regulator can complete a CIMS incident report that will be sent to both DFFH and the Social Services Regulator. Providers will need to be aware of, and comply with, the Regulator’s other notification requirements, such as for critical notifiable incidents.

The following services remain in scope of CIMS, even though they are outside the scope of the Social Services Regulator. Please note that services that report through the Victorian Health Incident Management System (VHIMS) are not in scope for CIMS.

Housing and community building services:

* department-managed public housing.

Health services:

* aged care and carer’s support services
* alcohol and drug treatment services
* community palliative care services
* home and community care services for people aged under 65 or under 50 for Aboriginal people
* mental health community support services
* sexual health prevention services.

See Section 1.7 of the Client Incident Management System: policy and guidance (Word).

**If the child is in a voluntary out of home care placement, managed by a CSO provider, is this in scope of CIMS?**

Yes - the child is a client of the CSO and is receiving services from the CSO.

## Investigations

### General

**The new CIMS policy requires an investigation plan to be submitted with the investigation report. Why is this?**

The previous CIMS guide and supporting documents included extensive guidance for completing investigation planning in CIMS. The new CIMS policy requires the investigation plan as a minimum requirement. Including the investigation plan demonstrates completeness of an investigation and allows service providers to clearly document investigation processes, including any deviations from the initial plan and why this occurred.

The investigation plan can be detailed in the investigation report or included as an attachment.

**Does the ‘additional considerations’ guidance for client-to-client, kinship care, or Aboriginal client incident investigations change the threshold for what is considered abuse or neglect?**

The additional considerations guidance should be used to inform the process for an investigation, including additional supports, advocacy needs, or recognition of other prior experiences that may influence the way participants engage in the investigation process. The same abuse and neglect definitions and thresholds apply to the outcomes of these investigations as they do for all other incident investigations.

## Other

### Reporting platform

**Do you have any resources available that detail that change in API requirements (if any) when linking the CIMS platform to our internal reporting platforms?**

Service providers using their own software, such as Riskman via the API received email correspondence from the department in September 2024, which outlined the technical specifications required to make the required changes. The changes will need to be implemented by 9 December 2024. The key changes to the IT system are:

* Updated CIMS incident types to align with the new policy
* Updated program and service types to remove programs that are no longer delivered (for example, services that have transitioned to the NDIS)
* A new role option for client-to-client incidents (to shift away from the criminalising, blaming language)
* Mandatory completion of the CRIS ID for children and young people in care to enable incident reports to be automatically loaded to an individual client’s CRIS file
* A new field for the Social Service Regulator’s critical incident notification number to enable the Regulator and service providers to match SSR notifications to CIMS reports where an incident in scope of both the SSR and CIMS
* Data validations to reduce reporting error, improve data quality and enhance process efficiencies.

Following receipt of these details, or to obtain a copy of the technical specifications, service providers can contact CIMS.api@dffh.vic.gov.au for further questions.

### Reporting obligations

**We are a cross funded organisation (DFFH and NDIS). Which reporting structure should we be going to - we receive NDIS funding as well. Do we have to report to both, or should we be reporting to where we are predominantly funded (which would be child protection)?**

All client incidents, if in scope of CIMS and NDIS, will need to be reported in both systems.

To receive this document in another format email CIMS Review <CIMS.Review@dffh.vic.gov.au>.

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

Available at the [CIMS webpage](file:///C%3A/Users/vicfm6h/Downloads/providers.dffh.vic.gov.au/cims) <providers.dffh.vic.gov.au/cims>