SOCIAL CARE GOVERNANCE POLICY

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1. Purpose and Objective

1.1 This policy sets out the approach to Social Care Governance for Maharat Learning Center (MLC). MLC aim to provide high quality Social Care services, which require a determined and persistent focus on the quality and effectives of the assessments, interventions and care provided to clients. Social Care Governance applies throughout MLC and is designed to ensure the safety and well-being of clients, and to improve the services they receive.

1.2 The policy, and the guidelines and procedures contained within aims to:

- Clarify the scope of Social Care Governance at MLC.
- Clarify the roles and responsibilities for Social Care Governance at MLC.
- Outline key elements of service provision effectiveness and quality, including Staff Training and Licensure, including continuing professional development (CPD) and Best Practice Guidelines.
- Set standards for the documentation and communication of intervention/care plans that are in keeping with company policies.
- Outlines internal and external referral processes.
- Outlines client exit/discharge procedures to be followed by Social Care staff, supported administration staff.
- Outlines procedures if/when faced with ethical dilemmas.
- Outlines procedure if/when service variation is required.
- Provide reference to other MLC operational policies and procedures that apply to and support Social Care Governance processes and objectives.

2. Scope

2.1 This policy applies to all employees where competency in maintaining and delivering high quality services and care is required to fulfil the role. This includes all Social Care staff at MLC.

2.2 Other employees who have regular contact with clients, their families and caregivers should also have an awareness of Social Care Governance issues and the important role in the care of clients.

3. Definitions and Abbreviations

3.1 **MLC:** Maharat Learning Center
3.2 **CEO/MD:** Chief Executive Officer/Managing Director
3.3 **HOD:** Head of Department
3.4 **HR:** Human Resources
3.5 **QIP:** Quality Improvement Plan
3.6 **CDA:** Community Development Authority
3.7 **CPD:** Continuing Professional Development
3.8 **ABA:** Applied Behavioral Analysis
3.9 **BACB:** Behavior Analyst Certification Board
3.10 **RBT:** Registered Behavioral Technicians
3.11 **BSP:** Behavior Support Plan

3.12 **NET:** Natural Environment Training

3.13 **DTT:** Discreet Trial Training

3.14 **PRT:** Pivotal Response Training

3.15 **QCBD:** Quality Compliance & Business Development Manager

3.16 **UAE:** United Arab Emirates

3.17 **ASD:** Autism Spectrum Disorder

4. Policy

4.1 MLC is committed to working with clients, their families and caregivers. The organization fully acknowledges the pivotal role of all of those individuals in Social Care Governance. MLC have a responsibility to ensure all employees have an understanding of the principles of Social Care Governance.

4.2 MLC are committed and dedicated to providing assessments, interventions and care that is:

- Evidence based;
- Client centred;
- Safe;
- Effective;
- Timely.

5. Procedure

5.1 Roles and Responsibilities

5.1.1 The Chief Executive Officer/Managing Director (CEO/MD) and Principal Director for MLC are responsible for ensuring this policy is implemented within the organization.

5.1.2 Social Care employees are responsible for ensuring personal awareness of the policy, following policy standards, guidelines and procedures, and ensuring they receive appropriate training and support as required.

5.1.3 MLC are dedicated to developing a systematic approach to Social Care Governance and have assigned the overall responsibility of the Social Care Governance system to the Principal Director, with direct input from the Program Director and other Social Care personnel (as required) on Social Care Governance functions.

5.1.4 The Principal Director will work closely with the Center Manager, Human Resources (HR) Manager, Quality Compliance & Business Development (QCBD) Manager, and other members of Social Care personnel, whom may be assigned roles as designated Social Care leaders for specific Social Care Governance projects, to monitor, measure and evaluate the effectiveness of the Social Care Governance system including, but not limited to:-
- Education and training to ensure continuing professional development (CPD) of Social Care staff.

- Social Care audit to review, measure, monitor and improve Social Care service provision.
- Social Care effectiveness to measure if the interventions/services provided are effective.
- Research best practices, develop and deliver care according to evidence based guidelines, protocols and pathways.
- Risk management comprising of risks for clients, staff and the organization.
- Information management to make use of the information in client records and improve intervention/care outcomes.

5.2   Staff Training and Licensure

5.2.1   Relevant Social Care Professionals working at MLC must be licensed by the Community Development Authority (CDA). MLC ensures all Social Care staff are appropriately trained and licensed as per their individual discipline. Licensing is completed in conjunction with the HR Department.

5.2.2   All Social Care staff must work within the boundaries of their licence, and the scope of their training and specialty. For more information on the specific roles of Social Care staff, please refer to the individual departmental policies and job descriptions, which are available from the Human Resources (HR) department.

5.2.3   In order to maintain licensure, in the United Arab Emirates (UAE) and primary licence country, Social Care personnel (as applicable) must receive a pre-established number of Continuing Professional Development (CPD) credits per year or two years (licence specific). It is the responsibility of the Social Care personnel to ensure they meet the necessary requirements to maintain/renew their license in the UAE and primary licence country (if applicable to their role).

5.2.4   It is the responsibility of Social Care staff to ensure of certificates of training and CPD to the HR department.

5.2.5   All Behavior Technicians staff must undergo the necessary training and requirements to become Registered Behavioral Technicians (RBT).

5.2.6   MLC supports employees to undertake training which is recognized by MLC as necessary for performing their current role and is in line with business requirements. To ensure that individual training and development plans are aligned to the overall needs of the business and to create a culture that motivates employees to learn, and to provide them with opportunities for training and development in order to aid retention. For further information please refer to the Performance Management and Professional Development Policy (HR032).

5.3 Best Practice Guidelines

5.3.1 MLC strive to maintain the highest standards of Social Care practice and care. All clients should receive a high standard of practice and care from staff, who are appropriately trained and licensed to deliver assessment and intervention services. All Social Care is delivered in a timely and effective manner.

5.3.2 Behavioral Intervention services are provided at MLC, based on the principles and guidelines of Applied Behavior Analysis (ABA), which is provided based on empirical data. Staff working in the Behavioral Intervention/Learning Support Department can refer to the Behavior Analyst Certification Board (BACB) Best Practice Guidelines for ABA Treatment of Autism Spectrum Disorders (ASD) for additional guidance.

5.4 Behavioral Intervention - Quality Control Measures

5.4.1 Case Management & Supervision

5.4.1.1 In order to maintain the highest quality standards for Behavioral Intervention programs and plans, monthly and quarterly case management and supervision is required and mandatory for Behavioral Intervention/Learning Support services. Monthly case management / supervision include a minimum of two (2) hours per month of case management / supervision by the assigned Behavioral Coordinator and/or Behavioral Supervisor. Quarterly case management/supervision includes a minimum two (2) Team Meetings (with the child's full team) per year and two (2) Parent Meetings per year, with the assigned Behavioral Coordinator and/or Behavioral Supervisor. The Principal Director shall participate in at least two (2) of the four (4) scheduled meetings per year.

5.4.2 Case Overlaps

5.4.2.1 Case overlaps are the designated mechanism implemented by the Behavioral Intervention/Learning Support Department to ensure the on-going quality of service provision and programs, and offers an opportunity for case supervision and case management. Case overlaps may only be conducted by the Principal Director, Program Director, Behavioral Supervisors, and/or Behavioral Coordinators.

5.4.2.2 Case overlaps should be performed on sessions with Behavior Technicians of all levels on a monthly basis at a minimum.

5.4.2.3 Additionally, case overlaps should be performed with Behavior Technicians who request or require additional support, or Behavior Technicians who are newly appointed to a client's team. Selecting the team member to overlap with is at the discretion of the Principal Director, Program Director, Behavioral Supervisors, and/or Behavioral Coordinators to select which sessions require case overlaps based on their program recommendations.

5.4.2.4 It is the responsibility of the Principal Director, Program Director, Behavioral Supervisors, and/or Behavioral Coordinator to ensure that case overlaps are utilized to:

- Ensure each child's team is implementing programs as specified within the program and plan.
- Collect data and supervise maintenance and documentation pertaining to each child's program.
- Probe and introduce new targets when necessary.
- Provide on-going guidance and support within each client's program to ensure continued improvement and progression toward goals.
- Review Behavior Technicians' data collection, behavior management techniques, and program implementation, including the frequency of programs targeted.
- Provide constructive feedback and model intervention techniques/programs for the Behavior Technicians when needed.
- Ensure that the logbook and all program materials are maintained and organized in a timely manner with all necessary and relevant forms.
- Communicate and liaise between parent/guardian of the client and Intervention team.

5.4.3 Behavior Technician Drop-In Evaluations

5.4.3.1 Behavior Technician drop-in evaluations are a quality control measure implemented by the department in order to enable the department management team to monitor, measure, and evaluate performance to ensure the highest quality of services. Behavior Technician drop-in evaluations measure:

- Ethics & Professionalism
- General Understanding of the Client Logbook
- Behavior Management
- Teaching Techniques
    - Structured (i.e., DTT)
    - Naturalistic (i.e., PRT, NET)
- Prompting & Fading
- Downtime Management
- Strengths & Weaknesses
- Goals

5.4.3.2 Behavior Technician drop-in evaluations are scheduled at random and can be performed by the Principal Director, Program Director, Behavioral Supervisor, Behavioral Coordinator and/or Senior Behavior Technicians.

5.4.3.3 The results of the Behavior Technician drop-in evaluations are scored, analysed and reviewed with the individual Behavior Technicians to ensure quality improvement. One copy is provided to the HR Department for inclusion into their HR file.

5.5 Behavior Support Plans

5.5.1 Social Care Risk assessment involves the identification and further investigation of factors associated with an increased probability of specified risk behaviors occurring. Furthermore, Social Care Risk Assessment involves the systematic collection of information to determine the degree to which risk is present, or is likely to pose problems at some point in the future, for the client or the general public.

5.5.2 At MLC, Social Care Risk assessment and management involves developing Behavior Support Plans (BSPs) with flexible strategies aimed at preventing the negative behaviors from occurring or, if not possible, minimizing harm that may be caused.

5.5.3 BSPs are developed based on thorough and targeted data collection, analysis, and are created with input from all team members and parents. The BSP includes a description of the problem behavior, specific information as to why the problem behavior occurs and intervention strategies to minimize the behavior.

5.5.4 Communication of the BSP is a fundamental core principle for all Social Care staff. It must be communicated to clients (if appropriate) and parents/caregivers that the information is being recorded on BSPs and stored in client records for all involved staff to review.

5.6 Monitoring and Managing Client Waiting Times

5.6.1 Client appointments and access to services should be managed accordingly to minimize delays, ensure timely delivery of care, ensure unnecessary delay in receiving appropriate care and ensure positive service outcomes.

5.6.2 Social Care staff as applicable should, and where possible, schedule appointments for clients to attend the Center as per the guidelines set for Intake Meetings and Team/Parent Meetings.

5.6.3 In order to keep appointments within set timeframes and minimize in-center waiting times:

- Clients are e-mailed exact details of appointments including duration, start and finish time.
- New clients are requested to arrive fifteen (15) minutes before the scheduled appointment time for registration / completion of required paperwork purposes.
- All appointments for the department have defined duration, as detailed in this policy and staff are responsible to keep within the defined duration (where possible).

5.6.4 All appointments have defined duration and the permissible In-Center waiting time after the appointment start time is up to ten (10) minutes, and no longer

than fifteen (15) minutes. Social Care staff are responsible to keep within the defined duration (where possible), however should there be a need for a client to wait longer than the permissible period, staff should alert Client Relations staff as to how much longer the client may need to wait in order to apologize to the waiting client for the overrun and check if they are able to wait a little longer and/or if they prefer to reschedule the appointment.

5.6.5 If a client arrives late to an appointment at the Center, a twenty (20) to thirty (30) minute grace period (depending on the type of appointment) may be allowed before the appointment shall be deemed cancelled and will need to be rescheduled, however final authorization on this sits with the Social Care staff member to ensure suitable time is provided to attend to the client and complete the appointment requirements.

5.7 Service Provision Variation

5.7.1 Due to unique client care requirements at MLC, there may be times that require an appropriate degree of variation from standard procedures as outlined in operational and departmental policies. For example, Internal referrals may bypass an Intake Meeting to start Behavioral Intervention services if/when an internal member of the Social Care team recommends Consultation services and/or Parent Training only. In this situation an Intake Meeting is not necessary, as a School Observation may be conducted in lieu of the Intake Meeting.

5.7.2 Any deviation from processes outlined in operational and departmental policies for providing a client services will need to be detailed in a Service Provision Variation Form (QM019).

5.7.3 Variations are reviewed and authorized by the Principal Director or Program Director (as appropriate). It is the responsibility of the staff member requesting variation to provide all relevant information as to why variation is required, and it is the responsibility of the authorizing staff member to ensure the variation is approved based on evidence, best practice and MLC operational and departmental policies and procedures.

5.7.4 The service provision variation process outlined herein must be completed ahead of confirmation of start of client, and the completed Service Provision Variation Form must be filed in the client's enrollment record.

5.8 Referrals

5.8.1 Referrals are defined as the recommendation of a professional that a client seek services from an alternative professional. The term "referral" can refer to both the act of sending a client to another professional or the actual document detailing the information of the referral.

5.8.2 Internal Referrals

5.8.2.1 Social Care staff may refer clients to other internal services provided by the Center. To complete the referral, the referring staff member should complete the Internal Referral Form (CR025) after obtaining the consent of the parent/guardian to share the client's information and/or relevant reports. Consent may only be obtained in writing by requesting the parent/guardian to sign the Information Receipt/Release Consent Form (CR006).

5.8.2.2 The referring department should then provide the Internal Referral Form and Information Receipt /Release Form to the Center Manager/Client Relations for processing.

5.8.2.3 On receipt of the internal referral, the Center Manager/Client Relations records the date it was received on the Internal Referral Form. A copy of the Internal Referral Form is then scanned and forwarded by e-mail to applicable the Head of Department (HOD) for the receiving department for review. The Information Receipt/Release Consent Form and any supporting documents (e.g. reports) are also forwarded. This information must be forwarded within twenty-four (24) hours of receipt.

5.8.2.4 The Center Manager/Client Relations are responsible to contact the parent/guardian of the potential client to answer general questions, provide any introductory information and the process to get started as needed and/or requested by the parent/guardian of a potential client.

5.8.2.5 All internal referrals should be followed up within three (3) days, to answer any additional questions, provide information the parent may need or to inquire if they want to proceed with an appointment.

5.8.2.6 The original Internal Referral Form and Information Receipt/Release Consent Form should be filed in the client enrollment record.

5.8.2.7 If an appointment is scheduled; the appointment information shall be recorded on the original Internal Referral Form located in the client enrollment record.

5.8.2.6 Center Manager/Client Relations should advise the referring staff member on the status of the referral when a decision has been provided by the parents (i.e. if an appointment is scheduled or if parents decide not to proceed).

5.8.3 External Referrals

5.8.3.1 There may be occasions when it is necessary to refer a client to an external service provider, for example when MLC do not offer the required service. When an external referral is needed, this can be done via a passive referral or facilitated referral.

5.8.3.2 A passive referral is when the client is given the details of the alternative agency in order to make contact themselves and arrange an appointment. A list of trusted professional agencies to refer to is held by MLC (QM020-External Referral List).

5.8.3.3 A facilitated referral is when the client is helped to access an alternative agency. This should be considered for clients who are deemed at high risk (e.g. self-harm, suicidality, moderate to severe mental health problems). When a facilitated referral is required, the Social Care staff member should follow the external referral process as detailed in the process flow below.

5.8.3.4 Social Care staff may refer clients to external services out with the Center. To complete an external referral, the referring staff member should complete the External Referral Form (CR026) after obtaining the consent of the parent/guardian to share the client's information and/or relevant reports. Consent may only be obtained in writing by requesting the parent/guardian to sign the Information Receipt/Release Consent Form (CR006).

5.8.3.5 The referring department should then provide the External Referral Form and Information Receipt /Release Form to the Center Manager/Client Relations, with details of whom the referral should be sent to.

5.8.3.6 On receipt of the external referral, the Center Manager/Client Relations will send a scanned copy to the referred person/organization with a copy of the Information Receipt/Release Consent Form and any supporting documents (e.g. reports). This information must be forwarded within twenty-four (24) hours of receipt.

5.8.3.7 The original External Referral Form and Information Receipt/Release Consent Form should be filed in the client enrollment record.

5.9 Client Exit / Discharge

5.9.1 Client exit / discharge represent the agreed separation of a client from a specialist service at completion of provision of care. This can be triggered by at the end of planned care, or by the client for any reason other than the end of planned care.

5.9.2 The key principles for discharge from MLC include:
- Communicating with clients by providing accessible, easy to understand information about the client's condition at the end of provision of care and plan for discharge.
- Streamlining the client journey by including effective discharge protocols and practices, which are sensitive to the needs of the client.
- Monitoring discharge practices including discharge rates and related aspects of service demand and capacity.
- Ending Social Care responsibility for managing risk.

5.9.3 Client discharge at MLC is the responsibility of:
- Principal Director
- Program Director
- Behavioral Supervisors

5.9.4 When a client is discharged, or the client makes the decision to end services for any reason, it is essential to ensure proper documentation of the reason for discharge is recorded within the enrollment record.

5.9.5 A Service Discharge/Exit Form (QM022) should be completed by the applicable Social Care department for discharges and client self-exits, for clients who have received the following services:
- Intake Meeting
- 1:1 Behavioral Intervention
- Maharat Learning Academy

5.9.6 The Service Discharge/Exit Form must be completed within three (3) months of the clients' last direct contact with Center, and forms shall be filed in the client's enrollment record.

5.9.7 Clients who attend the Center for an MLA Admission Evaluation appointment only do not need to be formally discharged as per the above process. These clients will be marked inactive on the Child-Pro CRM and enrollment records archived as per the Client Records Policy (CR023).

5.10 Ethical Practice and Management of Ethical Dilemmas

5.10.1 MLC leadership promotes a culture of ethical practice and shall provide guidance to staff to be able to recognize social care and managerial ethical dilemmas. Employees are encouraged to freely report ethical dilemmas to the leadership. All employees are empowered to address unethical behaviors in the work place and make the right decisions. Ethical Dilemmas may be reported verbally or through email.

5.10.2 The CEO/MD and Principal Director, with the support of relevant administrative and/or social care / educational Heads of Departments and employees (as applicable) shall review all social care and managerial ethical dilemmas and take appropriate actions within defined timeframes. Furthermore, leadership shall develop corrective actions to prevent future re-occurrence and improve staff awareness to deal with such social care and managerial ethical dilemmas.

5.10.3 The CEO/MD and Principal Director shall ensure that ethical decision-making is based on the following guiding principles, that includes but not limited to, autonomy (independence, freedom to determine one's own actions, behavior); veracity (truthfulness); non-maleficence (doing no harm); beneficence (doing good, kindness); confidentiality; justice; and role-fidelity (building trusting relationship, being loyal and trustworthy).

5.10.4 All employees at MLC are responsible to recognize social care and managerial ethical dilemmas, and if faced with an ethical dilemma, follow the below *'YODA'* process to receive and resolve the ethical dilemma in a timely manner.

5.10.5 Examples of Ethical Dilemmas include, but are not limited to, issues concerning confidentiality, privacy, autonomy, respect for human dignity, clients' rights, scope of practice, abuse and neglect, inadequate staffing, delays in care due to shortage of staff, negligence, conflicts with caregivers, cost containment issues, and other issues perceived as ethical problems.

5.10.6 MLC has adopted the Principle Based Framework for Ethical Decision Making: YODA *(Adapted from CHAC Health Ethics Guide & Abdool et al. 2004).*

Y – YOU
- You are a moral agent, and ethical reflection is your responsibility

O – OBSERVE
- Identify the problem
- Acknowledge feelings
- Gather the facts

D – DELIBERATE
- Consider alternatives
- Examine values
- Examine and evaluate alternatives

A – ACT
- Articulate the decision
- Implement the plan
- Concluding review

5.10.7 If faced with an ethical dilemma, employees should utilize and complete an Ethical Decision Making Worksheet (QM017), which allows for information and data recording and provides further guidance following the *YODA* framework. If further assistance with analyzing and effectively addressing any ethical dilemma is required, staff can approach the Principal Director and/or CEO/MD as required.

5.10.8 Completed Ethical Decision Making Worksheets should be submitted to the Principal Director and/or CEO/MD (as relevant).

5.11 Client Records

5.11.1 MLC has developed strict policies and procedures regarding client records with the Client Records Policy (CR023). Access to client records is restricted to Enrollment Records Custodians and relevant Social Care staff within the client's immediate circle of care.

5.11.2 Social Care staff has the responsibility to follow the guidelines and procedures outlined in the Client Records Policy.

5.12 Informed Consent

5.12.1 Consent is required for all assessments, intervention and care provided by Social Care staff, except where authority is granted under appropriate legislation or a court order. Consent for those less than 18 years of age is to be given, in sequence of priority, by the Father, Legal Guardian, or Substitute Consent Giver. Further information on this process is provided in the organization's Informed Consent Policy (QM004).

5.12.2 The parent/guardian of a minor must sign an Informed Consent Form (CR002). This must be stored in the client's enrollment record.

5.12.3 Social Care staff shall not conduct any assessment, intervention and/or care that require a written informed consent if the client and/or their representative refuse to provide written consent and this should be documented in the client's enrollment record.

5.13 Other Forms of Consent

5.13.1 Other forms of consent applicable to the services provided by MLC include:-

- **Audio Visual Consent:** During assessment or individual session work, it is often helpful for department staff to take audio or visual recordings of clients. This may relate to supporting assessment or intervention processes. Consent should be sought utilizing the Audio Visual Consent Form (CR021).

- **Marketing Photography & Video Consent:** Consent is required for photographs, videos and promotional activity. In order to protect and safeguard our clients from any unwanted or unauthorized recordings and/or distribution of recorded footage, a Marketing Photography & Video Consent Form (MKT004) must be completed to ensure that consent is given to be photographed or videotaped. Granting this authorization is optional and clients may decline to be photographed and/or videotaped.

- **Outing Consent:** Should the client be required to participate in supervised walks, field trips and/or outings as part of assessment, intervention and/or care, the client shall only be permitted to participate in such outings with a person other than parent/guardian if the Center is provided a completed and signed Outing Consent Form (CR022).

5.13.2 If any the above mentioned forms are utilized for a client, the completed form must be filed in the client's enrollment record.

5.14 Authorization for Release of Client Information

5.14.1 Should there be a need to contact a third party involved in the child's case who is not a parent/caregiver or employed by the Center, an Information

Release/Receipt Consent Form (CR006) must be completed by the parent/guardian. The form must list the specific person authorized for communication by the parent/guardian. Any changes to the form should be co-signed by the parent/guardian.

5.14.2 The Information Release/Receipt Consent Form is stored in the client's enrollment record. Once this form has been completed, department staff are able to contact relevant other professionals in order to assist with the assessment, intervention and/or care process.

5.15 Quality Management Policy and Quality Improvement Plan

5.15.1 The company has established a Quality Management Policy (QM002) and Quality Improvement Plan (QM015) to ensure and further promote continuous quality improvement in the delivery of services in support of the Centers' mission, objectives and future vision.

5.15.2 MLC develops an annual Quality Improvement Plan (QIP), which outlines the company's goals and methods for ensuring safety, improving client care and delivering services that shall meet and exceed clients' expectations.

5.15.3 The Quality Management Policy and annual QIP is overseen by the CEO/MD, HOD's and QCBD, with input from applicable other staff as necessary. The QCBD has been assigned to coordinate quality improvement activities, organize regular quality improvement meetings and report to the CEO/MD and HOD's on all quality and health and safety issues arising from the on-going QIP.

5.15.4 All staff has a responsibility to bring to the attention of the CEO/MD and/or HOD's, either through the QCBD or directly, issues concerning health and safety or quality of service delivery. All staff will be expected to actively support the QIP to achieve and assure optimal care to our clients and to promote a culture that supports continuous quality improvement.

5.16 Risk Management Policy

5.16.1 All staff are expected to actively support the company's Risk Management Policy and Plan (QM003) to achieve and assure optimal care to our clients and to promote a culture that supports continuous quality improvement. The Risk Management Policy and Plan is overseen and regularly reviewed by the CEO/MD, HOD's and QCBD.

5.16.2 All staff is responsible for identifying potential risks and reporting them to the QCBD. Staff may be assigned responsibilities and authority for particular aspects of the Risk Management Policy and Plan which will be associated with their normal work activities and responsibilities. All staff is empowered to bring to the attention of the CEO/MD, HOD's and or QCBD any issues concerning health and safety or quality of care.

5.16.3 The QCBD is the Risk representative in-charge and is responsible for ensuring that the elements of the policies are implemented, under the guidance and management of the CEO/MD and HOD's.

5.17 Health and Safety / Incident Reporting

5.17.1 MLC are committed to ensuring the health and safety of its employees, clients and visitors and created policies and procedures to identify, highlight and promote a healthy, safe and secure environment at the Center. These include:-

- Health, Safety & Environment Policy (HSE001)
- Infection Control Policy (HSE002)
- Environmental Cleaning and Waste Management Policy (HSE003)
- Incident Reporting Policy (HSE020)

5.17.2 It is the responsibility of all staff to follow and implement all guidelines, procedures and plans outlined in the above mentioned policies.

5.17.3 The Center Manager is the assigned HSE representative in-charge and is responsible for ensuring that the elements of the policies are implemented, under the guidance and management of the CEO/MD and HOD's and QCBD Manager.

5.18 Client Concerns & Complaints Policy

5.18.1 MLC is dedicated to providing clients and families with the highest standards of quality and care, the Client Concerns & Complaints Policy (CR008) has been created in order to ensure the Center takes the necessary steps to ensure that clients and families are satisfied with our services and to ensure that all employees understand the process for receiving and managing client complaints. The Client Concerns & Complaints Policy is also designed to ensure that concerns and complaints are recorded, monitored, and evaluated regularly in order to ensure quality improvement.

5.18.2 All staff must follow the Client Concerns & Complaints Policy and ensure that the process outlined within the policy is adhered to at all times.

5.19 Confidentiality Policy

5.19.1 Unless required by law, no information that discloses a Child or the Parents/Guardians identity will be released to anyone outside of the Child's "circle of care" without written consent from the Parents. All information shared and discussed with clinical staff is considered strictly private. However, there are few circumstances in which Center Personnel may disclose information without consent, in the best interest of the child/individuals/family at stake. The following are exceptions shall apply:
- If there is clear evidence of serious and imminent harm to oneself or to others.

- If there is reason to suspect abuse (sexual, emotional, or physical) or neglect of a child or vulnerable adult.
- If there is a report of misconduct, particularly of a sexual nature, by another health professional.
- If the confidential records are deemed relevant and subpoenaed by a court of law or regulating body of health professionals.

5.19.2 All staff has the responsibility to ensure client confidentiality is maintained at all times in line with all associated operational and departmental policies.

5.20 Safeguarding Children Policy

5.20.1 MLC are committed to ensuring a healthy and safe environment for its employees and clients, and have created a Safeguarding Children Policy (QM005) to identify the policies and procedures set in place to ensure the safety of all children during the course of services provided by the Center.

5.20.2 MLC have a moral and legal obligation to ensure that, when given responsibility for children and young people, staff provides them with the highest possible standards of care. Children and young people are vulnerable to abuse, and the purpose of this policy is to ensure the actions of any adult in the context of the work or services carried out by the Center are transparent and safeguard and promote the welfare of all young people.

5.20.3 It is the responsibility of all staff to follow the guidelines and procedures outlined in the Safeguarding Children Policy.

6. Related Documents / References

HSE001	Health, Safety & Environment Policy
HSE002	Infection Control Policy
HSE003	Environmental Cleaning & Waste Management Policy
HSE020	Incident Reporting Policy
CR006	Information Receipt/Release Consent Form
CR007	Client Relations Policy
CR021	Audio Visual Consent Form EN-AR
CR022	Outing Consent Form EN-AR
CR023	Client Records Policy
CR025	Internal Referral Form
CR026	External Referral Form
MKT004	Marketing Photography & Video Consent Form EN-AR
QM002	Quality Management Policy
QM003	Risk Management Policy
QM004	Informed Consent Policy
QM005	Safeguarding Children Policy
QM015	Quality Improvement Plan
QM016	Social Care Governance Policy
QM017	Ethical Decision Making Worksheet

QM019	Service Provision Variation Form
QM020	External Referral List
QM022	Services Discharge/Exit Form

7. Amendments

7.1   This policy will be reviewed every two years at a minimum, or as required.

8. Attachments

8.1   Attachment A: Policy Authorization Page

Attachment A - Policy Authorization Page

Creation Date: October 2018		Created By: Jason Garner & Karen Evans	
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